



Indiana Medicaid Prior Authorization Requirements

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For instructions on submitting a complete request for prior authorization, including the *Indiana Health Coverage Programs Prior Authorization (IHCP PA)* form filled out in its entirety and relevant clinical documentation, please refer to the IHCP PA module:

<https://www.in.gov/medicaid/files/prior-authorization.pdf>.

Authorization required	Key
Y	Auth required
N	Auth not required (Please refer to the <i>Additional Info External</i> column for exceptions and additional info)
X	Non-covered code
R	Code is not separately reimbursable

Disclaimer: Authorization requirements noted in this list are current as of the date/time the report was pulled. The authorization requirements may change. Please refer to the Provider Communications sections at <https://mediproviders.anthem.com/in/pages/communications-updates.aspx> for any scheduled changes. Anthem Blue Cross and Blue Shield (Anthem) may request specific additional information upon review of the request for prior authorization. Please refer to the Precertification Lookup Tool at <https://mediproviders.anthem.com/in/Pages/precertification-lookup.aspx> to review specific codes for detailed vendor information.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. DentaQuest is an independent company providing dental benefit management services on behalf of Anthem. VSP is an independent company providing vision services on behalf of Anthem Blue Cross and Blue Shield .

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

Detailed vendor information

The Precertification Lookup Tool can be used to look up specific codes for additional detailed vendor information.

Vendor	Vendor information	Vendor exception
AIM*	This code is precertified by AIM. To obtain this authorization, you may go directly to AIM's website at www.aimspecialtyhealth.com/goweb or go to http://www.anthem.com and follow the link to AIM. Or you may contact AIM at 1-800-714-0040 ; hours of operation are Monday through Friday, 8 a.m. to 8 p.m. ET.	
AIM Therapy	For oncology diagnoses, this service is reviewed by AIM if the provider is delivering radiation treatment. To obtain this authorization, you may go directly to AIM's website at www.aimspecialtyhealth.com/goweb or go to http://www.anthem.com and follow the link to AIM. Or you may contact AIM at 1-800-714-0040 ; hours of operation are Monday through Friday, 8 a.m. to 8 p.m. ET.	Exception: For all other diagnoses, this code is reviewed by Anthem.
AIM Therapy1	This code is precertified by AIM only if related to radiology, radiation therapy, cardiac or sleep management. To obtain this authorization, you may go directly to AIM's website at www.aimspecialtyhealth.com/goweb or go to http://www.anthem.com and follow the link to AIM. Or you may contact AIM at 1-800-714-0040 ; hours of operation are Monday through Friday, 8 a.m. to 8 p.m. ET.	
AIM1	This code is precertified by AIM. To obtain this authorization, you may go directly to AIM's website at www.aimspecialtyhealth.com/goweb or go to http://www.anthem.com and follow the link to AIM. Or you may contact AIM at 1-800-714-0040 ; hours of operation are Monday through Friday, 8 a.m. to 8 p.m. ET.	Exception: Requests for this service for non-cancer diagnoses are managed by Anthem and are notification only.
AIM2	This code is precertified by AIM when it pertains to sacral RFN. To obtain this authorization, you may go directly to AIM's website at www.aimspecialtyhealth.com/goweb or go to http://www.anthem.com and follow the link to AIM. Or you may contact AIM at 1-800-714-0040 ; hours of operation are Monday through Friday, 8 a.m. to 8 p.m. ET.	Exception: All other indications are reviewed by the Health Plan.
DentaQuest*	The service must be reviewed by DentaQuest for authorization. Precertification may be requested by fax at 1-262-834-3575 . Web address: www.dentaquest.com .	Exception: NCC Precertification Team is responsible area when code is used for facility charges related to dental procedures.
VSP*	Please contact Vision Service Plan at 1-800-615-1883 or www.VSP.com .	

Market	Line of Business	CPT/HCPCS Code	Descriptions	Auth Required	Policy/Clinical Guideline	Vendor Responsible Party	Additional Info External	InterQual/MCG Guideline	State Guideline	MS Guideline
IN	Medicaid/SCHIP/Family	0001A	Immunization administration by intramuscular i	N						
IN	Medicaid/SCHIP/Family	0001F	Heart failure assessed (includes assessment of f	R						
IN	Medicaid/SCHIP/Family	0001U	Red blood cell antigen typing, DNA, human eryt	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0002A	Immunization administration by intramuscular i	N						
IN	Medicaid/SCHIP/Family	0002M	Liver disease, ten biochemical assays (ALT, A2-r	X	LAB.00019		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0002U	Oncology (colorectal), quantitative assessment	N						
IN	Medicaid/SCHIP/Family	0003M	Liver disease, ten biochemical assays (ALT, A2-r	X	LAB.00019		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0003U	Oncology (ovarian) biochemical assays of five p	N						
IN	Medicaid/SCHIP/Family	0004M	Scoliosis, DNA analysis of 53 single nucleotide p	X	GENE.00024		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0005F	Osteoarthritis assessed (OA) Includes assessme	R						
IN	Medicaid/SCHIP/Family	0005U	Oncology (prostate) gene expression profile by	X	GENE.00009		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0006M	Oncology (hepatic), mRNA expression levels of	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0007M	Oncology (gastrointestinal neuroendocrine tum	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0007U	Drug test(s), presumptive, with definitive confir	X	GENE.00041		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0008U	Helicobacter pylori detection and antibiotic resi	N				None	None	None
IN	Medicaid/SCHIP/Family	0009U	Oncology (breast cancer), ERBB2 (HER2) copy n	N				None	None	None
IN	Medicaid/SCHIP/Family	0010U	Anesthesia For Proc On Salivary Glands, W/Bx	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00102	Anesthesia For Proc On Plastic Repair, Cleft Lip	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00103	Anesthesia For Reconstructive Proc, Eyelid	N	CG-SURG-03, CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00104	Anesthesia, Electroconvulsive Therapy	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0010U	Infectious disease (bacterial), strain typing by w	N						
IN	Medicaid/SCHIP/Family	0011A	Immunization administration by intramuscular i	N						
IN	Medicaid/SCHIP/Family	0011M	Oncology, prostate cancer, mRNA expression a	X	GENE.00009		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0011U	Prescription drug monitoring, evaluation of dru	N	CG-LAB-09			None	None	None
IN	Medicaid/SCHIP/Family	00120	Anesthesia, Proc On Ext, Middle, & Inner Ear W	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00124	Anesthesia, Proc On Ext, Middle, & Inner Ear W	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00126	Anesthesia, Proc On Ext, Middle, & Inner Ear W	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0012A	Immunization administration by intramuscular i	N						
IN	Medicaid/SCHIP/Family	0012F	Community-acquired bacterial pneumonia asse	R						
IN	Medicaid/SCHIP/Family	0012M	Oncology (urothelial), mRNA, gene expression p	N	LAB.00011			None	None	None
IN	Medicaid/SCHIP/Family	0012U	Germline disorders, gene rearrangement detec	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0013M	Oncology (urothelial), mRNA, gene expression p	N	LAB.00011			None	None	None
IN	Medicaid/SCHIP/Family	0013U	Oncology (solid organ neoplasia), gene rearran	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00140	Anesthesia, Proc On Eye; Nos	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00142	Anesthesia, Proc On Eye; Lens Surgery	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00144	Anesthesia, Proc On Eye; Corneal Transplant	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00145	Anesthesia, Proc On Eye; Vitreoretinal Surgery	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00147	Anesthesia, Proc On Eye; Iridectomy	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00148	Anesthesia, Proc On Eye; Ophthalmoscopy	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0014F	Comprehensive preoperative assessment perfor	R						
IN	Medicaid/SCHIP/Family	0014M	Liver disease, analysis of 3 biomarkers (hyaluro	N	LAB.00019			None	None	None
IN	Medicaid/SCHIP/Family	0014U	Hematology (hematolymphoid neoplasia), gene	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0015F	Melanoma follow-up completed (includes asses	R						
IN	Medicaid/SCHIP/Family	0015M	Adrenal cortical tumor, biochemical assay of 25	N						
IN	Medicaid/SCHIP/Family	00160	Anesthesia, Proc On Nose & Accessory Sinuses;	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00162	Anesthesia, Proc On Nose & Accessory Sinuses;	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00164	Anesthesia, Proc On Nose & Accessory Sinuses;	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0016M	Oncology (bladder), mRNA, microarray gene ex	N						
IN	Medicaid/SCHIP/Family	0016U	Oncology (hematolymphoid neoplasia), RNA, Bl	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	00170	Anesthesia, Intraoral Proc, W/Bx; Nos	N	CG-MED-41, CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00172	Anesthesia, Intraoral Proc, W/Bx; Repair, Cleft	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00174	Anesthesia, Intraoral Proc, W/Bx; Excision, Retr	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00176	Anesthesia, Intraoral Proc, W/Bx; Radical Surge	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0017M	Oncology (diffuse large B-cell lymphoma [DLBCL	N						
IN	Medicaid/SCHIP/Family	0017U	Oncology (hematolymphoid neoplasia), JAK2 m	X	CG-GENE-01		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0018U	Oncology (thyroid), microRNA profiling by RT-Pl	X	CG-GENE-04		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00190	Anesthesia, Proc On Facial Bones/Skull; Nos	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00192	Anesthesia, Proc On Facial Bones/Skull; Radical	N	CG-MED-21		This service must be performed i	None	None	None

IN	Medicaid/SCHIP/Family	0019U	Oncology, RNA, gene expression by whole trans	X	GENE.00025		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00210	Anesthesia, Intracranial Proc; Nos	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00211	Anesthesia for intracranial procedures; craniot	N	CG-MED-21		This service must be performed i	14: Craniotomy for Traumatic Brain	None	None
IN	Medicaid/SCHIP/Family	00212	Anesthesia, Intracranial Proc; Subdural Taps	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00214	Anesthesia, Intracranial Proc; Burr Holes, W/Ve	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00215	Anesthesia, Intracranial Proc; Cranioplasty/Elev	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00216	Anesthesia, Intracranial Proc; Vascular Proc	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00218	Anesthesia, Intracranial Proc; Proc In Sitting Pos	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0021A	Immunization administration by intramuscular	N						
IN	Medicaid/SCHIP/Family	0021U	Oncology (prostate), detection of 8 autoantibod	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	00220	Anesthesia, Intracranial Proc; Cerebrospinal Flu	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00222	Anesthesia, Intracranial Proc; Electrocoagulatio	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0022A	Immunization administration by intramuscular	N						
IN	Medicaid/SCHIP/Family	0022U	Targeted genomic sequence analysis panel, nor	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	0023U	Oncology (acute myelogenous leukemia), DNA, X	X	CG-GENE-14		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0024U	Glycosylated acute phase proteins (GlycA), nucl	N						
IN	Medicaid/SCHIP/Family	0025U	Tenofovir, by liquid chromatography with tand	N						
IN	Medicaid/SCHIP/Family	0026U	Oncology (thyroid), DNA and mRNA of 112 gene	X	CG-GENE-04		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative di	X	CG-GENE-01		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0029U	Drug metabolism (adverse drug reactions and c	X	GENE.00010		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00300	Anesthesia, Head, Neck, Post Trunk Integumen	N						
IN	Medicaid/SCHIP/Family	0030U	Drug metabolism (warfarin drug response), targ	X	GENE.00010		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0031U	CYP1A2 (cytochrome P450 family 1, subfamily 1	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00320	Anesthesia, Neck Organ Proc; Nos, Age 1 Yr/Olc	N						
IN	Medicaid/SCHIP/Family	00322	Anesthesia, Neck Organ Proc; Thyroid Needle B	N						
IN	Medicaid/SCHIP/Family	00326	Anesthesia for all procedures on the larynx and	N						
IN	Medicaid/SCHIP/Family	0032U	COMT (catechol-O-methyltransferase)(drug me	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0034U	TPMT (thiopurine S-methyltransferase), NUDT1	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	00350	Anesthesia, Proc On Major Vessels, Neck; Nos	N						
IN	Medicaid/SCHIP/Family	00352	Anesthesia, Proc On Major Vessels, Neck; Simpl	N						
IN	Medicaid/SCHIP/Family	0035U	Neurology (prion disease), cerebrospinal fluid, c	N						
IN	Medicaid/SCHIP/Family	0036U	Exome (ie, somatic mutations), paired formalin	N	GENE.00052			None	None	None
IN	Medicaid/SCHIP/Family	0037U	Targeted genomic sequence analysis, solid orga	N	GENE.00052			None	None	None
IN	Medicaid/SCHIP/Family	0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS	N	CG-LAB-11			None	None	None
IN	Medicaid/SCHIP/Family	0039U	Deoxyribonucleic acid (DNA) antibody, double s	N						
IN	Medicaid/SCHIP/Family	00400	Anesthesia, Extremities, Anterior Trunk, Perine	N						
IN	Medicaid/SCHIP/Family	00402	Anesthesia, Extremities, Anterior Trunk, Perine	N						
IN	Medicaid/SCHIP/Family	00404	Anesthesia, Extremities, Ant Trunk, Perineum, I	N						
IN	Medicaid/SCHIP/Family	00406	Anesthesia, Extremities, Ant Trunk, Perineum, I	N						
IN	Medicaid/SCHIP/Family	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous le	N						
IN	Medicaid/SCHIP/Family	00410	Anesthesia, Extremities, Anterior Trunk, Perine	N						
IN	Medicaid/SCHIP/Family	0041U	Borrelia burgdorferi, antibody detection of 5 rei	N						
IN	Medicaid/SCHIP/Family	0042T	Cerebral Perfusion Anaysis, Ct W/Contrst, Post	Y				None	None	None
IN	Medicaid/SCHIP/Family	0042U	Borrelia burgdorferi, antibody detection of 12 r	N						
IN	Medicaid/SCHIP/Family	0043U	Tick-borne relapsing fever Borrelia group, antib	N						
IN	Medicaid/SCHIP/Family	0044U	Tick-borne relapsing fever Borrelia group, antib	N						
IN	Medicaid/SCHIP/Family	00450	Anesthesia, Proc On Clavicle & Scapula; Nos	N						
IN	Medicaid/SCHIP/Family	00454	Anesthesia, Proc On Clavicle & Scapula; Bx, Clav	N						
IN	Medicaid/SCHIP/Family	0045U	Oncology (breast ductal carcinoma in situ), mRT	X	GENE.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute	Y	CG-GENE-14			None	None	None
IN	Medicaid/SCHIP/Family	00470	Anesthesia, Partial Rib Resection; Nos	N						
IN	Medicaid/SCHIP/Family	00472	Anesthesia, Partial Rib Resection; Thoracoplasty	N						
IN	Medicaid/SCHIP/Family	00474	Anesthesia, Partial Rib Resection; Radical Proc	N						
IN	Medicaid/SCHIP/Family	0047U	Oncology (prostate), mRNA, gene expression pr	X	GENE.00009		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0048U	Oncology (solid organ neoplasia), DNA, targete	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0049U	NPM1 (nucleophosmin) (eg, acute myeloid leuk	N						
IN	Medicaid/SCHIP/Family	00500	Anesthesia, All Proc On Esophagus	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0050U	Targeted genomic sequence analysis panel, acu	X	GENE.00052		Non covered but for pediatric me	None	None	None

IN	Medicaid/SCHIP/Family	0051U	Prescription drug monitoring, evaluation of dru	N							
IN	Medicaid/SCHIP/Family	00520	Anesthesia, Closed Chest Proc; Nos	N							
IN	Medicaid/SCHIP/Family	00522	Anesthesia, Closed Chest Proc; Pleura Needle B	N							
IN	Medicaid/SCHIP/Family	00524	Anesthesia, Closed Chest Proc; Pneumocentesi	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	00528	Anesthesia for closed chest procedures; medias	N							
IN	Medicaid/SCHIP/Family	00529	Anesthesia for closed chest procedures; medias	N							
IN	Medicaid/SCHIP/Family	0052U	Lipoprotein, blood, high resolution fractionator	X	LAB.00031			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00530	Anesthesia, Permanent Transvenous Pacemake	N	CG-SURG-63, CG-MED-21				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	00532	Anesthesia, Access To Central Venous Circulati	N							
IN	Medicaid/SCHIP/Family	00534	Anesthesia, Transvenous Insertion/Replaceme	N	CG-MED-21, CG-SURG-63, CG-SURG-97				None	None	None
IN	Medicaid/SCHIP/Family	00537	Anesthesia, Cardiac Electrophysiologic Proc W/	N							
IN	Medicaid/SCHIP/Family	00539	Anesthesia, Tracheobronchial Reconstruction	N							
IN	Medicaid/SCHIP/Family	0053U	Oncology (prostate cancer), FISH analysis of 4 g	X	GENE.00009			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00540	Anesthesia, Thoracotomy Proc, W/Surg Thorac	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	00541	Anesthesia for thoracotomy procedures involvi	N							
IN	Medicaid/SCHIP/Family	00542	Anesthesia, Thoracotomy Proc, W/Surg Thorac	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	00546	Anesthesia, Thoracotomy Proc, W/Surg Thorac	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	00548	Anesthesia, Thoracotomy Proc, W/Surg Thorac	N							
IN	Medicaid/SCHIP/Family	0054T	Computer-assisted musculoskeletal surgical na	X	SURG.00082			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0054U	Prescription drug monitoring, 14 or more classe	N							
IN	Medicaid/SCHIP/Family	00550	Anesthesia, Sternal Debridement	N							
IN	Medicaid/SCHIP/Family	0055T	Computer-assisted musculoskeletal surgical na	X	SURG.00082			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0055U	Cardiology (heart transplant), cell-free DNA, PC	N							
IN	Medicaid/SCHIP/Family	00560	Anesthesia, Proc On Heart, Pericard, & Grt Vess	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	00561	Anesthesia for procedures on heart, pericardial	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	00562	Anesthesia for procedures on heart, pericardial	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	00563	Anesthesia, Proc On Heart, Pericard, & Grt Vess	N							
IN	Medicaid/SCHIP/Family	00566	Anesthesia for direct coronary artery bypass gr	N							
IN	Medicaid/SCHIP/Family	00567	Anesthesia for direct coronary artery bypass gr	N	CG-MED-21			This service must be performed i	MCG RFC(Post Acute)S-5390 Coron	None	None
IN	Medicaid/SCHIP/Family	0056U	Hematology (acute myelogenous leukemia), DN	N	GENE.00052				None	None	None
IN	Medicaid/SCHIP/Family	00580	Anesthesia, Heart Transplant/Heart & Lung Tra	N	TRANS.00033, TRANS.00026, CG-MED-21, CG-SURG-108			This service must be performed i	ISC ORG Craniotomy, Supratentorial	None	None
IN	Medicaid/SCHIP/Family	0058U	Oncology (Merkel cell carcinoma), detection of	N							
IN	Medicaid/SCHIP/Family	0059U	Oncology (Merkel cell carcinoma), detection of	N							
IN	Medicaid/SCHIP/Family	00600	Anesthesia, Proc, Cervical Spine & Cord; Nos	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	00604	Anesthesia, Proc, Cervical Spine & Cord; Proc W	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0060U	Twin zygoty, genomic targeted sequence anal	N							
IN	Medicaid/SCHIP/Family	0061U	Transcutaneous measurement of five biomarke	N							
IN	Medicaid/SCHIP/Family	00620	Anesthesia for procedures on thoracic spine an	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	00625	Anesthesia for procedures on the thoracic spine	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	00626	Anesthesia for procedures on the thoracic spine	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	0062U	Autoimmune (systemic lupus erythematosus), I	X	LAB.00036			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00630	Anesthesia, Proc, Lumbar Region; Nos	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	00632	Anesthesia, Proc, Lumbar Region; Lumbar Symc	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00635	Anesthesia, Proc, Lumbar Region; Diagnostic/Tr	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	0063U	Neurology (autism), 32 amines by LC-MS/MS, o	X	CG-BEH-01			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00640	Anesthesia, Manipulation, Spine, Closed Proc, C	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	0064U	Antibody, Treponema pallidum, total and rapid	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0065U	Syphilis test, non-treponemal antibody, immu	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0066U	Placental alpha-micro globulin-1 (PAMG-1), imm	X	LAB.00029			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00670	Anesthesia, Extensive Spine & Spinal Cord Proc	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	0067U	Oncology (breast), immunohistochemistry, prot	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0068U	Candida species panel (C. albicans, C. glabrata,	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0069U	Oncology (colorectal), microRNA, RT-PCR expre	X	GENE.00016			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00700	Anesthesia, Proc, Upper Anterior Abdominal W	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	00702	Anesthesia, Proc, Upper Anterior Abdominal W	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family	0070U	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010, CG-GENE-11			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0071T	Ultrasound Ablation of Uterine Leiomyomata i	N	MED.00057				None	None	None
IN	Medicaid/SCHIP/Family	0071U	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010, CG-GENE-11			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0072T	Ultrasound Ablation of Uterine Leiomyomata i	Y	MED.00057				None	None	None

IN	Medicaid/SCHIP/Family	0072U	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00730	Anesthesia, Proc, Upper Posterior Abdominal V	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00731	Anesthesia for upper gastrointestinal endoscop	N	CG-MED-21, CG-MED-34			None	None	None
IN	Medicaid/SCHIP/Family	00732	Anesthesia for upper gastrointestinal endoscop	N	CG-MED-21, CG-MED-34			None	None	None
IN	Medicaid/SCHIP/Family	0073U	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0074U	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00750	Anesthesia, Hernia Repairs, Upper Abdomen; N	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00752	Anesthesia, Hernia Repairs, Upper Abdomen; L	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00754	Anesthesia, Hernia Repairs, Upper Abdomen; O	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00756	Anesthesia, Hernia Repairs, Upper Abdomen; T	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0075T	Transcath Placement Extracranial Vertebral/Int	X	CG-SURG-76		This service must be performed i	MCG: Cardiovascular Surgery or Pro	None	None
IN	Medicaid/SCHIP/Family	0075U	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0076T	Transcath Placem Of Extracran Vertebral Or In	X	CG-SURG-76		This service must be performed i	MCG: GRG: SG-CVS(ISC GRG)Cardio	None	None
IN	Medicaid/SCHIP/Family	0076U	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010, CG-GENE-11		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00770	Anesthesia, All Proc On Major Abdominal Blood	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0077U	Immunoglobulin paraprotein (M-protein), quali	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	0078U	Pain management (opioid-use disorder) genoty	X	GENE.00010		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00790	Anesthesia, Intraperitoneal Proc, Upper Abdom	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00792	Anesthesia, Upper Abd W/Laparoscopy; Partial	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00794	Anesthesia, Intraperitoneal Proc, Upper Abdom	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00796	Anesthesia, Intraperitoneal Proc, Upper Abdom	N	TRANS.00008, CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00797	Anesthesia, Intraperitoneal Proc, Upper Abdom	N	CG-MED-83, CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0079U	Comparative DNA analysis using multiple select	X	GENE.00041		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	00800	Anesthesia, Proc, Lower Anterior Abdominal W	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00802	Anesthesia, Proc, Lower Anterior Abdominal W	N	CG-SURG-99, CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0080U	Oncology (lung), mass spectrometric analysis of	N	LAB.00011			None	None	None
IN	Medicaid/SCHIP/Family	0081U	Anesthesia for lower intestinal endoscopic proc	N	CG-MED-21, CG-MED-34			None	None	None
IN	Medicaid/SCHIP/Family	00812	Anesthesia for lower intestinal endoscopic proc	N	CG-MED-21, CG-MED-34			None	None	None
IN	Medicaid/SCHIP/Family	00813	Anesthesia for combined upper and lower gast	N	CG-MED-21, CG-MED-34			None	None	None
IN	Medicaid/SCHIP/Family	00820	Anesthesia, Proc, Lower Posterior Abdominal V	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0082U	Drug test(s), definitive, 90 or more drugs or sub	N	CG-LAB-09			None	None	None
IN	Medicaid/SCHIP/Family	00830	Anesthesia, Hernia Repairs, Lower Abdomen; N	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00832	Anesthesia, Hernia Repairs, Lower Abdomen; V	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00834	Anesthesia for hernia repairs in the lower abdo	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00836	Anesthesia for hernia repairs in the lower abdo	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0083U	Oncology, response to chemotherapy drugs usi	N				None	None	None
IN	Medicaid/SCHIP/Family	00840	Anesthesia, Intraperitoneal Proc, Lower Abdom	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00842	Anesthesia, Intraperitoneal Proc, Lower Abdom	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00844	Anesthesia, Introperitoneal Proc, Lower Abdom	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00846	Anesthesia, Introperitoneal Proc, Lower Abdom	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00848	Anesthesia, Intraperitoneal Proc, Lower Abdom	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0084U	Red blood cell antigen typing, DNA, genotyping	N						
IN	Medicaid/SCHIP/Family	00851	Anesthesia for intraperitoneal procedures in lo	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00860	Anesthesia, Extraperitoneal Proc, Lower Abdom	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00862	Anesthesia for extraperitoneal procedures in lo	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00864	Anesthesia, Extraperitoneal Proc, Lower Abdom	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00865	Anesthesia, Extraperitoneal Proc, Lower Abdom	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00866	Anesthesia, Extraperitoneal Proc, Lower Abdom	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00868	Anesthesia, Extraperitoneal Proc, Lower Abdom	N	CG-MED-21, CG-TRANS-02		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0086U	Infectious disease (bacterial and fungal), organi	N						
IN	Medicaid/SCHIP/Family	00870	Anesthesia, Extraperitoneal Proc, Lower Abdom	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00872	Anesthesia, Lithotripsy, Extracorporeal Shock V	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00873	Anesthesia, Lithotripsy, Extracorporeal Shock V	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0087U	Cardiology (heart transplant), mRNA gene expr	N						
IN	Medicaid/SCHIP/Family	00880	Anesthesia, Proc On Major Lower Abdominal V	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00882	Anesthesia, Proc On Major Lower Abdominal V	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0088U	Transplantation medicine (kidney allograft reje	N						
IN	Medicaid/SCHIP/Family	0089U	Oncology (melanoma), gene expression profilin	N	GENE.00023			None	None	None
IN	Medicaid/SCHIP/Family	00902	Anesthesia, Anorectal Proc	N	CG-MED-21			None	None	None

IN	Medicaid/SCHIP/Family	00904	Anesthesia, Radical Perineal Proc	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00906	Anesthesia, Vulvectomy	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00908	Anesthesia, Perineal Prostatectomy	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0090U	Oncology (cutaneous melanoma), mRNA gene	N	GENE.00023			None	None	None
IN	Medicaid/SCHIP/Family	00910	Anesthesia, Transurethral Proc (W/Urethrocyst	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00912	Anesthesia, Transurethral Proc (W/Urethrocyst	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00914	Anesthesia, Transurethral Proc (W/Urethrocyst	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00916	Anesthesia, Transurethral Proc (W/Urethrocyst	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00918	Anesthesia, Transurethral Proc (W/Urethrocyst	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0091U	Oncology (colorectal) screening, cell enumerati	Y	LAB.00015			None	None	None
IN	Medicaid/SCHIP/Family	00920	Anesthesia, Proc, Male Genitalia (W/Open Uret	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00921	Anesthesia for procedures on male genitalia (in	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00922	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00924	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00926	Anesthesia for procedures on male genitalia (in	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00928	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0092U	Oncology (lung), three protein biomarkers, immr	Y	LAB.00011			None	None	None
IN	Medicaid/SCHIP/Family	00930	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00932	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00934	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00936	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	00938	Anesthesia, Proc, Male Genitalia(W/Open Uret)	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0093U	Prescription drug monitoring, evaluation of 65 c	Y	CG-LAB-09			None	None	None
IN	Medicaid/SCHIP/Family	00940	Anesthesia, Vaginal Proc, W/Bx; Nos	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00942	Anesthesia, Vaginal Proc, W/Bx; Colpotomy, Va	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00944	Anesthesia, Vaginal Proc, W/Bx; Vaginal Hysteri	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00948	Anesthesia, Vaginal Proc, W/Bx; Cervical Cerclai	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0094U	Genome (eg, unexplained constitutional or heri	Y	GENE.00052			None	None	None
IN	Medicaid/SCHIP/Family	00950	Anesthesia, Vaginal Proc, W/Bx; Culdoscopy	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	00952	Anesthesia, Vaginal Proc, W/Bx; Hysteroscopy &	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0095T	Removal of total disc arthroplasty (artificial disc	N			This service must be performed i	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	0095U	Inflammation (eosinophilic esophagitis), ELISA e	N						
IN	Medicaid/SCHIP/Family	0096U	Human papillomavirus (HPV), high-risk types (ie	N						
IN	Medicaid/SCHIP/Family	0097U	Gastrointestinal pathogen, multiplex reverse tra	N						
IN	Medicaid/SCHIP/Family	0098T	Revision including replacement of total disc art	N			This service must be performed i	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	0098U	Respiratory pathogen, multiplex reverse transcr	Y	CG-LAB-14			None	None	None
IN	Medicaid/SCHIP/Family	0099U	Respiratory pathogen, multiplex reverse transcr	Y	CG-LAB-14			None	None	None
IN	Medicaid/SCHIP/Family	0100T	Placement of a subconjunctival retinal prosthes	N	SURG.00113			MCG: GRG: SG-HNS(ISC GRG)Head	None	None
IN	Medicaid/SCHIP/Family	0100U	Respiratory pathogen, multiplex reverse transcr	Y	CG-LAB-14			None	None	None
IN	Medicaid/SCHIP/Family	0101T	Extracorporeal shock wave involving musculosk	N	SURG.00045			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	0101U	Hereditary colon cancer disorders (eg, Lynch sy	Y				None	None	None
IN	Medicaid/SCHIP/Family	0102T	Extracorporeal shock wave, high energy, perfor	N	SURG.00045			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	0102U	Hereditary breast cancer-related disorders (eg,	Y				None	None	None
IN	Medicaid/SCHIP/Family	0103U	Hereditary ovarian cancer (eg, hereditary ovaria	N	GENE.00052			None	None	None
IN	Medicaid/SCHIP/Family	0105U	Nephrology (chronic kidney disease), multiplex	Y						
IN	Medicaid/SCHIP/Family	0106T	QST TST-EXT; TOUCH PRESS LG DIAM SENSATIC	X	MED.00082		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0106U	Gastric emptying, serial collection of 7 timed br	N						
IN	Medicaid/SCHIP/Family	0107T	QST TST-EXT; VIBRATION LG DIAM FIBER SENSATI	X	MED.00082		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0107U	Clostridium difficile toxin(s) antigen detection b	N						
IN	Medicaid/SCHIP/Family	0108T	QST-EXT; COOL SM NRV FIBR SENSATION&HYPI	X	MED.00082		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0108U	Gastroenterology (Barrett's esophagus), whole	N						
IN	Medicaid/SCHIP/Family	0109T	QST-EXT;HEAT-PAIN SM NRV FIBR SENSATN&H	X	MED.00082		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0109U	Infectious disease (Aspergillus species), real-tir	N						
IN	Medicaid/SCHIP/Family	0110T	QST TST-EXT; OTHER STIMULI ASSESS SENSATIC	X	MED.00082		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0110U	Prescription drug monitoring, one or more oral	N						
IN	Medicaid/SCHIP/Family	01112	Anesthesia, Bone Marrow Aspiration &/Or Bx, f	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0111U	Oncology (colon cancer), targeted KRAS (codon	N	CG-GENE-02			None	None	None
IN	Medicaid/SCHIP/Family	01120	Anesthesia, Proc, Bony Pelvis	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0112U	Infectious agent detection and identification, ta	N	GENE.00053			None	None	None

IN	Medicaid/SCHIP/Family	01130	Anesthesia, Body Cast Application/Revision	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0113U	Oncology (prostate), measurement of <i>PCA3</i>	N	GENE.00009			None	None	None
IN	Medicaid/SCHIP/Family	01140	Anesthesia, Interpelviabdominal (Hindquarter)	N	CG-MED-21		This service must be performed in an	None	None	None
IN	Medicaid/SCHIP/Family	0114U	Gastroenterology (Barrett's esophagus), VIM a	N						
IN	Medicaid/SCHIP/Family	01150	Anesthesia, Radical Proc, Tumor, Pelvis, Except	N	CG-MED-21		This service must be performed in an	None	None	None
IN	Medicaid/SCHIP/Family	0115U	Respiratory infectious agent detection by nucle	N	CG-LAB-14			None	None	None
IN	Medicaid/SCHIP/Family	01160	Anesthesia, Closed Proc Involving Symphysis Pu	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0116U	Prescription drug monitoring, enzyme immuno	N	CG-LAB-09			None	None	None
IN	Medicaid/SCHIP/Family	01170	Anesthesia, Open Proc Involving Symphysis Put	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01173	Anesthesia for Open Repair of Fracture Disrupti	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0117U	Pain management, analysis of 11 endogenous a	N						
IN	Medicaid/SCHIP/Family	0118U	Transplantation medicine, quantification of dor	N						
IN	Medicaid/SCHIP/Family	0119U	Cardiology, ceramides by liquid chromatograph	N						
IN	Medicaid/SCHIP/Family	01200	Anesthesia, All Closed Proc Involving Hip Joint	N						
IN	Medicaid/SCHIP/Family	01202	Anesthesia, Arthroscopic Proc, Hip Joint	N						
IN	Medicaid/SCHIP/Family	0120U	Oncology (B-cell lymphoma classification), mRN	N						
IN	Medicaid/SCHIP/Family	01210	Anesthesia, Open Proc Involving Hip Joint; Nos	N						
IN	Medicaid/SCHIP/Family	01212	Anesthesia, Open Proc Involving Hip Joint; Hip I	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	01214	Anesthesia, Open Proc Involving Hip Joint; Tota	N						
IN	Medicaid/SCHIP/Family	01215	Anesthesia, Open Proc Involving Hip Joint; Revi	N						
IN	Medicaid/SCHIP/Family	0121U	Sickle cell disease, microfluidic flow adhesion	N						
IN	Medicaid/SCHIP/Family	01220	Anesthesia for all closed procedures involving u	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0122U	Sickle cell disease, microfluidic flow adhesion	N						
IN	Medicaid/SCHIP/Family	01230	Anesthesia for open procedures involving uppe	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01232	Anesthesia for open procedures involving uppe	N	CG-MED-21		This service must be performed in an	None	None	None
IN	Medicaid/SCHIP/Family	01234	Anesthesia for open procedures involving uppe	N	CG-MED-21		This service must be performed in an	None	None	None
IN	Medicaid/SCHIP/Family	0123U	Mechanical fragility, RBC, shear stress and spec	N						
IN	Medicaid/SCHIP/Family	01250	Anesthesia, All Proc On Nerves, Muscles, Tendc	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01260	Anesthesia, All Proc Involving Veins, Upper Leg,	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01270	Anesthesia, Upper Leg Artery Proc W/Bypass G	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01272	Anesthesia, Upper Leg Artery Proc W/Bypass G	N	CG-MED-21		This service must be performed in an	None	None	None
IN	Medicaid/SCHIP/Family	01274	Anesthesia, Upper Leg Artery Proc W/Bypass G	N	CG-MED-21		This service must be performed in an	None	None	None
IN	Medicaid/SCHIP/Family	0129U	Hereditary breast cancer-related disorders (eg,	Y	GENE.00052	AIM		None	None	None
IN	Medicaid/SCHIP/Family	0130U	Hereditary colon cancer disorders (eg, Lynch sy	Y	GENE.00052	AIM		None	None	None
IN	Medicaid/SCHIP/Family	0131U	Hereditary breast cancer-related disorders (eg,	Y	GENE.00052	AIM		None	None	None
IN	Medicaid/SCHIP/Family	01320	Anesthesia, Nerves, Muscles, Tendons, Fascia	8 N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0132U	Hereditary ovarian cancer-related disorders (eg	Y	GENE.00052	AIM		None	None	None
IN	Medicaid/SCHIP/Family	0133U	Hereditary prostate cancer-related disorders, ti	N	GENE.00054			None	None	None
IN	Medicaid/SCHIP/Family	01340	Anesthesia for all closed procedures on lower 1	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0134U	Hereditary pan cancer (eg, hereditary breast an	Y	GENE.00052	AIM		None	None	None
IN	Medicaid/SCHIP/Family	0135U	Hereditary gynecological cancer (eg, hereditary	Y	GENE.00052	AIM		None	None	None
IN	Medicaid/SCHIP/Family	01360	Anesthesia for all open procedures on lower 1/	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia	N	GENE.00054, CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family	0137U	PALB2 (partner and localizer of BRCA2) (eg, bre	N	GENE.00054			None	None	None
IN	Medicaid/SCHIP/Family	01380	Anesthesia, All Closed Proc On Knee Joint	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01382	Anesthesia, Dx Arthroscopic Proc, Knee Joint	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0138U	<i>BRCA1 (BRCA1, DNA repair associated), BRC	N	GENE.00054			None	None	None
IN	Medicaid/SCHIP/Family	01390	Anesthesia, All Closed Proc On Upper Ends, Tibi	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01392	Anesthesia, All Open Proc On Upper Ends, Tibia	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0139U	Neurology (autism spectrum disorder [ASD]), qi	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	01400	Anesthesia, Open/Surg Arthroscopic Proc, Knee	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01402	Anesthesia, Open/Surg Arthroscopic Proc, Knee	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01404	Anesthesia, Open/Surg Arthroscopic Proc, Knee	N	CG-MED-21		This service must be performed in an	None	None	None
IN	Medicaid/SCHIP/Family	0140U	Infectious disease (fungi), fungal pathogen iden	N						
IN	Medicaid/SCHIP/Family	0141U	Infectious disease (bacteria and fungi), gram-pc	N						
IN	Medicaid/SCHIP/Family	01420	Anesthesia, All Cast Applications, Removal/Rep	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0142U	Infectious disease (bacteria and fungi), gram-ne	N						
IN	Medicaid/SCHIP/Family	01430	Anesthesia, Proc On Veins, Knee & Popliteal Arr	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01432	Anesthesia, Proc On Veins, Knee & Popliteal Arr	N	CG-MED-21			None	None	None

IN	Medicaid/SCHIP/Family 0143U	Drug assay, definitive, 120 or more drugs or me	N							
IN	Medicaid/SCHIP/Family 01440	Anesthesia, Arteries, Knee & Popliteal Area; No	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01442	Anesthesia, Arteries, Knee & Popliteal Area; Poj	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 01444	Anesthesia, Arteries, Knee & Popliteal Area; Poj	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 0144U	Drug assay, definitive, 160 or more drugs or me	N							
IN	Medicaid/SCHIP/Family 0145U	Drug assay, definitive, 65 or more drugs or met	N							
IN	Medicaid/SCHIP/Family 01462	Anesthesia, All Closed Proc, Lower Leg, Ankle, 8	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01464	Anesthesia, Arthroscopic Proc, Ankle &/Or Foot	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0146U	Drug assay, definitive, 80 or more drugs or met	N							
IN	Medicaid/SCHIP/Family 01470	Anesthesia, Nerves/Muscles/Tendons & Fascia,	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01472	Anesthesia, Nerves/Muscles/Tendons & Fascia,	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01474	Anesthesia, Nerves/Muscles/Tendons & Fascia,	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0147U	Drug assay, definitive, 85 or more drugs or met	N							
IN	Medicaid/SCHIP/Family 01480	Anesthesia, Open Proc, Bones, Lower Leg/Ankle	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01482	Anesthesia, Open Proc, Bones, Lower Leg,Ankle	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01484	Anesthesia, Open Proc, Bones, Lower Leg/Ankle	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01486	Anesthesia, Open Proc, Bones, Lower Leg/Ankle	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 0148U	Drug assay, definitive, 100 or more drugs or me	N							
IN	Medicaid/SCHIP/Family 01490	Anesthesia, Lower Leg Cast Application, Remov	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0149U	Drug assay, definitive, 60 or more drugs or met	N							
IN	Medicaid/SCHIP/Family 01500	Anesthesia, Arteries Lower Leg Proc W/Bypass	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01502	Anesthesia, Arteries Lower Leg Proc W/Bypass	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 0150U	Drug assay, definitive, 120 or more drugs or me	N							
IN	Medicaid/SCHIP/Family 0151U	Infectious disease (bacterial or viral respiratory	N	CG-LAB-14				None	None	None
IN	Medicaid/SCHIP/Family 01520	Anesthesia, Proc On Veins, Lower Leg; Nos	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01522	Anesthesia, Proc On Veins, Lower Leg; Venous	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0152U	Infectious disease (bacteria, fungi, parasites, an	N	GENE.00053				None	None	None
IN	Medicaid/SCHIP/Family 0153U	Oncology (breast), mRNA, gene expression prof	Y	GENE.00011	AIM			None	None	None
IN	Medicaid/SCHIP/Family 0154U	FGFR3 (fibroblast growth factor receptor 3) gen	Y	CG-GENE-14				None	None	None
IN	Medicaid/SCHIP/Family 0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate	Y	CG-GENE-12	AIM			None	None	None
IN	Medicaid/SCHIP/Family 0156U	Copy number (eg, intellectual disability, dysmo	Y							
IN	Medicaid/SCHIP/Family 0157U	APC (APC regulator of WNT signaling pathway)	Y	GENE.00054				None	None	None
IN	Medicaid/SCHIP/Family 0158U	MLH1 (mutL homolog 1) (eg, hereditary non-po	Y	GENE.00054				None	None	None
IN	Medicaid/SCHIP/Family 0159U	MSH2 (mutS homolog 2) (eg, hereditary colon c	Y	GENE.00054				None	None	None
IN	Medicaid/SCHIP/Family 0160U	MSH6 (mutS homolog 6) (eg, hereditary colon c	Y	GENE.00054				None	None	None
IN	Medicaid/SCHIP/Family 01610	Anesthesia, Nerves/Muscles/Tendons/Fascia &	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0161U	PMS2 (PMS1 homolog 2, mismatch repair syste	Y	GENE.00054				None	None	None
IN	Medicaid/SCHIP/Family 01620	Anesthesia, Closed Proc, Humeral Head & Neck	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01622	Anesthesia, Dx Arthroscopic Proc, Shoulder Joi	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0162U	Hereditary colon cancer (Lynch syndrome), targ	N	GENE.00054				None	None	None
IN	Medicaid/SCHIP/Family 01630	Anesthesia, Open/Surg Arthroscopic Proc, Hum	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01634	Anesthesia, Open/Surg Arthroscopic Proc, Hum	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 01636	Anesth, Open/Surg Arthroscop Proc, Humer He	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 01638	Anesthesia, Open/Surg Arthroscopic Proc, Hum	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 0163T	Total disc arthroplasty (artificial disc), anter	X				This service must be performed i	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 0163U	Oncology (colorectal) screening, biochemical er	N							
IN	Medicaid/SCHIP/Family 0164T	Removal of total disc arthroplasty, (artificial dis	X				This service must be performed i	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 0164U	Gastroenterology (irritable bowel syndrome [IB	N	LAB.00037				None	None	None
IN	Medicaid/SCHIP/Family 01650	Anesthesia, Proc On Arteries, Shoulder & Axilla;	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 01652	Anesthesia, Proc On Arteries, Shoulder & Axilla;	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 01654	Anesthesia, Proc On Arteries, Shoulder & Axilla;	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 01656	Anesthesia, Proc On Arteries, Shoulder & Axilla;	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 0165T	Revision including replacement of total disc artl	X				This service must be performed i	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 0165U	Peanut allergen-specific IgE and quantitative as	N							
IN	Medicaid/SCHIP/Family 0166U	Liver disease, 10 biochemical assays (+2-macro	N	LAB.00019				None	None	None
IN	Medicaid/SCHIP/Family 01670	Anesthesia, All Proc On Veins, Shoulder & Axilla	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0167U	Gonadotropin, chorionic (hCG), immunoassay v	N							
IN	Medicaid/SCHIP/Family 01680	Anesthesia for shoulder cast application, remov	N	CG-MED-21				None	None	None
IN	Medicaid/SCHIP/Family 0168U	Fetal aneuploidy (trisomy 21, 18, and 13) DNA s	Y	CG-GENE-21				None	None	None

IN	Medicaid/SCHIP/Family	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine methyltransferase) genotyping	N						
IN	Medicaid/SCHIP/Family	0170U	Neurology (autism spectrum disorder [ASD]), RII	N						
IN	Medicaid/SCHIP/Family	01710	Anesthesia, Nerves/Muscles/Tendons/Fascia & Ligaments	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01712	Anesthesia, Nerves/Muscles/Tendons/Fascia & Ligaments	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01714	Anesthesia, Nerves/Muscles/Tendons/Fascia & Ligaments	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01716	Anesthesia, Nerve/Muscl/Tendon/Fascia & Bur	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0171U	Targeted genomic sequence analysis panel, acute leukemia	N	GENE.00052			None	None	None
IN	Medicaid/SCHIP/Family	0172U	Oncology (solid tumor as indicated by the label), genomic	N	CG-GENE-16			None	None	None
IN	Medicaid/SCHIP/Family	01730	Anesthesia, All Closed Proc On Humerus & Elbow	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01732	Anesthesia, Dx Arthroscopic Proc, Elbow Joint	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0173U	Psychiatry (ie, depression, anxiety), genomic analysis	N	GENE.00010			None	None	None
IN	Medicaid/SCHIP/Family	01740	Anesthesia, Open/Surg Arthroscopic Proc, Elbow	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01742	Anesthesia, Open Proc On Humerus & Elbow; Closed	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01744	Anesthesia, Open Proc On Humerus & Elbow; Reopen	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0174T	Computer-aided detection (CAD) (computer algorithm)	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0174U	Oncology (solid tumor), mass spectrometric 30-gene panel	N	LAB.00011			None	None	None
IN	Medicaid/SCHIP/Family	01756	Anesthesia, Open Proc On Humerus & Elbow; Reopen	N	CG-MED-21		This service must be performed in an ambulatory surgical center.	None	None	None
IN	Medicaid/SCHIP/Family	01758	Anesthesia, Open Proc On Humerus & Elbow; Extended	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0175T	Computer-aided detection (CAD) (computer algorithm)	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0175U	Psychiatry (eg, depression, anxiety), genomic analysis	N	GENE.00010			None	None	None
IN	Medicaid/SCHIP/Family	01760	Anesthesia, Open Proc On Humerus & Elbow; Tumor	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0176U	Cytolethal distending toxin B (CdtB) and vinculin	N	LAB.00037			None	None	None
IN	Medicaid/SCHIP/Family	01770	Anesthesia, Proc On Arteries, Upper Arm & Elbow	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01772	Anesthesia, Proc On Arteries, Upper Arm & Elbow	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol 3-kinase, class III)	N	CG-GENE-12			None	None	None
IN	Medicaid/SCHIP/Family	01780	Anesthesia, Proc On Veins, Upper Arm & Elbow	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01782	Anesthesia, Proc On Veins, Upper Arm & Elbow	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0178U	Peanut allergen-specific quantitative assessment	N						
IN	Medicaid/SCHIP/Family	0179U	Oncology (non-small cell lung cancer), cell-free DNA	N	GENE.00049			None	None	None
IN	Medicaid/SCHIP/Family	0180U	Red cell antigen (ABO blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	01810	Anesthesia, Nerves/Muscles/Tendons/Fascia & Ligaments	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0181U	Red cell antigen (Colton blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	01820	Anesthesia, All Closed Proc On Radius, Ulna, Wrist	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01829	Anesthesia, Dx Arthroscopic Procedures, Wrist	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0182U	Red cell antigen (Cromer blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	01830	Anesthesia, Open/Surg Arthroscopic/Endoscopic	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01832	Anesthesia, Open/Surg Arthrosc/Endoscop Proc, Distal	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0183U	Red cell antigen (Diego blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	01840	Anesthesia, Proc On Arteries, Forearm, Wrist, & Hand	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01842	Anesthesia, Proc On Arteries, Forearm, Wrist, & Hand	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01844	Anesthesia, Vascular Shunt/Shunt Revision, Any	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0184T	Excision of rectal tumor, transanal endoscopic resection	X	CG-SURG-75		Non covered but for pediatric members verification of EPSDT services must be verified.	MCG: General Surgery or Procedure	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	0184U	Red cell antigen (Dombrock blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	01850	Anesthesia, Proc On Veins, Forearm, Wrist, & Hand	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01852	Anesthesia, Proc On Veins, Forearm, Wrist, & Hand	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0185U	Red cell antigen (H blood group) genotyping (FLN)	N						
IN	Medicaid/SCHIP/Family	01860	Anesthesia, Forearm/Wrist/Hand Cast Application	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0186U	Red cell antigen (H blood group) genotyping (FLN)	N						
IN	Medicaid/SCHIP/Family	0187U	Red cell antigen (Duffy blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	0188U	Red cell antigen (Gerbich blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	0189U	Red cell antigen (MNS blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	0190U	Red cell antigen (MNS blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	01916	Anesthesia, Dx Arteriography/Venography	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	0191T	Insertion of anterior segment aqueous drainage	N	SURG.00103			MCG: GRG: SG-HNS(ISC GRG)Head & Neck	None	None
IN	Medicaid/SCHIP/Family	0191U	Red cell antigen (Indian blood group) genotyping	N						
IN	Medicaid/SCHIP/Family	01920	Anesthesia, Cardiac Catheterization W/Coronary	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01922	Anesthesia, Non-Invasive Imaging/Radiation Therapy	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01924	Anesthesia, Therapeutic Interventional Radiology	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	01925	Anesthesia, Therapeutic Interventional Radiology	N	CG-MED-21			None	None	None

IN	Medicaid/SCHIP/Family 01926	Anesthesia, Therapeutic Interventional Radiol, J	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 0192U	Red cell antigen (Kidd blood group) genotyping	N							
IN	Medicaid/SCHIP/Family 01930	Anes, Therapeutic Interven Radiol, Venous/Lym	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01931	Anesthesia for therapeutic interventional radio	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01932	Anes, Therap Interven Radiol, Venous/Lymphat	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01933	Anes, Therap Interven Radiol, Venous/Lymphat	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01935	Anesthesia for percutaneous image guided pro	N	CG-MED-21, CG-MED-78			None	None	None	
IN	Medicaid/SCHIP/Family 01936	Anesthesia for percutaneous image guided pro	N	CG-MED-21, CG-MED-78			None	None	None	
IN	Medicaid/SCHIP/Family 0193U	Red cell antigen (JR blood group) genotyping (J	N							
IN	Medicaid/SCHIP/Family 0194U	Red cell antigen (Kell blood group) genotyping (	N						
IN	Medicaid/SCHIP/Family 01951	Anesthesia 2nd & 3rd Degree Burn Excision/Del	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01952	Anesthesia 2nd & 3rd Degree Burn Excis/Debric	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01953	Anesthesia 2nd & 3rd Degree Burn Excision/Del	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01958	Anesthesia for External Cephalic Version Proc	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 0195U	KLF1 (Kruppel-like factor 1), targeted sequenc	N							
IN	Medicaid/SCHIP/Family 01960	Anesthesia For Vaginal Delivery Only	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01961	Anesthesia For Cesarean Delivery Only	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01962	Anesthesia For Urgent Hysterectomy Following	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01963	Anesthesia For Cesarean Hysterectomy W/O Ar	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01965	Anesthesia for incomplete or missed abortion p	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01966	Anesthesia for induced abortion procedures	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01967	Neuraxial Labor Analgesia/Anesthesia, Planned	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01968	Anesthesia For Cesarean Delivery Following Ne	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01969	Anes For Cesarean Hysterectomy Following Nei	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 0196U	Red cell antigen (Lutheran blood group) genoty	N							
IN	Medicaid/SCHIP/Family 0197U	Red cell antigen (Landsteiner-Wiener blood gro	N							
IN	Medicaid/SCHIP/Family 0198T	Measurement of ocular blood flow by repetitiv	X							
IN	Medicaid/SCHIP/Family 0198U	Red cell antigen (RH blood group) genotyping (f	N							
IN	Medicaid/SCHIP/Family 01990	Physiological Support, Harvesting, Organ(S), Br	N	CG-MED-21			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 01991	Anesthesia for diagnostic or therapeutic nerve	N	CG-MED-21, CG-MED-78			None	None	None	
IN	Medicaid/SCHIP/Family 01992	Anesthesia for diagnostic or therapeutic nerve	N	CG-MED-21, CG-MED-78			None	None	None	
IN	Medicaid/SCHIP/Family 01996	Daily Hospital Management, Epidural/Subarach	N	CG-MED-21			None	None	None	
IN	Medicaid/SCHIP/Family 01999	Unlisted Anesthesia Proc(S)	N							
IN	Medicaid/SCHIP/Family 0199U	Red cell antigen (Scianna blood group) genoty	N							
IN	Medicaid/SCHIP/Family 0200T	Percutaneous sacral augmentation (sacroplasty	X				Non covered but for pediatric me	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 0200U	Red cell antigen (Kx blood group) genotyping (X	N							
IN	Medicaid/SCHIP/Family 0201T	Percutaneous sacral augmentation (sacroplasty	X				Non covered but for pediatric me	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 0201U	Red cell antigen (Yt blood group) genotyping (Y	N							
IN	Medicaid/SCHIP/Family 0202T	Posterior vertebral joint(s) arthroplasty (e.g., fa	X	SURG.00092			This service must be performed i	MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family 0202U	Infectious disease (bacterial or viral respiratory	N	CG-LAB-14			None	None	None	
IN	Medicaid/SCHIP/Family 0203U	Autoimmune (inflammatory bowel disease), mf	N	GENE.00055			None	None	None	
IN	Medicaid/SCHIP/Family 0204U	Oncology (thyroid), mRNA, gene expression ana	Y	CG-GENE-04			None	None	None	
IN	Medicaid/SCHIP/Family 0205U	Ophthalmology (age-related macular degenera	Y	GENE.00037			None	None	None	
IN	Medicaid/SCHIP/Family 0206U	Neurology (Alzheimer disease); cell aggregat	Y	GENE.00003			None	None	None	
IN	Medicaid/SCHIP/Family 0207T	Evacuation of meibomian glands, automated, u	X	MED.00103			Non covered but for pediatric me	MCG: GRG: SG-HNS(ISC GRG)Head	None	None
IN	Medicaid/SCHIP/Family 0207U	Neurology (Alzheimer disease); quantitative im	N	GENE.00003			None	None	None	
IN	Medicaid/SCHIP/Family 0208T	Pure tone audiometry (threshold), automated;	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 0208U	Oncology (medullary thyroid carcinoma), mRNA	N	CG-GENE-04			None	None	None	
IN	Medicaid/SCHIP/Family 0209T	Pure tone audiometry (threshold), automated;	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 0209U	Cytogenomic constitutional (genome-wide) ana	Y	CG-GENE-10			None	None	None	
IN	Medicaid/SCHIP/Family 0210T	Speech audiometry threshold, automated;	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 0210U	Syphilis test, non-treponemal antibody, immun	N							
IN	Medicaid/SCHIP/Family 0211T	Speech audiometry threshold, automated; with	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 0211U	Oncology (pan-tumor), DNA and RNA by next-g	Y							
IN	Medicaid/SCHIP/Family 0212T	Comprehensive audiometry threshold evaluati	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 0212U	Rare diseases (constitutional/heritable disorder	Y							
IN	Medicaid/SCHIP/Family 0213T	Injection(s), diagnostic or therapeutic agent, pa	X				Non covered but for pediatric me	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 0213U	Rare diseases (constitutional/heritable disorder	Y							
IN	Medicaid/SCHIP/Family 0214T	Injection(s), diagnostic or therapeutic agent, pa	X				Non covered but for pediatric me	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	0214U	Rare diseases (constitutional/heritable disorder)	Y									
IN	Medicaid/SCHIP/Family	0215T	Injection(s), diagnostic or therapeutic agent, pa	X				Non covered but for pediatric me	AIM Musculoskeletal: Pain Manager	None			CMS Guidelines
IN	Medicaid/SCHIP/Family	0215U	Rare diseases (constitutional/heritable disorder)	Y									
IN	Medicaid/SCHIP/Family	0216T	Injection(s), diagnostic or therapeutic agent, pa	X				Non covered but for pediatric me	AIM Musculoskeletal: Pain Manager	None			CMS Guidelines
IN	Medicaid/SCHIP/Family	0216U	Neurology (inherited ataxias), genomic DNA seq	Y									
IN	Medicaid/SCHIP/Family	0217T	Injection(s), diagnostic or therapeutic agent, pa	X				Non covered but for pediatric me	AIM Musculoskeletal: Pain Manager	None			CMS Guidelines
IN	Medicaid/SCHIP/Family	0217U	Neurology (inherited ataxias), genomic DNA seq	Y									
IN	Medicaid/SCHIP/Family	0218T	Injection(s), diagnostic or therapeutic agent, pa	X				Non covered but for pediatric me	AIM Musculoskeletal: Pain Manager	None			CMS Guidelines
IN	Medicaid/SCHIP/Family	0218U	Neurology (muscular dystrophy), DMD gene seq	Y	CG-GENE-05				None	None			None
IN	Medicaid/SCHIP/Family	0219T	Placement of a posterior intrafacel implant(s), i	X	SURG.00114			This service must be performed i	MCG: GRG: SG-MS(ISC GRG)Muscul	None			None
IN	Medicaid/SCHIP/Family	0219U	Infectious agent (human immunodeficiency viru	N									
IN	Medicaid/SCHIP/Family	0220T	Placement of a posterior intrafacel implant(s), i	X	SURG.00114			This service must be performed i	MCG: GRG: A-MPC: ADV Minor proc	None			None
IN	Medicaid/SCHIP/Family	0220U	Oncology (breast cancer), image analysis with a	N									
IN	Medicaid/SCHIP/Family	0221T	Placement of a posterior intrafacel implant(s), i	X	SURG.00114			Non covered but for pediatric me	MCG: GRG: A-MPC: ADV Minor proc	None			None
IN	Medicaid/SCHIP/Family	0221U	Red cell antigen (ABO blood group) genotyping	N									
IN	Medicaid/SCHIP/Family	0222T	Placement of a posterior intrafacel implant(s), i	X	SURG.00114			Non covered but for pediatric me	MCG: GRG: SG-MS(ISC GRG)Muscul	None			None
IN	Medicaid/SCHIP/Family	0222U	Red cell antigen (RH blood group) genotyping (f	N									
IN	Medicaid/SCHIP/Family	0223U	Infectious disease (bacterial or viral respiratory	N	CG-LAB-14				None	None			None
IN	Medicaid/SCHIP/Family	0224U	Antibody, severe acute respiratory syndrome co	N									
IN	Medicaid/SCHIP/Family	0225U	Infectious disease (bacterial or viral respiratory	N	CG-LAB-14				None	None			None
IN	Medicaid/SCHIP/Family	0226U	Surrogate viral neutralization test (svNT), sever	N									
IN	Medicaid/SCHIP/Family	0227U	Drug assay, presumptive, 30 or more drugs or N	N	CG-LAB-09				None	None			None
IN	Medicaid/SCHIP/Family	0228U	Oncology (prostate), multianalyte molecular pri	N									
IN	Medicaid/SCHIP/Family	0229U	BCAT1 (Branched chain amino acid transaminas	Y	GENE.00049				None	None			None
IN	Medicaid/SCHIP/Family	0230U	AR (androgen receptor) (eg, spinal and bulbar n	N	CG-GENE-13				None	None			None
IN	Medicaid/SCHIP/Family	0231U	CACNA1A (calcium voltage-gated channel subu	N	CG-GENE-13				None	None			None
IN	Medicaid/SCHIP/Family	0232T	Injection(s), platelet rich plasma, any site, inclu	X	MED.00110			Non covered but for pediatric me	None	None			None
IN	Medicaid/SCHIP/Family	0232U	CSTB (cystatin B) (eg, progressive myoclonic epi	N	CG-GENE-13				None	None			None
IN	Medicaid/SCHIP/Family	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene anal	N	CG-GENE-13				None	None			None
IN	Medicaid/SCHIP/Family	0234T	Transluminal peripheral atherectomy, open or p	N									
IN	Medicaid/SCHIP/Family	0234U	MECP2 (methyl CpG binding protein 2) (eg, Reti	N	CG-GENE-13				None	None			None
IN	Medicaid/SCHIP/Family	0235T	Transluminal peripheral atherectomy, open or p	N				This service must be performed in an Inpatient setting.					
IN	Medicaid/SCHIP/Family	0235U	PTEN (phosphatase and tensin homolog) (eg, Ci	Y	CG-GENE-08				None	None			None
IN	Medicaid/SCHIP/Family	0236T	Transluminal peripheral atherectomy, open or p	N									
IN	Medicaid/SCHIP/Family	0236U	SMN1 (survival of motor neuron 1, telomeric) a	N	CG-GENE-13				None	None			None
IN	Medicaid/SCHIP/Family	0237T	Transluminal peripheral atherectomy, open or p	N									
IN	Medicaid/SCHIP/Family	0237U	Cardiac ion channelopathies (eg, Brugada syndr	Y	GENE.00052				None	None			None
IN	Medicaid/SCHIP/Family	0238T	Transluminal peripheral atherectomy, open or p	N									
IN	Medicaid/SCHIP/Family	0238U	Oncology (Lynch syndrome), genomic DNA seq	Y	GENE.00052				None	None			None
IN	Medicaid/SCHIP/Family	0239U	Targeted genomic sequence analysis panel, soli	N	GENE.00049				None	None			None
IN	Medicaid/SCHIP/Family	0240U	Infectious disease (viral respiratory tract infecti	N									
IN	Medicaid/SCHIP/Family	0241U	Infectious disease (viral respiratory tract infecti	N									
IN	Medicaid/SCHIP/Family	0253T	Insertion of anterior segment aqueous drainage	X	SURG.00103			Non covered but for pediatric me	MCG: GRG: SG-HNS(ISC GRG)Head &	None			None
IN	Medicaid/SCHIP/Family	0263T	Intramuscular autologous bone marrow cell the	X	TRANS.00036			Non covered but for pediatric me	None	None			None
IN	Medicaid/SCHIP/Family	0264T	Intramuscular autologous bone marrow cell the	X	TRANS.00036			Non covered but for pediatric me	None	None			None
IN	Medicaid/SCHIP/Family	0265T	Intramuscular autologous bone marrow cell the	X	TRANS.00036			Non covered but for pediatric me	None	None			None
IN	Medicaid/SCHIP/Family	0266T	Implantation or replacement of carotid sinus ba	X	SURG.00124			Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None			None
IN	Medicaid/SCHIP/Family	0267T	Implantation or replacement of carotid sinus ba	X	SURG.00124			Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None			None
IN	Medicaid/SCHIP/Family	0268T	Implantation or replacement of carotid sinus ba	X	SURG.00124			Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None			None
IN	Medicaid/SCHIP/Family	0269T	Revision or removal of carotid sinus baroreflex	X	SURG.00124			Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None			None
IN	Medicaid/SCHIP/Family	0270T	Revision or removal of carotid sinus baroreflex	X	SURG.00124			Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None			None
IN	Medicaid/SCHIP/Family	0271T	Revision or removal of carotid sinus baroreflex	X	SURG.00124			Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None			None
IN	Medicaid/SCHIP/Family	0272T	Interrogation device evaluation (in person), car	X	SURG.00124			Non covered but for pediatric me	None	None			None
IN	Medicaid/SCHIP/Family	0273T	Interrogation device evaluation (in person), car	X	SURG.00124			Non covered but for pediatric me	None	None			None
IN	Medicaid/SCHIP/Family	0274T	Percutaneous laminotomy/laminectomy (interl	X	SURG.00071			Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None			None
IN	Medicaid/SCHIP/Family	0275T	Percutaneous laminotomy/laminectomy (interl	X	SURG.00071			Non covered but for pediatric me	MCG RFC(Post Acute)JS-5810 Lumba	None			None
IN	Medicaid/SCHIP/Family	0278T	Transcutaneous Electrical Modulation Pain Rep	X	DME.00011			Non covered but for pediatric me	None	None			None
IN	Medicaid/SCHIP/Family	0290T	Corneal incisions in the recipient cornea create	X				Non covered but for pediatric me	MCG: GRG: SG-HNS(ISC GRG)Head &				None
IN	Medicaid/SCHIP/Family	0308T	Insertion of ocular telescope prosthesis includir	X	CG-SURG-96			Non covered but for pediatric me	MCG: GRG: SG-HNS(ISC GRG)Head &	None			CMS Guidelines

IN	Medicaid/SCHIP/Family	0312T	Vagus nerve blocking therapy (morbid obesity); X	CG-SURG-83		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0313T	Vagus nerve blocking therapy (morbid obesity); X	CG-SURG-83		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0314T	Vagus nerve blocking therapy (morbid obesity); X	CG-SURG-83		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0315T	Vagus nerve blocking therapy (morbid obesity); X	CG-SURG-83		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0316T	Vagus nerve blocking therapy (morbid obesity); X	CG-SURG-83		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0317T	Vagus nerve blocking therapy (morbid obesity); X	CG-SURG-83		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0329T	Monitoring of intraocular pressure for 24 hours X	MED.00118		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0330T	Tear film imaging, unilateral or bilateral, with in X	MED.00103		Non covered but for pediatric me	MCG: GRG: A-MPC: Minor Procedur	None	None
IN	Medicaid/SCHIP/Family	0331T	Myocardial sympathetic innervation imaging, p X	RAD.00064		Non covered but for pediatric me	MCG: GRG: A-MPC: Minor Procedur	None	None
IN	Medicaid/SCHIP/Family	0332T	Myocardial sympathetic innervation imaging, p X	RAD.00064		Non covered but for pediatric me	MCG: GRG: A-MPC: Minor Procedur	None	None
IN	Medicaid/SCHIP/Family	0333T	Visual evoked potential, screening of visual acu X	CG-MED-50		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0335T	Insertion of sinus tarsi implant	X	SURG.00104	Non covered but for pediatric me	MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	0338T	Transcatheter renal sympathetic denervation, p X	SURG.00135		Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None	None
IN	Medicaid/SCHIP/Family	0339T	Transcatheter renal sympathetic denervation, p X	SURG.00135		Non covered but for pediatric me	MCG: GRG: SG-CVS(ISC GRG)Cardio	None	None
IN	Medicaid/SCHIP/Family	0342T	Therapeutic apheresis with selective HDL delipi X	CG-MED-68		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0345T	Transcatheter mitral valve repair percutaneous X	SURG.00121		This service must be performed in	MCG: GRG: SG-CVS(ISC GRG)Cardio	None	None
IN	Medicaid/SCHIP/Family	0347T	Placement of interstitial device(s) in bone for ra X	RAD.00065		Non covered but for pediatric me	MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	0348T	Radiologic examination, radiostereometric anal X	RAD.00065		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0349T	Radiologic examination, radiostereometric anal X	RAD.00065		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0350T	Radiologic examination, radiostereometric anal X	RAD.00065		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0351T	Optical coherence tomography of breast or axil X	SURG.00139		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0352T	Optical coherence tomography of breast or axil X	SURG.00139		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0353T	Optical coherence tomography of breast, surgic X	SURG.00139		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0354T	Optical coherence tomography of breast, surgic X	SURG.00139		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0355T	Gastrointestinal tract imaging, intraluminal (eg, X	CG-MED-70		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0356T	Insertion of drug-eluting implant (including pun X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0358T	Bioelectrical impedance analysis whole body co X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0362T	Behavior identification supporting assessment, Y	CG-BEH-02			MCG: BHG: B-806-T: Applied Behavi	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	0373T	Adaptive behavior treatment with protocol mo Y	CG-BEH-02			MCG: BHG: B-806-T: Applied Behavi	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	0376T	Insertion of anterior segment aqueous drainage N	SURG.00103			MCG: GRG: SG-HNS(ISC GRG)Head &	None	None
IN	Medicaid/SCHIP/Family	0378T	Visual field assessment, with concurrent real tir X	MED.00131		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0379T	Visual field assessment, with concurrent real tir X	MED.00131		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0394T	High dose rate electronic brachytherapy, skin si X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0395T	High dose rate electronic brachytherapy, inters X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0397T	Endoscopic retrograde cholangiopancreatograp X	MED.00077		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0398T	Magnetic resonance image guided high intensit N	MED.00057			MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0402T	Collagen cross-linking of cornea, including remc X	CG-SURG-105		Non covered but for pediatric me	MCG: GRG: SG-HNS(ISC GRG)Head &	None	None
IN	Medicaid/SCHIP/Family	0403T	Preventive behavior change, intensive program X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0404T	Transcervical uterine fibroid(s) ablation with ul X	SURG.00077		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0408T	Insertion or replacement of permanent cardiac X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0409T	Insertion or replacement of permanent cardiac X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0410T	Insertion or replacement of permanent cardiac X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0411T	Insertion or replacement of permanent cardiac X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0412T	Removal of permanent cardiac contractility mo X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0413T	Removal of permanent cardiac contractility mo X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0414T	Removal and replacement of permanent cardia X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0415T	Repositioning of previously implanted cardiac c X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0416T	Relocation of skin pocket for implanted cardiac X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0417T	Programming device evaluation (in person) with X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0418T	Interrogation device evaluation (in person) with X	SURG.00153		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0419T	Destruction of neurofibroma, extensive (cutane X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0420T	Destruction of neurofibroma, extensive (cutane X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0421T	Transurethral waterjet ablation of prostate, inc X	CG-SURG-107		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0422T	Tactile breast imaging by computer-aided tactil X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0423T	Secretory type II phospholipase A2 (sPLA2-IIA) X	LAB.00031		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0424T	Insertion or replacement of neurostimulator sy X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0425T	Insertion or replacement of neurostimulator sy X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0426T	Insertion or replacement of neurostimulator sy X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0427T	Insertion or replacement of neurostimulator sy X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None

IN	Medicaid/SCHIP/Family	0428T	Removal of neurostimulator system for treatment	X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0429T	Removal of neurostimulator system for treatment	X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0430T	Removal of neurostimulator system for treatment	X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0431T	Removal and replacement of neurostimulator s	X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0432T	Repositioning of neurostimulator system for tre	X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0433T	Repositioning of neurostimulator system for tre	X	CG-MED-79		Non covered but for pediatric me	MCG: GRG: SG-NS(ISC GRG)Neurosci	None	None
IN	Medicaid/SCHIP/Family	0434T	Interrogation device evaluation implanted neur	X	CG-MED-79		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0435T	Programming device evaluation of implanted ni	X	CG-MED-79		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0436T	Programming device evaluation of implanted ni	X	CG-MED-79		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0437T	Implantation of non-biologic or synthetic implai	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0439T	Myocardial contrast perfusion echocardiograph	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0440T	Ablation, percutaneous, cryoablation, includes i	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0441T	Ablation, percutaneous, cryoablation, includes i	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0442T	Ablation, percutaneous, cryoablation, includes i	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0443T	Real-time spectral analysis of prostate tissue by	X	SURG.00148		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0444T	Initial placement of a drug-eluting ocular insert	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0445T	Subsequent placement of a drug-eluting ocular	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0446T	Creation of subcutaneous pocket with insertion	N	MED.00121			None	None	None
IN	Medicaid/SCHIP/Family	0447T	Removal of implantable interstitial glucose sens	N	MED.00121			None	None	None
IN	Medicaid/SCHIP/Family	0448T	Removal of implantable interstitial glucose sens	N	MED.00121			None	None	None
IN	Medicaid/SCHIP/Family	0449T	Insertion of aqueous drainage device, without e	N	SURG.00103			MCG: GRG: SG-HNS(ISC GRG)Head &	None	None
IN	Medicaid/SCHIP/Family	0450T	Insertion of aqueous drainage device, without e	N	SURG.00103			MCG: GRG: SG-HNS(ISC GRG)Head &	None	None
IN	Medicaid/SCHIP/Family	0451T	Insertion or replacement of a permanently impl	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	0452T	Insertion or replacement of a permanently impl	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	0453T	Insertion or replacement of a permanently impl	N						
IN	Medicaid/SCHIP/Family	0454T	Insertion or replacement of a permanently impl	N						
IN	Medicaid/SCHIP/Family	0455T	Removal of permanently implantable aortic cou	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	0456T	Removal of permanently implantable aortic cou	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	0457T	Removal of permanently implantable aortic cou	N						
IN	Medicaid/SCHIP/Family	0458T	Removal of permanently implantable aortic cou	N						
IN	Medicaid/SCHIP/Family	0459T	Relocation of skin pocket with replacement of i	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	0460T	Repositioning of previously implanted aortic co	N						
IN	Medicaid/SCHIP/Family	0461T	Repositioning of previously implanted aortic co	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	0462T	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family	0463T	Interrogation device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family	0464T	Visual evoked potential, testing for glaucoma, v	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	0465T	Suprachoroidal injection of a pharmacologic ag	N	SURG.00101			None	None	None
IN	Medicaid/SCHIP/Family	0466T	Insertion of chest wall respiratory sensor electr	N	SURG.00129			None	None	None
IN	Medicaid/SCHIP/Family	0467T	Revision or replacement of chest wall respirato	N	SURG.00129			None	None	None
IN	Medicaid/SCHIP/Family	0468T	Removal of chest wall respiratory sensor electr	N	SURG.00129			None	None	None
IN	Medicaid/SCHIP/Family	0469T	Retinal polarization scan, ocular screening with	N						
IN	Medicaid/SCHIP/Family	0470T	Optical coherence tomography (OCT) for micro	N						
IN	Medicaid/SCHIP/Family	0471T	Optical coherence tomography (OCT) for micro	N						
IN	Medicaid/SCHIP/Family	0472T	Device evaluation, interrogation, and initial pro	N	SURG.00113			None	None	None
IN	Medicaid/SCHIP/Family	0473T	Device evaluation and interrogation of intraocu	N	SURG.00113			None	None	None
IN	Medicaid/SCHIP/Family	0474T	Insertion of anterior segment aqueous drainage	N	SURG.00103			None	None	None
IN	Medicaid/SCHIP/Family	0475T	Recording of fetal magnetic cardiac signal using	N						
IN	Medicaid/SCHIP/Family	0476T	Recording of fetal magnetic cardiac signal using	N						
IN	Medicaid/SCHIP/Family	0477T	Recording of fetal magnetic cardiac signal using	N						
IN	Medicaid/SCHIP/Family	0478T	Recording of fetal magnetic cardiac signal using	N						
IN	Medicaid/SCHIP/Family	0479T	Fractional ablative laser fenestration of burn an	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	0480T	Fractional ablative laser fenestration of burn an	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	0481T	Injection(s), autologous white blood cell concn	N	MED.00110			None	None	None
IN	Medicaid/SCHIP/Family	0483T	Transcatheter mitral valve implantation/replac	Y	SURG.00121		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0484T	Transcatheter mitral valve implantation/replac	Y	SURG.00121		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0485T	Optical coherence tomography (OCT) of middle	N						
IN	Medicaid/SCHIP/Family	0486T	Optical coherence tomography (OCT) of middle	N						
IN	Medicaid/SCHIP/Family	0487T	Biomechanical mapping, transvaginal, with repr	N						
IN	Medicaid/SCHIP/Family	0488T	Preventive behavior change, online/electronic s	N						

IN	Medicaid/SCHIP/Family	0489T	Autologous adipose-derived regenerative cell t	N	MED.00132			None	None	None
IN	Medicaid/SCHIP/Family	0490T	Autologous adipose-derived regenerative cell t	N	MED.00132			None	None	None
IN	Medicaid/SCHIP/Family	0491T	Ablative laser treatment, non-contact, full field	N						
IN	Medicaid/SCHIP/Family	0492T	Ablative laser treatment, non-contact, full field	N						
IN	Medicaid/SCHIP/Family	0493T	Near-infrared spectroscopy studies of lower ext	N						
IN	Medicaid/SCHIP/Family	0494T	Surgical preparation and cannulation of margin	Y	TRANS.00009		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0495T	Initiation and monitoring marginal (extended) c	Y	TRANS.00009		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0496T	Initiation and monitoring marginal (extended) c	Y	TRANS.00009		This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	0497T	External patient-activated, physician- or other c	N	CG-MED-40			None	None	None
IN	Medicaid/SCHIP/Family	0498T	External patient-activated, physician- or other c	N	CG-MED-40			None	None	None
IN	Medicaid/SCHIP/Family	0499T	Cystourethroscopy, with mechanical dilation an	N						
IN	Medicaid/SCHIP/Family	0500F	Initial prenatal care visit (report at first prenatal)	R						
IN	Medicaid/SCHIP/Family	0500T	Infectious agent detection by nucleic acid (DNA	N						
IN	Medicaid/SCHIP/Family	0501F	Prenatal flow sheet documented in medical rec	R						
IN	Medicaid/SCHIP/Family	0501T	Noninvasive estimated coronary fractional flow	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	0502F	Subsequent prenatal care visit (Prenatal)2	R						
IN	Medicaid/SCHIP/Family	0502T	Noninvasive estimated coronary fractional flow	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	0503F	Postpartum care visit (Prenatal)2	R						
IN	Medicaid/SCHIP/Family	0503T	Noninvasive estimated coronary fractional flow	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	0504T	Noninvasive estimated coronary fractional flow	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	0505F	Hemodialysis plan of care documented (ESRD)	R				AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	0505T	Endovenous femoral-popliteal arterial revascul	X	CG-SURG-49		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0506T	Macular pigment optical density measurement	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0507F	Peritoneal dialysis plan of care documented (ES	R						
IN	Medicaid/SCHIP/Family	0507T	Near-infrared dual imaging (ie, simultaneous re	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	0508T	Pulse-echo ultrasound bone density measurem	X	CG-MED-39		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	0509F	Urinary incontinence plan of care documented	R						
IN	Medicaid/SCHIP/Family	0509T	Electroretinography (ERG) with interpretation a	N						
IN	Medicaid/SCHIP/Family	0510T	Removal of sinus tarsi implant	N	SURG.00104			MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	0511T	Removal and reinsertion of sinus tarsi implant	N	SURG.00104			MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	0512T	Extracorporeal shock wave for integumentary v	Y	SURG.00045			None	None	None
IN	Medicaid/SCHIP/Family	0513F	Elevated blood pressure plan of care document	N						
IN	Medicaid/SCHIP/Family	0513T	Extracorporeal shock wave for integumentary v	Y	SURG.00045			None	None	None
IN	Medicaid/SCHIP/Family	0514F	Plan of care for elevated hemoglobin level docu	R						
IN	Medicaid/SCHIP/Family	0514T	Intraoperative visual axis identification using pa	N	CG-SURG-40			None	None	None
IN	Medicaid/SCHIP/Family	0515T	Insertion of wireless cardiac stimulator for left	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0516F	Anemia plan of care documented (ESRD)	R						
IN	Medicaid/SCHIP/Family	0516T	Insertion of wireless cardiac stimulator for left	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0517F	Glaucoma plan of care documented (EC)	R						
IN	Medicaid/SCHIP/Family	0517T	Insertion of wireless cardiac stimulator for left	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0518F	Falls plan of care documented (GER)	R						
IN	Medicaid/SCHIP/Family	0518T	Removal of only pulse generator component(s)	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0519F	Planned chemotherapy regimen, including at a	R						
IN	Medicaid/SCHIP/Family	0519T	Removal and replacement of wireless cardiac s	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0520F	Normal tissue dose constraints established with	R						
IN	Medicaid/SCHIP/Family	0520T	Removal and replacement of wireless cardiac s	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0521F	Plan of care to address pain documented (ONC)	R						
IN	Medicaid/SCHIP/Family	0521T	Interrogation device evaluation (in person) with	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0522T	Programming device evaluation (in person) with	Y	SURG.00152			None	None	None
IN	Medicaid/SCHIP/Family	0523T	Intraprocedural coronary fractional flow reservi	N						
IN	Medicaid/SCHIP/Family	0524T	Endovenous catheter directed chemical ablatio	N	SURG.00037			None	None	None
IN	Medicaid/SCHIP/Family	0525F	Initial visit for episode (BkP)	R						
IN	Medicaid/SCHIP/Family	0525T	Insertion or replacement of intracardiac ischem	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0526F	Subsequent visit for episode (BkP)	R						
IN	Medicaid/SCHIP/Family	0526T	Insertion or replacement of intracardiac ischem	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0527T	Insertion or replacement of intracardiac ischem	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0528F	Recommended follow-up interval for repeat col	R						
IN	Medicaid/SCHIP/Family	0528T	Programming device evaluation (in person) of ii	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0529F	Interval of 3 or more years since patient's last c	R						

IN	Medicaid/SCHIP/Family	0529T	Interrogation device evaluation (in person) of ir	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0530T	Removal of intracardiac ischemia monitoring sy	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0531T	Removal of intracardiac ischemia monitoring sy	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0532T	Removal of intracardiac ischemia monitoring sy	N	MED.00111			None	None	None
IN	Medicaid/SCHIP/Family	0533T	Continuous recording of movement disorder sy	Y	MED.00101			None	None	None
IN	Medicaid/SCHIP/Family	0534T	Continuous recording of movement disorder sy	Y	MED.00101			None	None	None
IN	Medicaid/SCHIP/Family	0535F	Dyspnea management plan of care, documente	R						
IN	Medicaid/SCHIP/Family	0535T	Continuous recording of movement disorder sy	Y	MED.00101			None	None	None
IN	Medicaid/SCHIP/Family	0536T	Continuous recording of movement disorder sy	Y	MED.00101			None	None	None
IN	Medicaid/SCHIP/Family	0537T	Chimeric antigen receptor T-cell (CAR-T) therap	Y				ING-CC-0150, ING-CC-0151	None	None
IN	Medicaid/SCHIP/Family	0538T	Chimeric antigen receptor T-cell (CAR-T) therap	Y				ING-CC-0150, ING-CC-0151	None	None
IN	Medicaid/SCHIP/Family	0539T	Chimeric antigen receptor T-cell (CAR-T) therap	Y				ING-CC-0150, ING-CC-0151	None	None
IN	Medicaid/SCHIP/Family	0540F	Glucocorticoid Management Plan Documented (R	R						
IN	Medicaid/SCHIP/Family	0540T	Chimeric antigen receptor T-cell (CAR-T) therap	Y				ING-CC-0150, ING-CC-0151	None	None
IN	Medicaid/SCHIP/Family	0541T	Myocardial imaging by magnetocardiography (I	N						
IN	Medicaid/SCHIP/Family	0542T	Myocardial imaging by magnetocardiography (I	N						
IN	Medicaid/SCHIP/Family	0543T	Transapical mitral valve repair, including transt	N						
IN	Medicaid/SCHIP/Family	0544T	Transcatheter mitral valve annulus reconstructi	Y	SURG.00121			MCG: ISC: S-290: Cardiac Valve Repl	None	None
IN	Medicaid/SCHIP/Family	0545F	Plan for follow-up care for major depressive dis	R						
IN	Medicaid/SCHIP/Family	0545T	Transcatheter tricuspid valve annulus reconstru	Y	SURG.00121			MCG: RFC: S-5290: Cardiac Valve Re	None	None
IN	Medicaid/SCHIP/Family	0546T	Radiofrequency spectroscopy, real time, intrao	Y	SURG.00139			None	None	None
IN	Medicaid/SCHIP/Family	0547T	Bone-material quality testing by microindentati	N						
IN	Medicaid/SCHIP/Family	0548T	Transperineal periurethral balloon continence c	Y	SURG.00010			MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	0549T	Transperineal periurethral balloon continence c	Y	SURG.00010			MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	0550F	Cytopathology report on routine nongynecolog	R						
IN	Medicaid/SCHIP/Family	0550T	Transperineal periurethral balloon continence c	Y	SURG.00010			MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	0551F	Cytopathology report on nongynecologic specir	R						
IN	Medicaid/SCHIP/Family	0551T	Transperineal periurethral balloon continence c	Y	SURG.00010			MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	0552T	Low-level laser therapy, dynamic photonic and	Y				AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	0553T	Percutaneous transcatheter placement of iliac	N				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	0554T	Bone strength and fracture risk using finite elen	N						
IN	Medicaid/SCHIP/Family	0555F	Symptom Management Plan Of Care Documente	R						
IN	Medicaid/SCHIP/Family	0555T	Bone strength and fracture risk using finite elen	N						
IN	Medicaid/SCHIP/Family	0556F	Plan Of Care To Achieve Lipid Control Documen	R						
IN	Medicaid/SCHIP/Family	0556T	Bone strength and fracture risk using finite elen	N						
IN	Medicaid/SCHIP/Family	0557F	Plan Of Care To Manage Anginal Symptoms Doc	R						
IN	Medicaid/SCHIP/Family	0557T	Bone strength and fracture risk using finite elen	N						
IN	Medicaid/SCHIP/Family	0558T	Computed tomography scan taken for the purp	N						
IN	Medicaid/SCHIP/Family	0559T	Anatomic model 3D-printed from image data se	N						
IN	Medicaid/SCHIP/Family	0560T	Anatomic model 3D-printed from image data se	N						
IN	Medicaid/SCHIP/Family	0561T	Anatomic guide 3D-printed and designed from	N						
IN	Medicaid/SCHIP/Family	0562T	Anatomic guide 3D-printed and designed from	N						
IN	Medicaid/SCHIP/Family	0563T	Evacuation of meibomian glands, using heat de	N	MED.00103			None	None	None
IN	Medicaid/SCHIP/Family	0564T	Oncology, chemotherapeutic drug cytotoxicity	N						
IN	Medicaid/SCHIP/Family	0565T	Autologous cellular implant derived from adipo	N						
IN	Medicaid/SCHIP/Family	0566T	Autologous cellular implant derived from adipo	N						
IN	Medicaid/SCHIP/Family	0567T	Permanent fallopian tube occlusion with degrad	N				MCG: GRG: SG-OBS: Obstetric and C	None	None
IN	Medicaid/SCHIP/Family	0568T	Introduction of mixture of saline and air for son	N						
IN	Medicaid/SCHIP/Family	0569T	Transcatheter tricuspid valve repair, percutane	Y	SURG.00121		This service must be performed i	MCG: ISC: S-290: Cardiac Valve Repl	None	None
IN	Medicaid/SCHIP/Family	0570T	Transcatheter tricuspid valve repair, percutane	Y	SURG.00121		This service must be performed i	MCG: ISC: S-5290: Cardiac Valve Re	None	None
IN	Medicaid/SCHIP/Family	0571T	Insertion or replacement of implantable cardio	Y				MCG: ISC: M-157: Electrophysiologi	None	None
IN	Medicaid/SCHIP/Family	0572T	Insertion of substernal implantable defibrillator	Y				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	0573T	Removal of substernal implantable defibrillator	N				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	0574T	Repositioning of previously implanted substern	N				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	0575F	HIV RNA control plan of care, documented (HIV	R						
IN	Medicaid/SCHIP/Family	0575T	Programming device evaluation (in person) of i	N						
IN	Medicaid/SCHIP/Family	0576T	Interrogation device evaluation (in person) of ir	N						
IN	Medicaid/SCHIP/Family	0577T	Electrophysiological evaluation of implantable c	N						
IN	Medicaid/SCHIP/Family	0578T	Interrogation device evaluation(s) (remote), up	N						

IN	Medicaid/SCHIP/Family	0579T	Interrogation device evaluation(s) (remote), up	N								
IN	Medicaid/SCHIP/Family	0580F	Multidisciplinary care plan developed or update	R								
IN	Medicaid/SCHIP/Family	0580T	Removal of substernal implantable defibrillator	N					MCG: GRG: SG-CVS: Cardiovascular	None		None
IN	Medicaid/SCHIP/Family	0581F	Patient transferred directly from anesthetizing	R								
IN	Medicaid/SCHIP/Family	0581T	Ablation, malignant breast tumor(s), percutane	N	CG-SURG-61				MCG: GRG: SG-GS: General Surgery	None		None
IN	Medicaid/SCHIP/Family	0582F	Patient not transferred directly from anesthetiz	R								
IN	Medicaid/SCHIP/Family	0582T	Transurethral ablation of malignant prostate tis	N					MCG: GRG: SG-US: Urologic Surgery	None		None
IN	Medicaid/SCHIP/Family	0583F	Transfer of care checklist used (Peri2)	R								
IN	Medicaid/SCHIP/Family	0583T	Tympanostomy (requiring insertion of ventilati	N					MCG: GRG: SG-HNS: Head and Neck	None		None
IN	Medicaid/SCHIP/Family	0584F	Transfer of care checklist not used (Peri2)	R								
IN	Medicaid/SCHIP/Family	0584T	Islet cell transplant, includes portal vein cathet	N				This service must be performed i	MCG: GRG: SG-GS: General Surgery	None		None
IN	Medicaid/SCHIP/Family	0585T	Islet cell transplant, includes portal vein cathet	N				This service must be performed i	MCG: GRG: SG-GS: General Surgery	None		None
IN	Medicaid/SCHIP/Family	0586T	Islet cell transplant, includes portal vein cathet	N				This service must be performed i	MCG: GRG: SG-GS: General Surgery	None		None
IN	Medicaid/SCHIP/Family	0587T	Percutaneous implantation or replacement of ii	Y	CG-SURG-95				MCG: GRG: SG-NS: Neurosurgery or	None		None
IN	Medicaid/SCHIP/Family	0588T	Revision or removal of integrated single device	Y	CG-SURG-95				MCG: GRG: SG-NS: Neurosurgery or	None		None
IN	Medicaid/SCHIP/Family	0589T	Electronic analysis with simple programming of	N								
IN	Medicaid/SCHIP/Family	0590T	Electronic analysis with complex programming	N								
IN	Medicaid/SCHIP/Family	0591T	Health and well-being coaching face-to-face; in	N								
IN	Medicaid/SCHIP/Family	0592T	Health and well-being coaching face-to-face; in	N								
IN	Medicaid/SCHIP/Family	0593T	Health and well-being coaching face-to-face; gr	N								
IN	Medicaid/SCHIP/Family	0594T	Osteotomy, humerus, with insertion of an exte	N								
IN	Medicaid/SCHIP/Family	0596T	Temporary female intraurethral valve-pump (ie	N	SURG.00010				None	None		None
IN	Medicaid/SCHIP/Family	0597T	Temporary female intraurethral valve-pump (ie	N	SURG.00010				None	None		None
IN	Medicaid/SCHIP/Family	0598T	Noncontact real-time fluorescence wound imag	N								
IN	Medicaid/SCHIP/Family	0599T	Noncontact real-time fluorescence wound imag	N								
IN	Medicaid/SCHIP/Family	0600T	Ablation, irreversible electroporation; 1 or mor	Y	SURG.00126				None	None		None
IN	Medicaid/SCHIP/Family	0601T	Ablation, irreversible electroporation; 1 or mor	Y	SURG.00126				None	None		None
IN	Medicaid/SCHIP/Family	0602T	Glomerular filtration rate (GFR) measurement(s	N								
IN	Medicaid/SCHIP/Family	0603T	Glomerular filtration rate (GFR) monitoring, tra	N								
IN	Medicaid/SCHIP/Family	0604T	Optical coherence tomography (OCT) of retina,	N								
IN	Medicaid/SCHIP/Family	0605T	Optical coherence tomography (OCT) of retina,	N								
IN	Medicaid/SCHIP/Family	0606T	Optical coherence tomography (OCT) of retina,	N								
IN	Medicaid/SCHIP/Family	0607T	Remote monitoring of an external continuous p	N	MED.00134				None	None		None
IN	Medicaid/SCHIP/Family	0608T	Remote monitoring of an external continuous p	N	MED.00134				None	None		None
IN	Medicaid/SCHIP/Family	0609T	Magnetic resonance spectroscopy, determinati	N								
IN	Medicaid/SCHIP/Family	0610T	Magnetic resonance spectroscopy, determinati	N								
IN	Medicaid/SCHIP/Family	0611T	Magnetic resonance spectroscopy, determinati	N								
IN	Medicaid/SCHIP/Family	0612T	Magnetic resonance spectroscopy, determinati	N								
IN	Medicaid/SCHIP/Family	0613T	Percutaneous transcatheter implantation of int	N								
IN	Medicaid/SCHIP/Family	0614T	Removal and replacement of substernal implan	N								
IN	Medicaid/SCHIP/Family	0615T	Eye-movement analysis without spatial calibrat	N								
IN	Medicaid/SCHIP/Family	0616T	Insertion of iris prosthesis, including suture fixa	N	SURG.00156				None	None		None
IN	Medicaid/SCHIP/Family	0617T	Insertion of iris prosthesis, including suture fixa	N	SURG.00156				None	None		None
IN	Medicaid/SCHIP/Family	0618T	Insertion of iris prosthesis, including suture fixa	N	SURG.00156				None	None		None
IN	Medicaid/SCHIP/Family	0619T	Cystourethroscopy with transurethral anterior	Y								
IN	Medicaid/SCHIP/Family	0620T	Endovascular venous arterialization, tibial or pe	Y	CG-SURG-49				None	None		None
IN	Medicaid/SCHIP/Family	0621T	Trabeculectomy ab interno by laser	N	CG-SURG-100				None	None		None
IN	Medicaid/SCHIP/Family	0622T	Trabeculectomy ab interno by laser; with use of	N	CG-SURG-100				None	None		None
IN	Medicaid/SCHIP/Family	0623T	Automated quantification and characterization	N								
IN	Medicaid/SCHIP/Family	0624T	Automated quantification and characterization	N								
IN	Medicaid/SCHIP/Family	0625T	Automated quantification and characterization	N								
IN	Medicaid/SCHIP/Family	0626T	Automated quantification and characterization	N								
IN	Medicaid/SCHIP/Family	0627T	Percutaneous injection of allogeneic cellular an	Y	SURG.00011				None	None		None
IN	Medicaid/SCHIP/Family	0628T	Percutaneous injection of allogeneic cellular an	Y	SURG.00011				None	None		None
IN	Medicaid/SCHIP/Family	0629T	Percutaneous injection of allogeneic cellular an	Y	SURG.00011				None	None		None
IN	Medicaid/SCHIP/Family	0630T	Percutaneous injection of allogeneic cellular an	Y	SURG.00011				None	None		None
IN	Medicaid/SCHIP/Family	0631T	Transcutaneous visible light hyperspectral imag	N								
IN	Medicaid/SCHIP/Family	0632T	Percutaneous transcatheter ultrasound ablatio	N								
IN	Medicaid/SCHIP/Family	0633T	Computed tomography, breast, including 3D re	N								

IN	Medicaid/SCHIP/Family	0634T	Computed tomography, breast, including 3D re	N								
IN	Medicaid/SCHIP/Family	0635T	Computed tomography, breast, including 3D re	N								
IN	Medicaid/SCHIP/Family	0636T	Computed tomography, breast, including 3D re	N								
IN	Medicaid/SCHIP/Family	0637T	Computed tomography, breast, including 3D re	N								
IN	Medicaid/SCHIP/Family	0638T	Computed tomography, breast, including 3D re	N								
IN	Medicaid/SCHIP/Family	0639T	Wireless skin sensor thermal anisotropy measu	N								
IN	Medicaid/SCHIP/Family	10004	Fine needle aspiration biopsy, without imaging	N								
IN	Medicaid/SCHIP/Family	10005	Fine needle aspiration biopsy, including ultraso	N								
IN	Medicaid/SCHIP/Family	10006	Fine needle aspiration biopsy, including ultraso	N								
IN	Medicaid/SCHIP/Family	10007	Fine needle aspiration biopsy, including fluorosi	N								
IN	Medicaid/SCHIP/Family	10008	Fine needle aspiration biopsy, including fluorosi	N								
IN	Medicaid/SCHIP/Family	10009	Fine needle aspiration biopsy, including CT guid	N								
IN	Medicaid/SCHIP/Family	1000F	Tobacco use assessed (CAD, CAP, COPD, PV)1	(I R								
IN	Medicaid/SCHIP/Family	10010	Fine needle aspiration biopsy, including CT guid	N								
IN	Medicaid/SCHIP/Family	10011	Fine needle aspiration biopsy, including MR gui	N								
IN	Medicaid/SCHIP/Family	10012	Fine needle aspiration biopsy, including MR gui	N								
IN	Medicaid/SCHIP/Family	10021	Fine needle aspiration biopsy, without imaging	N						MCG: GRG: A-MPC: Minor Procedur	None	None
IN	Medicaid/SCHIP/Family	1002F	Anginal symptoms and level of activity assesce	R								
IN	Medicaid/SCHIP/Family	10030	Image-guided fluid collection drainage by cathe	N						None	None	None
IN	Medicaid/SCHIP/Family	10035	Placement of soft tissue localization device(s)	(I N								
IN	Medicaid/SCHIP/Family	10036	Placement of soft tissue localization device(s)	(I N								
IN	Medicaid/SCHIP/Family	1003F	Level of activity assessed (NMA-No Measure As	R								
IN	Medicaid/SCHIP/Family	10040	Acne Surgery	N								
IN	Medicaid/SCHIP/Family	1004F	Clinical symptoms of volume overload (excess)	R								
IN	Medicaid/SCHIP/Family	1005F	Asthma symptoms evaluated (includes docum	R								
IN	Medicaid/SCHIP/Family	10060	Incision & Drainage, Abscess; Simple/Single	N								
IN	Medicaid/SCHIP/Family	10061	Incision & Drainage, Abscess; Complicated/Mul	N								
IN	Medicaid/SCHIP/Family	1006F	Osteoarthritis symptoms and functional status	R								
IN	Medicaid/SCHIP/Family	1007F	Use of anti-inflammatory or analgesic over-the-	R								
IN	Medicaid/SCHIP/Family	10080	Incision & Drainage, Pilonidal Cyst; Simple	N								
IN	Medicaid/SCHIP/Family	10081	Incision & Drainage, Pilonidal Cyst; Complicate	N								
IN	Medicaid/SCHIP/Family	1008F	Gastrointestinal and renal risk factors assessed	R								
IN	Medicaid/SCHIP/Family	1010F	Severity Of Angina Assessed By Level Of Activit	R								
IN	Medicaid/SCHIP/Family	1011F	Angina Present (Cad)	R								
IN	Medicaid/SCHIP/Family	10120	Incision & Removal, Fb, Subq Tissues; Simple	N								
IN	Medicaid/SCHIP/Family	10121	Incision & Removal, Fb, Subq Tissues; Complica	N								
IN	Medicaid/SCHIP/Family	1012F	Angina Absent (Cad)	R								
IN	Medicaid/SCHIP/Family	10140	Incision & Drainage, Hematoma, Seroma/Fluid	(I N								
IN	Medicaid/SCHIP/Family	1015F	Chronic obstructive pulmonary disease (COPD)	R								
IN	Medicaid/SCHIP/Family	10160	Puncture Aspiration, Abscess, Hematoma, Bulla	N								
IN	Medicaid/SCHIP/Family	10180	Incision & Drainage, Complex, Postoperative W	N								
IN	Medicaid/SCHIP/Family	1018F	Dyspnea assessed, not present (COPD)1	R								
IN	Medicaid/SCHIP/Family	1019F	Dyspnea assessed, present (COPD)1	R								
IN	Medicaid/SCHIP/Family	1022F	Pneumococcus immunization status assessed	(I R								
IN	Medicaid/SCHIP/Family	1026F	Co-morbid conditions assessed (eg, includes as	R								
IN	Medicaid/SCHIP/Family	1030F	Influenza immunization status assessed (CAP)1	R								
IN	Medicaid/SCHIP/Family	1031F	Smoking Status And Exposure To Second Hand	R								
IN	Medicaid/SCHIP/Family	1032F	Current Tobacco Smoker Or Currently Exposed	R								
IN	Medicaid/SCHIP/Family	1033F	Current Tobacco Non-Smoker And Not Currentl	R								
IN	Medicaid/SCHIP/Family	1034F	Current tobacco smoker (CAD, CAP, COPD, PV)1	R								
IN	Medicaid/SCHIP/Family	1035F	Current smokeless tobacco user (eg, chew, snu	R								
IN	Medicaid/SCHIP/Family	1036F	Current tobacco non-user (CAD, CAP, COPD, PV	R								
IN	Medicaid/SCHIP/Family	1038F	Persistent asthma (mild, moderate or severe)	(I R								
IN	Medicaid/SCHIP/Family	1039F	Intermittent asthma (Asthma)1	R								
IN	Medicaid/SCHIP/Family	1040F	DSM-5 criteria for major depressive disorder dc	R								
IN	Medicaid/SCHIP/Family	1050F	History obtained regarding new or changing mc	R								
IN	Medicaid/SCHIP/Family	1052F	Type, anatomic location, and activity all assesse	R								
IN	Medicaid/SCHIP/Family	1055F	Visual functional status assessed (EC)	R								
IN	Medicaid/SCHIP/Family	1060F	Documentation of permanent OR persistent OF	R								

IN	Medicaid/SCHIP/Family	1061F	Documentation of absence of permanentAND r							
IN	Medicaid/SCHIP/Family	1065F	Ischemic stroke symptom onset of less than 3 h	R						
IN	Medicaid/SCHIP/Family	1066F	Ischemic stroke symptom onset greater than oi	R						
IN	Medicaid/SCHIP/Family	1070F	Alarm symptoms (involuntary weight loss, dysp	R						
IN	Medicaid/SCHIP/Family	1071F	Alarm symptoms (involuntary weight loss, dysp	R						
IN	Medicaid/SCHIP/Family	1090F	Presence or absence of urinary incontinence as	R						
IN	Medicaid/SCHIP/Family	1091F	Urinary incontinence characterized (eg, frequer	R						
IN	Medicaid/SCHIP/Family	11000	Debridement, Extensive Eczematous/Infected S	N						
IN	Medicaid/SCHIP/Family	11001	Debridement of extensive eczematous or infect	N						
IN	Medicaid/SCHIP/Family	11004	Debridement Of Skin, Sq Tissue, Muscle And Fa	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	11005	Debridement Of Skin, Sq Tissue, Muscle And Fa	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	11006	Debridement Of Skin, Sq Tissue, Muscle & Fasci	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	11008	Removal of prosthetic material or mesh, abdorr	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	1100F	Patient screened for future fall risk; documenta	R						
IN	Medicaid/SCHIP/Family	11010	Debridement including removal of foreign mate	N						
IN	Medicaid/SCHIP/Family	11011	Debridement including removal of foreign mate	N						
IN	Medicaid/SCHIP/Family	11012	Debridement including removal of foreign mate	N						
IN	Medicaid/SCHIP/Family	1101F	Patient screened for future fall risk; documenta	R						
IN	Medicaid/SCHIP/Family	11042	Debridement, subcutaneous tissue (includes ep	N				None	None	None
IN	Medicaid/SCHIP/Family	11043	Debridement, muscle and/or fascia (includes ep	N				None	None	None
IN	Medicaid/SCHIP/Family	11044	Debridement, bone (includes epidermis, dermis	N						
IN	Medicaid/SCHIP/Family	11045	Debridement, subcutaneous tissue (includes ep	N						
IN	Medicaid/SCHIP/Family	11046	Debridement, muscle and/or fascia (includes ep	N						
IN	Medicaid/SCHIP/Family	11047	Debridement, bone (includes epidermis, dermis	N						
IN	Medicaid/SCHIP/Family	11055	Paring/Cutting, Benign Hyperkeratotic Lesion; S	N				None	None	None
IN	Medicaid/SCHIP/Family	11056	Paring/Cutting, Benign Hyperkeratotic Lesion; 2	N						
IN	Medicaid/SCHIP/Family	11057	Paring/Cutting, Benign Hyperkeratotic Lesion; >	N						
IN	Medicaid/SCHIP/Family	11102	Tangential biopsy of skin (eg, shave, scoop, sau	N						
IN	Medicaid/SCHIP/Family	11103	Tangential biopsy of skin (eg, shave, scoop, sau	N						
IN	Medicaid/SCHIP/Family	11104	Punch biopsy of skin (including simple closure, \	N						
IN	Medicaid/SCHIP/Family	11105	Punch biopsy of skin (including simple closure, \	N						
IN	Medicaid/SCHIP/Family	11106	Incisional biopsy of skin (eg, wedge) (including	S	N					
IN	Medicaid/SCHIP/Family	11107	Incisional biopsy of skin (eg, wedge) (including	S	N					
IN	Medicaid/SCHIP/Family	1110F	Patient discharged from an inpatient facility (e.	R						
IN	Medicaid/SCHIP/Family	1111F	Discharge medications reconciled with the curr	R						
IN	Medicaid/SCHIP/Family	1116F	Auricular or periauricular pain assessed (AOE)	R						
IN	Medicaid/SCHIP/Family	1118F	GERD symptoms assessed after 12 months of tl	R						
IN	Medicaid/SCHIP/Family	1119F	Initial evaluation for condition (HEP C) (EPI, DSP	R						
IN	Medicaid/SCHIP/Family	11200	Removal, Skin Tags, Multiple Fibrocutaneous T	N						
IN	Medicaid/SCHIP/Family	11201	Removal of skin tags, multiple fibrocutaneous t	N				None	None	None
IN	Medicaid/SCHIP/Family	1121F	Subsequent evaluation for condition (HEP C)(EP	R						
IN	Medicaid/SCHIP/Family	1123F	Advance care planning discussed and documen	R						
IN	Medicaid/SCHIP/Family	1124F	Advance Care Planning discussed and documen	R						
IN	Medicaid/SCHIP/Family	1125F	Pain severity quantified; pain present (ONC)	R						
IN	Medicaid/SCHIP/Family	1126F	Pain severity quantified; no pain present (ONC)	R						
IN	Medicaid/SCHIP/Family	1127F	New Episode For Condition (Nma-No Measure)	R						
IN	Medicaid/SCHIP/Family	1128F	Subsequent Episode For Condition (Nma-No Me	R						
IN	Medicaid/SCHIP/Family	11300	Shaving Skin Lesion, Trunk/Arms/Legs; Diamete	N						
IN	Medicaid/SCHIP/Family	11301	Shaving Skin Lesion, Trunk/Arms/Legs; Diamete	N						
IN	Medicaid/SCHIP/Family	11302	Shaving Skin Lesion, Trunk/Arms/Legs; Diamete	N						
IN	Medicaid/SCHIP/Family	11303	Shaving Skin Lesion, Trunk/Arms/Legs; Diamete	N						
IN	Medicaid/SCHIP/Family	11305	Shaving Skin Lesion, Scalp/Neck/Hands/Feet/Gi	N						
IN	Medicaid/SCHIP/Family	11306	Shaving Skin Lesion, Scalp/Neck/Hands/Feet/Gi	N						
IN	Medicaid/SCHIP/Family	11307	Shaving Skin Lesion, Scalp/Neck/Hands/Feet/Gi	N						
IN	Medicaid/SCHIP/Family	11308	Shaving Skin Lesion, Scalp/Neck/Hands/Feet/Gi	N						
IN	Medicaid/SCHIP/Family	1130F	Back pain and function assessed, including all	R						
IN	Medicaid/SCHIP/Family	11310	Shaving Skin Lesion, Face/Ears/Eyelids/Nose/Li	N						
IN	Medicaid/SCHIP/Family	11311	Shaving Skin Lesion, Face/Ears/Eyelids/Nose/Li	N						
IN	Medicaid/SCHIP/Family	11312	Shaving Skin Lesion, Face/Ears/Eyelids/Nose/Li	N						

IN	Medicaid/SCHIP/Family	11730	Avulsion, Nail Plate, Partial/Complete, Simple; S	N														
IN	Medicaid/SCHIP/Family	11732	Avulsion, Nail Plate, Partial/Complete, Simple; F	N														
IN	Medicaid/SCHIP/Family	11740	Evacuation, Subungual Hematoma	N														
IN	Medicaid/SCHIP/Family	11750	Excision, Nail/Nail Matrix, Permanent Removal	N														
IN	Medicaid/SCHIP/Family	11755	Bx, Nail Unit (Sep Proc)	N														
IN	Medicaid/SCHIP/Family	1175F	Functional Status For Dementia Assessed And R	R														
IN	Medicaid/SCHIP/Family	11760	Repair, Nail Bed	N														
IN	Medicaid/SCHIP/Family	11762	Reconstruction, Nail Bed W/Graft	N														
IN	Medicaid/SCHIP/Family	11765	Wedge Excision, Skin, Nail Fold	N														
IN	Medicaid/SCHIP/Family	11770	Excision, Pilonidal Cyst/Sinus; Simple	N														
IN	Medicaid/SCHIP/Family	11771	Excision, Pilonidal Cyst/Sinus; Extensive	N														
IN	Medicaid/SCHIP/Family	11772	Excision, Pilonidal Cyst/Sinus; Complicated	N														
IN	Medicaid/SCHIP/Family	1180F	All specified thromboembolic risk factors asses	R														
IN	Medicaid/SCHIP/Family	1181F	Neuropsychiatric Symptoms Assessed And Res	R														
IN	Medicaid/SCHIP/Family	1182F	Neuropsychiatric Symptoms, One Or More Pres	R														
IN	Medicaid/SCHIP/Family	1183F	Neuropsychiatric Symptoms, Absent (Dem)	R														
IN	Medicaid/SCHIP/Family	11900	Injection, Intralesional; Up To & Incl 7 Lesions	N														
IN	Medicaid/SCHIP/Family	11901	Injection, Intralesional; > 7 Lesions	N														
IN	Medicaid/SCHIP/Family	11920	Tattooing To Correct Color Defects; 6.0 Sq Cm/-	Y				ANC.00007, CG-SURG-27, SURG.00023					None		None			None
IN	Medicaid/SCHIP/Family	11921	Tattooing To Correct Color Defects; 6.1-20.0 Sq	Y				CG-SURG-27, ANC.00007, SURG.00023					None		None			CMS Guidelines
IN	Medicaid/SCHIP/Family	11922	Tattooing, intradermal introduction of insoluble	Y				ANC.00007, CG-SURG-27, SURG.00023					None		None			CMS Guidelines
IN	Medicaid/SCHIP/Family	11950	Subq Injection, Filling Matl; 1 Cc/<	N				MED.00132					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	11951	Subq Injection, Filling Matl; 1.1 To 5.0 Cc	N				MED.00132					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc	Y				MED.00132					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	11954	Subq Injection, Filling Matl; > 10.0 Cc	Y				MED.00132					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	11960	Insertion, Tissue Expander(S), Other Than Breas	N														
IN	Medicaid/SCHIP/Family	11970	Replacement, Tissue Expander W/Permanent P	N														
IN	Medicaid/SCHIP/Family	11971	Removal, Tissue Expander(S) W/O Insertion, Pri	N									None		None			None
IN	Medicaid/SCHIP/Family	11976	Removal, Implantable Contraceptive Capsules	N														
IN	Medicaid/SCHIP/Family	11980	Implantation, Hormone Pellet, Subcutaneous	N									ING-CC-0008		None			None
IN	Medicaid/SCHIP/Family	11981	Insertion, Non-Biodegradable Drug Delivery Im	N									ING-CC-0030		None			None
IN	Medicaid/SCHIP/Family	11982	Removal, Non-Biodegradable Drug Delivery Im	N														
IN	Medicaid/SCHIP/Family	11983	Removal W/Reinsertion, Non-Biodegradable Dr	N									ING-CC-0030		None			None
IN	Medicaid/SCHIP/Family	12001	Simple Repair, Superficial Wounds, Scalp/Neck/	N														
IN	Medicaid/SCHIP/Family	12002	Simple Repair, Superficial Wounds, Scalp/Neck/	N														
IN	Medicaid/SCHIP/Family	12004	Simple Repair, Superficial Wounds, Scalp/Neck/	N														
IN	Medicaid/SCHIP/Family	12005	Simple Repair, Superficial Wounds, Scalp/Neck/	N														
IN	Medicaid/SCHIP/Family	12006	Simple Repair, Superficial Wounds, Scalp/Neck/	N														
IN	Medicaid/SCHIP/Family	12007	Simple Repair, Superficial Wounds, Scalp/Neck/	N									None		None			None
IN	Medicaid/SCHIP/Family	1200F	Seizure type(s) and current seizure frequency(i	R														
IN	Medicaid/SCHIP/Family	12011	Simple Repair, Superficial Wounds, Face/Ears/E	N														
IN	Medicaid/SCHIP/Family	12013	Simple Repair, Superficial Wounds, Face/Ears/E	N									MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12014	Simple Repair, Superficial Wounds, Face/Ears/E	N														
IN	Medicaid/SCHIP/Family	12015	Simple Repair, Superficial Wounds, Face/Ears/E	N														
IN	Medicaid/SCHIP/Family	12016	Simple Repair, Superficial Wounds, Face/Ears/E	N									MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12017	Simple Repair, Superficial Wounds, Face/Ears/E	N									MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12018	Simple Repair, Superficial Wounds, Face/Ears/E	N														
IN	Medicaid/SCHIP/Family	12020	Treatment, Superficial Wound Dehiscence; Sim	N														
IN	Medicaid/SCHIP/Family	12021	Treatment, Superficial Wound Dehiscence; W/F	N														
IN	Medicaid/SCHIP/Family	12031	Repair, intermediate, wounds of scalp, axillae, t	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12032	Repair, intermediate, wounds of scalp, axillae, t	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12034	Repair, intermediate, wounds of scalp, axillae, t	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12035	Repair, intermediate, wounds of scalp, axillae, t	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12036	Repair, intermediate, wounds of scalp, axillae, t	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12037	Repair, intermediate, wounds of scalp, axillae, t	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12041	Repair, intermediate, wounds of neck, hands, fe	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12042	Repair, intermediate, wounds of neck, hands, fe	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12044	Repair, intermediate, wounds of neck, hands, fe	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None
IN	Medicaid/SCHIP/Family	12045	Repair, intermediate, wounds of neck, hands, fe	N				CG-SURG-31					MCG: GRG: SG-MS(ISC GRG)Muscul	None				None

IN	Medicaid/SCHIP/Family	12046	Repair, intermediate, wounds of neck, hands, fe	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12047	Repair, intermediate, wounds of neck, hands, fe	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12051	Repair, intermediate, wounds of face, ears, eye	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12052	Repair, intermediate, wounds of face, ears, eye	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12053	Repair, intermediate, wounds of face, ears, eye	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12054	Repair, intermediate, wounds of face, ears, eye	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12055	Repair, intermediate, wounds of face, ears, eye	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12056	Repair, intermediate, wounds of face, ears, eye	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	12057	Repair, intermediate, wounds of face, ears, eye	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	1205F	Etiology of epilepsy or epilepsy syndrome(s) rev	R						
IN	Medicaid/SCHIP/Family	1220F	Patient screened for depression (SUD)5	R						
IN	Medicaid/SCHIP/Family	13100	Repair, Complex, Trunk; 1.1 To 2.5 Cm	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13101	Repair, Complex, Trunk; 2.6 To 7.5 Cm	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13102	Repair, Complex, Trunk; Add'l 5.0 Cm/<	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13120	Repair, Complex, Scalp, Arms, &/Or Legs; 1.1 Tc	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13121	Repair, Complex, Scalp, Arms, &/Or Legs; 2.6 Tc	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13122	Repair, Complex, Scalp/Arms/Legs; Add'l 5.0 Cn	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13131	Repair, Complex, Forehead/Cheeks/Chin/Mout	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13132	Repair, Complex, Forehead/Cheeks/Chin/Mout	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13133	Repair, Complex, Forehead/Cheeks/Chin/Mout	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13151	Repair, Complex, Eyelids, Nose, Ears &/Or Lips;	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13152	Repair, Complex, Eyelids, Nose, Ears &/Or Lips;	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13153	Repair, Complex, Eyelids, Nose, Ears &/Or Lips;	N	CG-SURG-31			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	13160	Secondary Closure, Surgical Wound/Dehiscence	N						
IN	Medicaid/SCHIP/Family	14000	Adjacent Tissue Transfer/Rearrangement, Trun	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14001	Adjacent Tissue Transfer/Rearrangement, Trun	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	1400F	Parkinson's disease diagnosis reviewed (Prkns)	R						
IN	Medicaid/SCHIP/Family	14020	Adjacent Tissue Transfer/Rearrangement, Scalp	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14021	Adjacent Tissue Transfer/Rearrangement, Scalp	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14040	Adjacent Tissue Transfer, Forehead/Cheeks/Chi	N	SURG.00096, CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14041	Adjacent Tissue Transfer, Forehead/Cheeks/Chi	N	SURG.00096, CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14060	Adjacent Tissue Transfer/Rearrangement, Eyeli	N	SURG.00096, CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14061	Adjacent Tissue Transfer/Rearrangement, Eyeli	N	SURG.00096, CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14301	Adjacent tissue transfer or rearrangement, any	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14302	Adjacent tissue transfer or rearrangement, any	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	14350	Filletted Finger/Toe Flap, W/Preparation, Recipi	N				None	None	None
IN	Medicaid/SCHIP/Family	1450F	Symptoms Improved Or Remained Consistent	R						
IN	Medicaid/SCHIP/Family	1451F	Symptoms Demonstrated Clinically Important	R						
IN	Medicaid/SCHIP/Family	1460F	Qualifying Cardiac Event/Diagnosis In Previous	R						
IN	Medicaid/SCHIP/Family	1461F	No Qualifying Cardiac Event/Diagnosis In Previo	R						
IN	Medicaid/SCHIP/Family	1490F	Dementia Severity Classified, Mild (Dem)	R						
IN	Medicaid/SCHIP/Family	1491F	Dementia severity classified, moderate (DEM)	R						
IN	Medicaid/SCHIP/Family	1493F	Dementia Severity Classified, Severe (Dem)	R						
IN	Medicaid/SCHIP/Family	1494F	Cognition Assessed And Reviewed (Dem)	R						
IN	Medicaid/SCHIP/Family	15002	Surgical preparation or creation of recipient site	N				None	None	None
IN	Medicaid/SCHIP/Family	15003	Surgical preparation or creation of recipient site	N						
IN	Medicaid/SCHIP/Family	15004	Surgical preparation or creation of recipient site	N				None	None	None
IN	Medicaid/SCHIP/Family	15005	Surgical preparation or creation of recipient site	N						
IN	Medicaid/SCHIP/Family	1500F	Symptoms and signs of distal symmetric polyne	R						
IN	Medicaid/SCHIP/Family	1501F	Not initial evaluation for condition (DSP)	R						
IN	Medicaid/SCHIP/Family	1502F	Patient queried about pain and pain interferenc	R						
IN	Medicaid/SCHIP/Family	1503F	Patient queried about symptoms of respiratory	R						
IN	Medicaid/SCHIP/Family	15040	Harvest of skin for tissue cultured skin autograf	N						
IN	Medicaid/SCHIP/Family	1504F	Patient has respiratory insufficiency (ALS)	R						
IN	Medicaid/SCHIP/Family	15050	Pinch Graft, Single/Multiple, (Except On Face),	N				None	None	None
IN	Medicaid/SCHIP/Family	1505F	Patient does not have respiratory insufficiency	R						
IN	Medicaid/SCHIP/Family	15100	Split-thickness autograft, trunk, arms, legs; first	N				None	None	None
IN	Medicaid/SCHIP/Family	15101	Split-thickness autograft, trunk, arms, legs; eac	N						
IN	Medicaid/SCHIP/Family	15110	Epidermal autograft, trunk, arms, legs; first 100	N				None	None	None

IN	Medicaid/SCHIP/Family	15111	Epidermal autograft, trunk, arms, legs; each ad	N									
IN	Medicaid/SCHIP/Family	15115	Epidermal autograft, face, scalp, eyelids, mouth	N					None	None	None		
IN	Medicaid/SCHIP/Family	15116	Epidermal autograft, face, scalp, eyelids, mouth	N									
IN	Medicaid/SCHIP/Family	15120	Split-thickness autograft, face, scalp, eyelids, m	N					None	None	None		
IN	Medicaid/SCHIP/Family	15121	Split-thickness autograft, face, scalp, eyelids, m	N									
IN	Medicaid/SCHIP/Family	15130	Dermal autograft, trunk, arms, legs; first 100 sq	N					None	None	None		
IN	Medicaid/SCHIP/Family	15131	Dermal autograft, trunk, arms, legs; each additi	N									
IN	Medicaid/SCHIP/Family	15135	Dermal autograft, face, scalp, eyelids, mouth, n	N					None	None	None		
IN	Medicaid/SCHIP/Family	15136	Dermal autograft, face, scalp, eyelids, mouth, n	N									
IN	Medicaid/SCHIP/Family	15150	Tissue cultured skin autograft, trunk, arms, legs	Y		SURG.00011			MCG: Wound and Skin Managemen	None	None	None	
IN	Medicaid/SCHIP/Family	15151	Tissue cultured skin autograft, trunk, arms, legs	Y		SURG.00011			MCG: Wound and Skin Managemen	None	None	None	
IN	Medicaid/SCHIP/Family	15152	Tissue cultured skin autograft, trunk, arms, legs	Y		SURG.00011			MCG: Wound and Skin Managemen	None	None	None	
IN	Medicaid/SCHIP/Family	15155	Tissue cultured skin autograft, face, scalp, eyelid	Y		SURG.00011			MCG: Wound and Skin Managemen	None	None	None	
IN	Medicaid/SCHIP/Family	15156	Tissue cultured skin autograft, face, scalp, eyelid	Y		SURG.00011			MCG: Wound and Skin Managemen	None	None	None	
IN	Medicaid/SCHIP/Family	15157	Tissue cultured skin autograft, face, scalp, eyelid	Y		SURG.00011			MCG: Wound and Skin Managemen	None	None	None	
IN	Medicaid/SCHIP/Family	15200	Full Thickness Graft, Free, W/Direct Closure, Do	N					None	None	None		
IN	Medicaid/SCHIP/Family	15201	Full thickness graft, free, including direct closur	N									
IN	Medicaid/SCHIP/Family	15220	Full Thickness Graft, Free, W/Closure Donor Siti	N					None	None	None		
IN	Medicaid/SCHIP/Family	15221	Full thickness graft, free, including direct closur	N									
IN	Medicaid/SCHIP/Family	15240	Full Thickness Graft, Free, W/Closure Donor, Fa	N					None	None	None		
IN	Medicaid/SCHIP/Family	15241	Full thickness graft, free, including direct closur	N									
IN	Medicaid/SCHIP/Family	15260	Full Thickness Graft, Free, W/Closure Donor Siti	N					None	None	None		
IN	Medicaid/SCHIP/Family	15261	Full thickness graft, free, including direct closur	N									
IN	Medicaid/SCHIP/Family	15271	Application Of Skin Substitute Graft To Trunk, A	Y		SURG.00011			MCG: GRG: Wound and Skin Manag	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15272	Application of skin substitute graft to trunk, arn	Y		SURG.00011			MCG: GRG: PG-WS: Wound and Skir	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15273	Application of skin substitute graft to trunk, arn	Y		SURG.00011			MCG: GRG: PG-WS: Wound and Skir	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15274	Application of skin substitute graft to trunk, arn	Y		SURG.00011			None	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15275	Application of skin substitute graft to face, scal	Y		SURG.00011			MCG: GRG: PG-WS: Wound and Skir	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15276	Application of skin substitute graft to face, scal	Y		SURG.00011			None	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15277	Application of skin substitute graft to face, scal	Y		SURG.00011			MCG: GRG: PG-WS: Wound and Skir	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15278	Application of skin substitute graft to face, scal	Y		SURG.00011			None	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	15565	CULT EPIDRM GRFT F/N/HFG ADD	N									
IN	Medicaid/SCHIP/Family	15570	Formation, Direct/Tubed Pedicle, W/Wo Transf	N					None	None	None		
IN	Medicaid/SCHIP/Family	15572	Formation, Direct/Tubed Pedicle, W/Wo Transf	N					None	None	None		
IN	Medicaid/SCHIP/Family	15574	Formation, Direct/Tubed Pedicle W/Wo Transf; N	N					None	None	None		
IN	Medicaid/SCHIP/Family	15576	Formation, Direct/Tubed Pedicle, W/Wo Transf	N					None	None	None		
IN	Medicaid/SCHIP/Family	15600	Delay, Flap/Sectioning, Flap (Division & Inset); T	N					None	None	None		
IN	Medicaid/SCHIP/Family	15610	Delay, Flap/Sectioning, Flap (Division & Inset); S	N					None	None	None		
IN	Medicaid/SCHIP/Family	15620	Delay, Flap/Sectioning, Flap (Division & Inset); F	N					None	None	None		
IN	Medicaid/SCHIP/Family	15630	Delay, Flap/Sectioning, Flap (Division & Inset); A	N					None	None	None		
IN	Medicaid/SCHIP/Family	15650	Transfer, Intermediate, Any Pedicle Flap, Any L	N					None	None	None		
IN	Medicaid/SCHIP/Family	15730	Midface flap (ie, zygomaticofacial flap) with pre	N									
IN	Medicaid/SCHIP/Family	15731	Forehead flap with preservation of vascular pec	N					None	None	None		
IN	Medicaid/SCHIP/Family	15733	Muscle, myocutaneous, or fasciocutaneous flap	N									
IN	Medicaid/SCHIP/Family	15734	Muscle, Myocutaneous/Fasciocutaneous Flap; T	N					MCG RFC(Post Acute)S-5956 Pressu	None	None	None	
IN	Medicaid/SCHIP/Family	15736	Muscle, Myocutaneous/Fasciocutaneous Flap; I	N					None	None	None		
IN	Medicaid/SCHIP/Family	15738	Muscle, Myocutaneous/Fasciocutaneous Flap; I	N					MCG RFC(Post Acute)S-5956 Pressu	None	None	None	
IN	Medicaid/SCHIP/Family	15740	Flap; island pedicle requiring identification and	N									
IN	Medicaid/SCHIP/Family	15750	Flap; Neurovascular Pedicle	N									
IN	Medicaid/SCHIP/Family	15756	Free Muscle/Myocutaneous Flap W/Microvascu	N					This service must be performed i	None	None	None	
IN	Medicaid/SCHIP/Family	15757	Free Skin Flap W/Microvascular Anastomosis	N					This service must be performed in an Inpatient setting.	None	None	None	
IN	Medicaid/SCHIP/Family	15758	Free Fascial Flap W/Microvascular Anastomosis	N					This service must be performed i	None	None	None	
IN	Medicaid/SCHIP/Family	15760	Graft; Composite, W/Primary Closure, Donor Ar	N									
IN	Medicaid/SCHIP/Family	15769	Grafting of autologous soft tissue, other, harve	N					MCG: GRG: PG-WS: Wound and Skir	None	None	None	
IN	Medicaid/SCHIP/Family	15770	Graft; Derma-Fat-Fascia	N									
IN	Medicaid/SCHIP/Family	15771	Grafting of autologous fat harvested by liposuc	N		MED.00132			MCG: GRG: PG-WS: Wound and Skir	None	None	None	
IN	Medicaid/SCHIP/Family	15772	Grafting of autologous fat harvested by liposuc	N		MED.00132			MCG: GRG: PG-WS: Wound and Skir	None	None	None	
IN	Medicaid/SCHIP/Family	15773	Grafting of autologous fat harvested by liposuc	N		MED.00132			MCG: GRG: PG-WS: Wound and Skir	None	None	None	
IN	Medicaid/SCHIP/Family	15774	Grafting of autologous fat harvested by liposuc	N		MED.00132			MCG: GRG: PG-WS: Wound and Skir	None	None	None	

IN	Medicaid/SCHIP/Family	15775	Punch Graft, Hair Transplant; 1-15 Punch Grafts	N	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15776	Punch Graft, Hair Transplant; > 15 Punch Grafts	N	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15777	Implantation of biologic implant (eg, acellular d	Y	SURG.00011			MCG: GRG: PG-WS: Wound and Skir	None	None
IN	Medicaid/SCHIP/Family	15780	Dermabrasion; Total Face	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15781	Dermabrasion; Segmental, Face	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15782	Dermabrasion; Regional, Other Than Face	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15783	Dermabrasion; Superficial, Any Site	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15786	Abrasion; Single Lesion	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15787	Abrasion; Add'l 4 Lesions/<	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15788	Chemical Peel, Facial; Epidermal	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15789	Chemical Peel, Facial; Dermal	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15792	Chemical Peel, Nonfacial; Epidermal	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15793	Chemical Peel, Nonfacial; Dermal	Y	ANC.00007			None	None	None
IN	Medicaid/SCHIP/Family	15819	Cervicoplasty	N	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	15820	Blepharoplasty, Lower Eyelid	N	CG-SURG-03			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	15821	Blepharoplasty, Lower Eyelid; W/Extensive Heri	Y	CG-SURG-03			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	15822	Blepharoplasty, Upper Eyelid	N	CG-SURG-03			MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin	N	CG-SURG-03			MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	15824	Rhytidectomy; Forehead	Y	ANC.00008, SURG.00096			None	None	None
IN	Medicaid/SCHIP/Family	15825	Rhytidectomy; Neck W/Platysmal Tightening (P	N	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	15826	Rhytidectomy; Glabellar Frown Lines	N	ANC.00008, SURG.00096			None	None	None
IN	Medicaid/SCHIP/Family	15828	Rhytidectomy; Cheek, Chin, & Neck	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	15829	Rhytidectomy; Superficial Musculoaponeurotic	N	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	15830	Excision, excessive skin and subcutaneous tissu	Y	CG-SURG-99			MCG: GRG: SG-GS: General Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	15832	Excision, excessive skin and subcutaneous tissu	Y	ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15833	Excision, excessive skin and subcutaneous tissu	Y	ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15834	Excision, excessive skin and subcutaneous tissu	Y	ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15835	Excision, excessive skin and subcutaneous tissu	Y	ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15836	Excision, excessive skin and subcutaneous tissu	Y	ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15837	Excision, excessive skin and subcutaneous tissu	Y	ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15838	Excision, excessive skin and subcutaneous tissu	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	15839	Excision, excessive skin and subcutaneous tissu	Y	ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (	Y	ANC.00008			MCG: GRG: PG-WS: Wound and Skir	None	None
IN	Medicaid/SCHIP/Family	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft	Y	ANC.00008			MCG: GRG: PG-WS: Wound and Skir	None	None
IN	Medicaid/SCHIP/Family	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap,	Y	ANC.00008			MCG: GRG: PG-WS: Wound and Skir	None	None
IN	Medicaid/SCHIP/Family	15845	Graft, Facial Nerve Paralysis; Regional Muscle T	Y	ANC.00008			MCG: GRG: PG-WS: Wound and Skir	None	None
IN	Medicaid/SCHIP/Family	15847	Excision, excessive skin and subcutaneous tissu	Y	CG-SURG-97, CG-SURG-99			None	None	None
IN	Medicaid/SCHIP/Family	15850	Removal, Sutures Under Anesthesia (Other Tha	N				None	None	None
IN	Medicaid/SCHIP/Family	15851	Removal, Sutures Under Anesthesia (Other Tha	N						
IN	Medicaid/SCHIP/Family	15852	Dressing Change (For Other Than Burns) Under	N						
IN	Medicaid/SCHIP/Family	15860	Iv Injection, Agent To Test Vascular Flow In Flap	N						
IN	Medicaid/SCHIP/Family	15876	Suction Assisted Lipectomy; Head & Neck	N	CG-MED-63, ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	15877	Suction Assisted Lipectomy; Trunk	Y	CG-MED-63, CG-SURG-71, CG-SURG-88, CG-SURG-99, ANC.00009, SURG.00023			MCG: GRG: SG-MS(ISC GRG)Muscul	None	None
IN	Medicaid/SCHIP/Family	15878	Suction Assisted Lipectomy; Upper Extremity	N	CG-MED-63, ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15879	Suction Assisted Lipectomy; Lower Extremity	N	CG-MED-63, ANC.00009			None	None	None
IN	Medicaid/SCHIP/Family	15920	Excision, Coccygeal Pressure Ulcer, W/Coccygea	N						
IN	Medicaid/SCHIP/Family	15922	Excision, Coccygeal Pressure Ulcer, W/Coccygea	N				None	None	None
IN	Medicaid/SCHIP/Family	15931	Excision, Sacral Pressure Ulcer, W/Primary Sutu	N						
IN	Medicaid/SCHIP/Family	15933	Excision, Sacral Pressure Ulcer, W/Primary Sutu	N						
IN	Medicaid/SCHIP/Family	15934	Excision, Sacral Pressure Ulcer, W/Skin Flap Clo	N				None	None	None
IN	Medicaid/SCHIP/Family	15935	Excision, Sacral Pressure Ulcer, W/Skin Flap Clo	N						
IN	Medicaid/SCHIP/Family	15936	Excision, Sacral Pressure Ulcer, Prep, Muscle/M	N				None	None	None
IN	Medicaid/SCHIP/Family	15937	Excision, Sacral Pressure Ulcer, Prep, Muscle/M	N						
IN	Medicaid/SCHIP/Family	15940	Excision, Ischial Pressure Ulcer, W/Primary Sutu	N						
IN	Medicaid/SCHIP/Family	15941	Excision, Ischial Pressure Ulcer, W/Primary Sutu	N						
IN	Medicaid/SCHIP/Family	15944	Excision, Ischial Pressure Ulcer, W/Skin Flap Clo	N				None	None	None
IN	Medicaid/SCHIP/Family	15945	Excision, Ischial Pressure Ulcer, W/Skin Flap Clo	N						
IN	Medicaid/SCHIP/Family	15946	Excision, Ischial Pressure Ulcer, W/Ostectomy, I	N				None	None	None
IN	Medicaid/SCHIP/Family	15950	Excision, Trochanteric Pressure Ulcer, W/Prima	N						

IN	Medicaid/SCHIP/Family	15951	Excision, Trochanteric Pressure Ulcer, W/Primai	N																	
IN	Medicaid/SCHIP/Family	15952	Excision, Trochanteric Pressure Ulcer, W/Skin Fl	N												None		None			None
IN	Medicaid/SCHIP/Family	15953	Excision, Trochanteric Pressure Ulcer, W/Skin Fl	N																	
IN	Medicaid/SCHIP/Family	15956	Excision, Trochanteric Pressure Ulcer, Prep, Mu	N												None		None			None
IN	Medicaid/SCHIP/Family	15958	Excision, Trochanteric Pressure Ulcer, Prep, Mu	N																	
IN	Medicaid/SCHIP/Family	15999	Unlisted Proc, Excision Pressure Ulcer	N																	
IN	Medicaid/SCHIP/Family	16000	Initial Treatment, 1st Degree Burn, When No M	N																	
IN	Medicaid/SCHIP/Family	16020	Dressings and/or debridement of partial-thickn	N												None		None			None
IN	Medicaid/SCHIP/Family	16025	Dressings and/or debridement of partial-thickn	N												None		None			None
IN	Medicaid/SCHIP/Family	16030	Dressings and/or debridement of partial-thickn	N												None		None			None
IN	Medicaid/SCHIP/Family	16035	Escharotomy; Initial Incision	N												None		None			None
IN	Medicaid/SCHIP/Family	16036	Escharotomy; Add'l Incision	N												This service must be performed i		None			None
IN	Medicaid/SCHIP/Family	17000	Destruction (eg, laser surgery, electrotherapy, c	N		CG-SURG-37										None		None			None
IN	Medicaid/SCHIP/Family	17003	Destruction (eg, laser surgery, electrotherapy, c	N		CG-SURG-37										None		None			None
IN	Medicaid/SCHIP/Family	17004	Destruction (eg, laser surgery, electrotherapy, c	N		CG-SURG-37										None		None			None
IN	Medicaid/SCHIP/Family	17106	Destruction, Cutaneous Vascular Proliferative L	Y		ANC.00007										None		None			None
IN	Medicaid/SCHIP/Family	17107	Destruction, Cutaneous Vascular Proliferative L	Y		ANC.00007										None		None			None
IN	Medicaid/SCHIP/Family	17108	Destruction, Cutaneous Vascular Proliferative L	Y		ANC.00007										None		None			None
IN	Medicaid/SCHIP/Family	17110	Destruction (eg, laser surgery, electrotherapy, c	N																	
IN	Medicaid/SCHIP/Family	17111	Destruction (eg, laser surgery, electrotherapy, c	N																	
IN	Medicaid/SCHIP/Family	17250	Chemical cauterization of granulation tissue (ie,	N																	
IN	Medicaid/SCHIP/Family	17260	Dest Malig Les Trunk Ext to 0.5 Cm	N																	
IN	Medicaid/SCHIP/Family	17261	Destruction, Malignant Lesion, Trunk/Arms/Leg	N																	
IN	Medicaid/SCHIP/Family	17262	Destruction, Malignant Lesion, Trunk/Arms/Leg	N																	
IN	Medicaid/SCHIP/Family	17263	Destruction, Malignant Lesion, Trunk/Arms/Leg	N																	
IN	Medicaid/SCHIP/Family	17264	Destruction, Malignant Lesion, Trunk/Arms/Leg	N																	
IN	Medicaid/SCHIP/Family	17266	Destruction, Malignant Lesion, Trunk/Arms/Leg	N																	
IN	Medicaid/SCHIP/Family	17270	Destruction, Malignant Lesion, Scalp/Neck/Han	N																	
IN	Medicaid/SCHIP/Family	17271	Destruction, Malignant Lesion, Scalp/Neck/Han	N																	
IN	Medicaid/SCHIP/Family	17272	Destruction, Malignant Lesion, Scalp/Neck/Han	N																	
IN	Medicaid/SCHIP/Family	17273	Destruction, Malignant Lesion, Scalp/Neck/Han	N																	
IN	Medicaid/SCHIP/Family	17274	Destruction, Malignant Lesion, Scalp/Neck/Han	N																	
IN	Medicaid/SCHIP/Family	17276	Destruction, Malignant Lesion, Scalp/Neck/Han	N																	
IN	Medicaid/SCHIP/Family	17280	Destruction, Malignant Lesion, Face/Ears/Eyelid	N																	
IN	Medicaid/SCHIP/Family	17281	Destruction, Malignant Lesion, Face/Ears/Eyelid	N																	
IN	Medicaid/SCHIP/Family	17282	Destruction, Malignant Lesion, Face/Ears/Eyelid	N																	
IN	Medicaid/SCHIP/Family	17283	Destruction, Malignant Lesion, Face/Ears/Eyelid	N																	
IN	Medicaid/SCHIP/Family	17284	Destruction, Malignant Lesion, Face/Ears/Eyelid	N																	
IN	Medicaid/SCHIP/Family	17286	Destruction, Malignant Lesion, Face/Ears/Eyelid	N																	
IN	Medicaid/SCHIP/Family	17311	Mohs micrographic technique, including remov	N		CG-SURG-90										None		None			None
IN	Medicaid/SCHIP/Family	17312	each additional stage after the first stage, up to	N		CG-SURG-90										None		None			None
IN	Medicaid/SCHIP/Family	17313	Mohs micrographic technique, including remov	N		CG-SURG-90										None		None			None
IN	Medicaid/SCHIP/Family	17314	each additional stage after the first stage, up to	N		CG-SURG-90										None		None			None
IN	Medicaid/SCHIP/Family	17315	Mohs micrographic technique, including remov	N		CG-SURG-90										None		None			None
IN	Medicaid/SCHIP/Family	17340	Cryotherapy (Co2 Slush, Liquid N2) For Acne	N																	
IN	Medicaid/SCHIP/Family	17360	Chemical Exfoliation, Acne	N												None		None			None
IN	Medicaid/SCHIP/Family	17380	Electrolysis epilation, each 30 minutes	Y		ANC.00007, CG-SURG-27										None		None			None
IN	Medicaid/SCHIP/Family	17999	Unlisted Proc, Skin, Mucous Membrane & Subq	N		CG-SURG-27, CG-SURG-99, CG-MED-63, CG-SURG-52, ANC.00007, SURG.00011, SURG.00138, SURG.										ING-CC-0036		None			None
IN	Medicaid/SCHIP/Family	19000	Puncture Aspiration, Cyst, Breast;	N																	
IN	Medicaid/SCHIP/Family	19001	Puncture Aspiration, Cyst, Breast; Each Add'l Cy	N																	
IN	Medicaid/SCHIP/Family	19020	Mastotomy W/Exploration/Drainage, Abscess, I	N																	
IN	Medicaid/SCHIP/Family	19030	Injection Proc Only, Mammary Ductogram/Gala	N																	
IN	Medicaid/SCHIP/Family	19081	Biopsy, breast, with placement of breast localiz	N																	
IN	Medicaid/SCHIP/Family	19082	Biopsy, breast, with placement of breast localiz	N																	
IN	Medicaid/SCHIP/Family	19083	Biopsy, breast, with placement of breast localiz	N																	
IN	Medicaid/SCHIP/Family	19084	Biopsy, breast, with placement of breast localiz	N																	
IN	Medicaid/SCHIP/Family	19085	Biopsy, breast, with placement of breast localiz	N																	
IN	Medicaid/SCHIP/Family	19086	Biopsy, breast, with placement of breast localiz	N																	
IN	Medicaid/SCHIP/Family	19100	Bx, Breast; Percut, Needle Core, Not Using Imag	N												None		None			None

IN	Medicaid/SCHIP/Family	19101	Bx, Breast; Open Incisional	N						
IN	Medicaid/SCHIP/Family	19105	Ablation, cryosurgical, of fibroadenoma, includi	N	CG-SURG-61			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19110	Nipple Exploration W/Wo Excision Solitary/Papi	N						
IN	Medicaid/SCHIP/Family	19112	Excision, Lactiferous Duct Fistula	N						
IN	Medicaid/SCHIP/Family	19120	Excision of cyst, fibroadenoma, or other benign	N						
IN	Medicaid/SCHIP/Family	19125	Excision, Breast Lesion, Preop Placement, Radic	N						
IN	Medicaid/SCHIP/Family	19126	Excision, Breast Lesion, Preop Placement, Radic	N						
IN	Medicaid/SCHIP/Family	19281	Placement of breast localization device(s) (eg, c	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19282	Placement of breast localization device(s) (eg, c	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19283	Placement of breast localization device(s) (eg, c	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19284	Placement of breast localization device(s) (eg, c	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19285	Placement of breast localization device(s) (eg, c	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19286	Placement of breast localization device(s) (eg, c	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19287	Placement of breast localization device(s) (eg cl	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19288	Placement of breast localization device(s) (eg cl	N	CG-SURG-58			None	None	None
IN	Medicaid/SCHIP/Family	19294	Preparation of tumor cavity, with placement of	N				AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	19296	Placement of radiotherapy afterloading expand	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19297	Placement of radiotherapy afterloading expand	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19298	Placement of radiotherapy after loading brachy	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19300	Mastectomy for gynecomastia	Y	CG-SURG-88			MCG: GRG: SG-GS: General Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19301	Mastectomy, partial (eg, lumpectomy, tylectom	N				MCG RFC(Post Acute)S-5858 Mast	None	None
IN	Medicaid/SCHIP/Family	19302	Mastectomy, partial (eg, lumpectomy, tylectom	N				MCG RFC(Post Acute)S-5858 Mast	None	None
IN	Medicaid/SCHIP/Family	19303	Mastectomy, simple, complete	N	CG-SURG-27			MCG RFC(Post Acute)S-5858 Mast	None	None
IN	Medicaid/SCHIP/Family	19305	Mastectomy, radical, including pectoral muscle	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	19306	Mastectomy, radical, including pectoral muscle	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	19307	Mastectomy, modified radical, including axillar,	N						
IN	Medicaid/SCHIP/Family	19316	Mastopexy	Y	SURG.00023			MCG RFC(Post Acute)S-5858 Mast	None	None
IN	Medicaid/SCHIP/Family	19318	Reduction Mammoplasty	Y	CG-SURG-27, CG-SURG-71, SURG.00023			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19325	Mammoplasty, Augmentation; W/Prosthetic Irr	Y	CG-SURG-27, SURG.00023			MCG: GRG: SG-GS: General Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19328	Removal, Intact Mammary Implant	Y	SURG.00023			MCG: GRG: SG-GS: General Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19330	Removal, Mammary Implant Matl	Y	SURG.00023			MCG: GRG: SG-GS: General Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19340	Immediate Insertion, Breast Prosthesis Followir	Y	SURG.00023			MCG RFC(Post Acute)S-5858 Mast	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19342	Delayed Insertion, Breast Prosthesis Following I	Y	SURG.00023			MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	19350	Nipple/Areola Reconstruction	Y	CG-SURG-27, SURG.00023			None	None	None
IN	Medicaid/SCHIP/Family	19355	Correction, Inverted Nipples	Y	SURG.00023			None	None	None
IN	Medicaid/SCHIP/Family	19357	Breast Reconstruction W/Tissue Expander, Imm	Y	SURG.00023			MCG RFC(Post Acute)S-5858 Mast	None	None
IN	Medicaid/SCHIP/Family	19361	Breast reconstruction with latissimus dorsi flap,	Y	SURG.00023			MCG RFC(Post Acute)S-5858 Mast	None	None
IN	Medicaid/SCHIP/Family	19364	Breast Reconstruction W/Free Flap	Y	SURG.00023			This service must be performed i	MCG RFC(Post Acute)S-5858 Mast	None
IN	Medicaid/SCHIP/Family	19367	Breast Reconstruction W/Myocutaneous (Tram	Y	SURG.00023			This service must be performed i	MCG RFC(Post Acute)S-5858 Mast	None
IN	Medicaid/SCHIP/Family	19368	Breast Reconstruction W/Myocutan (Tram) Fla	Y	SURG.00023			This service must be performed i	MCG RFC(Post Acute)S-5858 Mast	None
IN	Medicaid/SCHIP/Family	19369	Breast Reconstruction W/Myocutaneous (Tram)	Y	SURG.00023			This service must be performed i	MCG RFC(Post Acute)S-5858 Mast	None
IN	Medicaid/SCHIP/Family	19370	Open Periprosthetic Capsulotomy, Breast	N				None	None	None
IN	Medicaid/SCHIP/Family	19371	Periprosthetic Capsulectomy, Breast	N				None	None	None
IN	Medicaid/SCHIP/Family	19380	Revision, Reconstructed Breast	Y	SURG.00023			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19396	Preparation, Moulage, Custom Breast Implant	Y	SURG.00023			MCG: GRG: SG-GS: General Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	19499	Unlisted Proc, Breast	N	CG-MED-81, SURG.00137, SURG.00044			None	None	None
IN	Medicaid/SCHIP/Family	2000F	Blood pressure measured (CKD) (DM)	R						
IN	Medicaid/SCHIP/Family	2001F	Weight recorded (HF, PAG)	R						
IN	Medicaid/SCHIP/Family	2002F	Clinical signs of volume overload (excess) asses	R						
IN	Medicaid/SCHIP/Family	2004F	Initial examination of the involved joint(s) (incl	R						
IN	Medicaid/SCHIP/Family	20100	Exploration, Penetrating Wound (Sep Proc); Nei	N						
IN	Medicaid/SCHIP/Family	20101	Exploration, Penetrating Wound (Sep Proc); Che	N						
IN	Medicaid/SCHIP/Family	20102	Exploration, Penetrating Wound (Sep Proc); Abi	N						
IN	Medicaid/SCHIP/Family	20103	Exploration, Penetrating Wound (Sep Proc); Ext	N						
IN	Medicaid/SCHIP/Family	2010F	Vital signs recorded (includes at minimum: tem	R						
IN	Medicaid/SCHIP/Family	2014F	Mental status assessed (normal/mildly impaire	R						
IN	Medicaid/SCHIP/Family	20150	Excision, Epiphyseal Bar, W/Wo Autogenous So	N				None	None	None
IN	Medicaid/SCHIP/Family	2015F	Asthma Impairment Assessed (Asthma)	N						
IN	Medicaid/SCHIP/Family	2016F	Asthma Risk Assessed (Asthma)	R						

IN	Medicaid/SCHIP/Family 2018F	Hydration status assessed (normal/mildly dehy	R							
IN	Medicaid/SCHIP/Family 2019F	Dilated macular exam performed, including doc	R							
IN	Medicaid/SCHIP/Family 20200	Bx, Muscle; Superficial	Y	MED.00117			None	None	None	
IN	Medicaid/SCHIP/Family 20205	Bx, Muscle; Deep	Y	MED.00117			None	None	None	
IN	Medicaid/SCHIP/Family 20206	Bx, Muscle, Percutaneous Needle	Y	MED.00117			None	None	None	
IN	Medicaid/SCHIP/Family 2020F	Dilated fundus evaluation performed within six	R							
IN	Medicaid/SCHIP/Family 2021F	Dilated macular or fundus exam performed, inc	R							
IN	Medicaid/SCHIP/Family 20220	Bx, Bone, Trocar/Needle; Superficial	N							
IN	Medicaid/SCHIP/Family 20225	Bx, Bone, Trocar/Needle; Deep	N							
IN	Medicaid/SCHIP/Family 2022F	Dilated retinal eye exam with interpretation by	R							
IN	Medicaid/SCHIP/Family 2023F	Dilated retinal eye exam with interpretation by	R							
IN	Medicaid/SCHIP/Family 20240	Biopsy, bone, open; superficial (eg, sternum, sp	N							
IN	Medicaid/SCHIP/Family 20245	Biopsy, bone, open; deep (eg, humeral shaft, isi	N							
IN	Medicaid/SCHIP/Family 2024F	7 standard field stereoscopic retinal photos wit	R							
IN	Medicaid/SCHIP/Family 20250	Bx, Vertebral Body, Open; Thoracic	N							
IN	Medicaid/SCHIP/Family 20251	Bx, Vertebral Body, Open; Lumbar/Cervical	N							
IN	Medicaid/SCHIP/Family 2025F	7 standard field stereoscopic retinal photos wit	R							
IN	Medicaid/SCHIP/Family 2026F	Eye imaging validated to match diagnosis from	R							
IN	Medicaid/SCHIP/Family 2027F	Optic nerve head evaluation performed (ED)	R							
IN	Medicaid/SCHIP/Family 2028F	Foot examination performed (includes examina	R							
IN	Medicaid/SCHIP/Family 2029F	Complete physical skin exam performed (ML)	R							
IN	Medicaid/SCHIP/Family 2030F	Hydration status documented, normally hydrat	R							
IN	Medicaid/SCHIP/Family 2031F	Hydration status documented, dehydrated (PA)	R							
IN	Medicaid/SCHIP/Family 2033F	Eye imaging validated to match diagnosis from	R							
IN	Medicaid/SCHIP/Family 2035F	Tympanic membrane mobility assessed with pn	R							
IN	Medicaid/SCHIP/Family 2040F	Physical examination on the date of the initial v	R							
IN	Medicaid/SCHIP/Family 2044F	Documentation of mental health assessment pi	R							
IN	Medicaid/SCHIP/Family 20500	Injection, Sinus Tract; Therapeutic (Sep Proc)	N				None	None	None	
IN	Medicaid/SCHIP/Family 20501	Injection, Sinus Tract; Dx (Sinogram)	N							
IN	Medicaid/SCHIP/Family 2050F	Wound characteristics including size AND natur	R							
IN	Medicaid/SCHIP/Family 20520	Removal, Fb In Muscle/Tendon Sheath; Simple	N				None	None	None	
IN	Medicaid/SCHIP/Family 20525	Removal, Fb In Muscle/Tendon Sheath; Deep/C	N							
IN	Medicaid/SCHIP/Family 20526	Injection, Therapeutic, Carpal Canal	N							
IN	Medicaid/SCHIP/Family 20527	Injection, Enzyme (Eg, Collagenase), Palmar Fas	N				ING-CC-0017	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family 20550	Injection(S); Tendon Sheath, Ligament	N				None	None	None	
IN	Medicaid/SCHIP/Family 20551	Injection(S); Tendon Origin/Insertion	N				None	None	None	
IN	Medicaid/SCHIP/Family 20552	Injection(s); single or multiple trigger point(s), 1	N	CG-SURG-17			None	None	None	
IN	Medicaid/SCHIP/Family 20553	Injection(s); single or multiple trigger point(s), 3	N	CG-SURG-17			None	None	None	
IN	Medicaid/SCHIP/Family 20555	Placement of needles or catheters into muscle	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family 20560	Needle insertion(s) without injection(s); 1 or 2 r	X				AIM Rehab: Outpatient Rehabilitati	None	None	
IN	Medicaid/SCHIP/Family 20561	Needle insertion(s) without injection(s); 3 or m	X				AIM Rehab: Outpatient Rehabilitati	None	None	
IN	Medicaid/SCHIP/Family 20600	Arthrocentesis, Aspiration &/Or Injection; Smal	N				None	None	None	
IN	Medicaid/SCHIP/Family 20604	Arthrocentesis, aspiration and/or injection, sma	N				None	None	None	
IN	Medicaid/SCHIP/Family 20605	Arthrocentesis, Aspiration &/Or Injection; Inter	N	CG-SURG-09			None	None	None	
IN	Medicaid/SCHIP/Family 20606	Arthrocentesis, aspiration and/or injection, inte	N	CG-SURG-09			None	None	None	
IN	Medicaid/SCHIP/Family 2060F	Patient interviewed directly on or before date c	R							
IN	Medicaid/SCHIP/Family 20610	Arthrocentesis, Aspiration &/Or Injection; Majo	N				None	None	None	
IN	Medicaid/SCHIP/Family 20611	Arthrocentesis, aspiration and/or injection, maj	N				None	None	None	
IN	Medicaid/SCHIP/Family 20612	Aspiration &/Or Injection, Ganglion Cyst(S) Any	N							
IN	Medicaid/SCHIP/Family 20615	Aspiration & Injection, Treatment, Bone Cyst	N							
IN	Medicaid/SCHIP/Family 20650	Insertion, Wire/Pin W/Application, Skeletal Trac	N							
IN	Medicaid/SCHIP/Family 20660	Application of cranial tongs, callper, or stereota	N							
IN	Medicaid/SCHIP/Family 20661	Application, Halo, W/Removal; Cranial	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 20662	Application, Halo, W/Removal; Pelvic	N							
IN	Medicaid/SCHIP/Family 20663	Application, Halo, W/Removal; Femoral	N							
IN	Medicaid/SCHIP/Family 20664	Application of halo, including removal, cranial, c	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 20665	Removal of tongs or halo applied by another in	N							
IN	Medicaid/SCHIP/Family 20670	Removal, Implant; Superficial (Sep Proc)	N				MCG RFC(Post Acute)S-5470 Femur	None	None	
IN	Medicaid/SCHIP/Family 20680	Removal, Implant; Deep	N				MCG RFC(Post Acute)S-5470 Femur	None	None	

IN	Medicaid/SCHIP/Family	20690	Application of a uniplane (pins or wires in one p	N					None	None	None	
IN	Medicaid/SCHIP/Family	20692	Application of a multiplane (pins or wires in mo	N								
IN	Medicaid/SCHIP/Family	20693	Adjustment or revision of external fixation systi	N								
IN	Medicaid/SCHIP/Family	20694	Removal, Under Anesthesia, Ext Fixation System	N								
IN	Medicaid/SCHIP/Family	20696	Application of multiplane (pins or wires in more	N								
IN	Medicaid/SCHIP/Family	20697	Application of multiplane (pins or wires in more	N								
IN	Medicaid/SCHIP/Family	20700	Manual preparation and insertion of drug-delivi	N								
IN	Medicaid/SCHIP/Family	20701	Removal of drug-delivery device(s), deep (eg, si	N					MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	20702	Manual preparation and insertion of drug-delivi	N					MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	20703	Removal of drug-delivery device(s), intramedull	N					MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	20704	Manual preparation and insertion of drug-delivi	N					MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	20705	Removal of drug-delivery device(s), intra-articu	N					MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	20802	Replantation, Arm (Includes Surgical Neck, Hurr	N								
IN	Medicaid/SCHIP/Family	20805	Replantation, Forearm (Includes Radius & Ulna	N								
IN	Medicaid/SCHIP/Family	20808	Replantation, Hand (Includes Hand Through Me	N								
IN	Medicaid/SCHIP/Family	20816	Replantation, Digit, W/O Thumb, (Inc Metacarp	N								
IN	Medicaid/SCHIP/Family	20822	Replantation, Digit, W/O Thumb, (Distal Tip To	N								
IN	Medicaid/SCHIP/Family	20824	Replantation, Thumb (Includes Carpometacarp	N								
IN	Medicaid/SCHIP/Family	20827	Replantation, Thumb (Includes Distal Tip To Mp	N								
IN	Medicaid/SCHIP/Family	20838	Replantation, Foot, Complete Amputation	N								
IN	Medicaid/SCHIP/Family	20900	Bone graft, any donor area; minor or small (eg,	N								
IN	Medicaid/SCHIP/Family	20902	Bone graft, any donor area; major or large	N								
IN	Medicaid/SCHIP/Family	20910	Cartilage graft; costochondral	N								
IN	Medicaid/SCHIP/Family	20912	Cartilage graft; nasal septum	N								
IN	Medicaid/SCHIP/Family	20920	Fascia lata graft; by stripper	N								
IN	Medicaid/SCHIP/Family	20922	Fascia lata graft; by incision and area exposure,	N								
IN	Medicaid/SCHIP/Family	20924	Tendon graft, from a distance (eg, palmaris, toe	N								
IN	Medicaid/SCHIP/Family	20930	Allograft, morselized, or placement of osteopro	X								
IN	Medicaid/SCHIP/Family	20931	Allograft, structural, for spine surgery only (List	Y		AIM			Non covered but for pediatric me	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	20932	Allograft, includes templating, cutting, placeme	N						AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	20933	Allograft, includes templating, cutting, placeme	N						AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	20934	Allograft, includes templating, cutting, placeme	N						AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	20936	Autograft for spine surgery only (includes harve	X						AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	20937	Autograft for spine surgery only (includes harve	Y						AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	20938	Autograft for spine surgery only (includes harve	Y		AIM				AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	20939	Bone marrow aspiration for bone grafting, spini	N								
IN	Medicaid/SCHIP/Family	20950	Monitoring, Interstitial Fluid Pressure W/Device	N								
IN	Medicaid/SCHIP/Family	20955	Bone Graft W/Microvascular Anastomosis; Fibu	N								
IN	Medicaid/SCHIP/Family	20956	Bone Graft W/Microvascular Anastomosis; Iliac	N								
IN	Medicaid/SCHIP/Family	20957	Bone Graft W/Microvascular Anastomosis; Met	N								
IN	Medicaid/SCHIP/Family	20962	Bone Graft W/Microvascular Anastomosis; Oth	N								
IN	Medicaid/SCHIP/Family	20969	Free Osteocutaneous Flap W/Microvasc Anastc	N								
IN	Medicaid/SCHIP/Family	20970	Free Osteocutaneous Flap W/Microvascular An	N								
IN	Medicaid/SCHIP/Family	20972	Free Osteocutaneous Flap W/Microvascular An	N								
IN	Medicaid/SCHIP/Family	20973	Free Osteocutaneous Flap W/Microvascular An	N								
IN	Medicaid/SCHIP/Family	20974	Electrical Stimulation To Aid Bone Healing; Non	Y								
IN	Medicaid/SCHIP/Family	20975	Electrical Stimulation To Aid Bone Healing; Inva	N								
IN	Medicaid/SCHIP/Family	20979	Low Intensity Ultrasound Stimulation To Aid Bo	X			CG-DME-45					
IN	Medicaid/SCHIP/Family	20982	Ablation, Bone Tumor(s) Radiofrequency, Percu	N			CG-SURG-61					
IN	Medicaid/SCHIP/Family	20983	Ablation therapy for reduction or eradication of	Y			CG-SURG-61					
IN	Medicaid/SCHIP/Family	20985	Computer-assisted surgical navigational proced	N			SURG.00082					
IN	Medicaid/SCHIP/Family	20999	Unlisted Proc, Musculoskeletal System, Genera	N			CG-MED-81, MED.00110, SURG.00045, SURG.00088, SURG.00125	This is a non-specific CPT code; s		None	None	None
IN	Medicaid/SCHIP/Family	21010	Arthrotomy, Temporomandibular Joint	N			CG-SURG-09			None	None	None
IN	Medicaid/SCHIP/Family	21011	Excision, tumor, soft tissue of face or scalp, sub	N						None	None	None
IN	Medicaid/SCHIP/Family	21012	Excision, tumor, soft tissue of face or scalp, sub	N						None	None	None
IN	Medicaid/SCHIP/Family	21013	Excision, tumor, soft tissue of face and scalp, su	N						None	None	None
IN	Medicaid/SCHIP/Family	21014	Excision, tumor, soft tissue of face and scalp, su	N						None	None	None
IN	Medicaid/SCHIP/Family	21015	Radical resection of tumor (eg, sarcoma), soft ti	N						None	None	None
IN	Medicaid/SCHIP/Family	21016	Radical resection of tumor (eg, sarcoma), soft ti	N								

IN	Medicaid/SCHIP/Family	21181	Reconstruction, Contouring, Benign Tumor, Cra	N				None	None	None
IN	Medicaid/SCHIP/Family	21182	Reconstruction, Orbit/Forehead/Nasoethmoid,	N	ANC.00008		This service must be performed in	None	None	None
IN	Medicaid/SCHIP/Family	21183	Reconstruction, Orbit/Forehead/Nasoethmoid,	N	ANC.00008		This service must be performed in	None	None	None
IN	Medicaid/SCHIP/Family	21184	Reconstruction, Orbit/Forehead/Nasoethmoid,	N	ANC.00008		This service must be performed in	None	None	None
IN	Medicaid/SCHIP/Family	21188	Reconstruction, Midface, Osteotomies (Non-Lei	N	CG-SURG-84		This service must be performed in	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	21193	Reconstruction, Mandibular Rami, Horizontal,	Y	SURG.00129, MED.00002, CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21194	Reconstruction, Mandibular Rami, Horizontal,	Y	SURG.00129, MED.00002 CG-SURG-84		This service must be performed in	MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21195	Reconstruction, Mandibular Rami &/Or Body, S	Y	SURG.00129, MED.00002, CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21196	Reconstruction, Mandibular Rami &/Or Body, S	Y	SURG.00129, MED.00002, CG-SURG-84		This service must be performed in	MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	21198	Osteotomy, Mandible, Segmental	Y	SURG.00129, MED.00002, CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21199	Osteotomy, Mandible, Segmental; W/Genioglo	Y	SURG.00129, MED.00002 CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	21206	Osteotomy, Maxilla, Segmental	Y	SURG.00129, MED.00002, CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21208	Osteoplasty, Facial Bones; Augmentation (Auto	N	CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21209	Osteoplasty, Facial Bones; Reduction	N	CG-SURG-84			None	None	None
IN	Medicaid/SCHIP/Family	21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Incl	Y	ANC.00008, CG-SURG-09, CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21215	Graft, Bone; Mandible (Includes Obtaining Graf	N	CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21230	Graft; Rib Cartilage, Autogenous, Face/Chin/No	Y	ANC.00008			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (In	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	21240	Arthroplasty, Temporomandibular Joint, W/Wo	N	CG-SURG-09			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21242	Arthroplasty, Temporomandibular Joint, W/Allc	N	CG-SURG-09			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21243	Arthroplasty, Temporomandibular Joint, W/Pro	N	CG-SURG-09			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21244	Reconstruction, Mandible, Extraoral, W/Transo	N	CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21245	Reconstruction, Mandible/Maxilla, Subperioste	N	CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21246	Reconstruction, Mandible/Maxilla, Subperioste	N	CG-SURG-84			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21247	Reconstruction, Mandibular Condyle W/Bone &	N	CG-SURG-84		This service must be performed in	MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21248	Reconstruction, Mandible/Maxilla, Endosteal	In	N			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21249	Reconstruction, Mandible/Maxilla, Endosteal	In	N			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa	Y	ANC.00008		This service must be performed in	MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21256	Reconstruction, Orbit W/Osteotomies & Bone	C	Y	ANC.00008		None	None	None
IN	Medicaid/SCHIP/Family	21260	Periorbital Osteotomies, Orbital Hypertelorism,	N						
IN	Medicaid/SCHIP/Family	21261	Periorbital Osteotomies, Orbital Hypertelorism,	N						
IN	Medicaid/SCHIP/Family	21263	Periorbital Osteotomies, Orbital Hypertelorism,	N						
IN	Medicaid/SCHIP/Family	21267	Orbital Repositioning, Periorbital Osteotomies,	N						
IN	Medicaid/SCHIP/Family	21268	Orbital Repositioning, Periorbital Osteotomies,	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21270	Malar Augmentation, Prosthetic Matl	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	21275	Secondary Revision, Orbitocraniofacial Reconst	N	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	21280	Medial Canthopexy (Sep Proc)	N				None	None	None
IN	Medicaid/SCHIP/Family	21282	Lateral Canthopexy	N				None	None	None
IN	Medicaid/SCHIP/Family	21295	Reduction, Masseter Muscle/Bone; Extraoral A	N				None	None	None
IN	Medicaid/SCHIP/Family	21296	Reduction, Masseter Muscle/Bone; Intraoral A	N				None	None	None
IN	Medicaid/SCHIP/Family	21299	Unlisted Craniofacial & Maxillofacial Proc	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	21310	Closed Treatment, Nasal Bone Fx W/O Manipul	N						
IN	Medicaid/SCHIP/Family	21315	Closed Treatment, Nasal Bone Fx; W/O Stabiliz	N						
IN	Medicaid/SCHIP/Family	21320	Closed Treatment, Nasal Bone Fx; W/Stabilizati	N						
IN	Medicaid/SCHIP/Family	21325	Open Treatment, Nasal Fx; Uncomplicated	N						
IN	Medicaid/SCHIP/Family	21330	Open Treatment, Nasal Fx; Complicated, W/Int	N						
IN	Medicaid/SCHIP/Family	21335	Open Treatment, Nasal Fx; W/Concomitant Op	N						
IN	Medicaid/SCHIP/Family	21336	Open Treatment, Nasal Septal Fx, W/Wo Stabili	N						
IN	Medicaid/SCHIP/Family	21337	Closed Treatment, Nasal Septal Fx, W/Wo Stabi	N						
IN	Medicaid/SCHIP/Family	21338	Open Treatment, Nasoethmoid Fx; W/O Ext Fix	N						
IN	Medicaid/SCHIP/Family	21339	Open Treatment, Nasoethmoid Fx; W/Ext Fixati	N						
IN	Medicaid/SCHIP/Family	21340	Percut Treatment, Nasoethmoid Complex Fx, Va	N						
IN	Medicaid/SCHIP/Family	21343	Open Treatment, Depressed Frontal Sinus Fx	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21344	Open Treatment, Complicated Frontal Sinus Fx	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21345	Closed Treatment, Nasomaxillary Complex Fx (L	N						
IN	Medicaid/SCHIP/Family	21346	Open Treatment, Nasomaxillary Complex Fx (Le	N						
IN	Medicaid/SCHIP/Family	21347	Open Treatment, Nasomaxillary Complex Fx (Le	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21348	Open Treatment, Nasomaxillary Complex Fx (Le	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21355	Percut Treatment, Fx, Malar Area, W/Zygomati	N						

IN	Medicaid/SCHIP/Family 21356	Open Treatment, Depressed Zygomatic Arch Fx	N							
IN	Medicaid/SCHIP/Family 21360	Open Treatment, Depressed Malar Fx, W/Zygor	N							
IN	Medicaid/SCHIP/Family 21365	Open Treatment, Complicated Fx, Malar Area, \	N							
IN	Medicaid/SCHIP/Family 21366	Open Treatment, Complicated Fx, Malar Area, \	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21385	Open Treatment, Orbital Floor Blowout Fx; Trar	N							
IN	Medicaid/SCHIP/Family 21386	Open Treatment, Orbital Floor Blowout Fx; Peri	N							
IN	Medicaid/SCHIP/Family 21387	Open Treatment, Orbital Floor Blowout Fx; Corr	N							
IN	Medicaid/SCHIP/Family 21390	Open Treatment, Orbital Floor Blowout Fx; Peri	N							
IN	Medicaid/SCHIP/Family 21395	Open Treatment, Orbital Floor Blowout Fx; Peri	N							
IN	Medicaid/SCHIP/Family 21400	Closed Treatment, Fx, Orbit, Except Blowout; W	N							
IN	Medicaid/SCHIP/Family 21401	Closed Treatment, Fx, Orbit, Except Blowout; W	N							
IN	Medicaid/SCHIP/Family 21406	Open Treatment, Fx, Orbit, Except Blowout; W/	N							
IN	Medicaid/SCHIP/Family 21407	Open Treatment, Fx, Orbit, Except Blowout; W/	N							
IN	Medicaid/SCHIP/Family 21408	Open Treatment, Fx, Orbit, Except Blowout; W/	N							
IN	Medicaid/SCHIP/Family 21421	Closed Treatment, Palatal/Maxillary Fx (Lefort I	N							
IN	Medicaid/SCHIP/Family 21422	Open Treatment, Palatal/Maxillary Fx (Lefort I	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21423	Open Treatment, Palatal/Maxillary Fx (Lefort I	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21431	Closed Treatment, Craniofacial Separation (Lefc	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21432	Open Treatment, Craniofacial Separation (Lefor	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21433	Open Treatment, Craniofacial Separation (Lefor	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21435	Open Treatment, Craniofacial Separation (Lefor	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21436	Open Treatment, Craniofacial Separation (Lefor	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21440	Closed Treatment, Mandibular/Maxillary Alveol	N							
IN	Medicaid/SCHIP/Family 21445	Open Treatment, Mandibular/Maxillary Alveola	N							
IN	Medicaid/SCHIP/Family 21450	Closed Treatment, Mandibular Fx; W/O Manipu	N							
IN	Medicaid/SCHIP/Family 21451	Closed Treatment, Mandibular Fx; W/Manipula	N							
IN	Medicaid/SCHIP/Family 21452	Percutaneous Treatment, Mandibular Fx, W/Ex	N							
IN	Medicaid/SCHIP/Family 21453	Closed Treatment, Mandibular Fx W/Interdent	N							
IN	Medicaid/SCHIP/Family 21454	Open Treatment, Mandibular Fx W/Ext Fixation	N							
IN	Medicaid/SCHIP/Family 21461	Open Treatment, Mandibular Fx; W/O Interden	N							
IN	Medicaid/SCHIP/Family 21462	Open Treatment, Mandibular Fx; W/Interdenta	N							
IN	Medicaid/SCHIP/Family 21465	Open Treatment, Mandibular Condylar Fx	N							
IN	Medicaid/SCHIP/Family 21470	Open Treatment, Mandibular Fx, Complicated,	N							
IN	Medicaid/SCHIP/Family 21480	Closed Treatment, Temporomandibular Disloca	N							
IN	Medicaid/SCHIP/Family 21485	Closed Treatment, Temporomandibular Disloca	N							
IN	Medicaid/SCHIP/Family 21490	Open Treatment, Temporomandibular Dislocati	N							
IN	Medicaid/SCHIP/Family 21497	Interdental Wiring, Condition Other Than Fx	N							
IN	Medicaid/SCHIP/Family 21499	Unlisted Musculoskeletal Proc, Head	N							
IN	Medicaid/SCHIP/Family 21501	Incision & Drainage, Deep Abscess/Hematoma,	N							
IN	Medicaid/SCHIP/Family 21502	Incision & Drainage, Deep Abscess/Hematoma,	N							
IN	Medicaid/SCHIP/Family 21510	Incision, Deep, W/Opening, Bone Cortex, Thora	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21550	Bx, Soft Tissue, Neck/Thorax	N					None	None	None
IN	Medicaid/SCHIP/Family 21552	Excision, tumor, soft tissue of neck or anterior t	N							
IN	Medicaid/SCHIP/Family 21554	Excision, tumor, soft tissue of neck or anterior t	N							
IN	Medicaid/SCHIP/Family 21555	Excision, tumor, soft tissue of neck or anterior t	N							
IN	Medicaid/SCHIP/Family 21556	Excision, tumor, soft tissue of neck or anterior t	N							
IN	Medicaid/SCHIP/Family 21557	Radical resection of tumor (eg, sarcoma), soft ti	N							
IN	Medicaid/SCHIP/Family 21558	Radical resection of tumor (eg, sarcoma), soft ti	N							
IN	Medicaid/SCHIP/Family 21600	Excision, Rib, Partial	N							
IN	Medicaid/SCHIP/Family 21601	Excision of chest wall tumor including rib(s)	N					MCG: GRG: SG-TS: Thoracic Surgery	None	None
IN	Medicaid/SCHIP/Family 21602	Excision of chest wall tumor involving rib(s), wit	N					MCG: GRG: SG-TS: Thoracic Surgery	None	None
IN	Medicaid/SCHIP/Family 21603	Excision of chest wall tumor involving rib(s), wit	N					MCG: GRG: SG-TS: Thoracic Surgery	None	None
IN	Medicaid/SCHIP/Family 21610	Costotransversectomy (Sep Proc)	N							
IN	Medicaid/SCHIP/Family 21615	Excision 1st &/Or Cervical Rib	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21616	Excision 1st &/Or Cervical Rib; W/Sympathecto	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21620	Ostectomy, Sternum, Partial	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21627	Sternal Debridement	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21630	Radical Resection, Sternum;	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 21632	Radical Resection, Sternum; W/Mediastinal Lyn	N						This service must be performed in an Inpatient setting.	

IN	Medicaid/SCHIP/Family	21685	Hyoid Myotomy and Suspension	Y	SURG.00129, MED.00002			None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	21700	Division, Scalenus Anticus; W/O Resection, Cervic	N							
IN	Medicaid/SCHIP/Family	21705	Division, Scalenus Anticus; W/Resection, Cervic	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21720	Division, Sternocleidomastoid, Torticollis, Open	N							
IN	Medicaid/SCHIP/Family	21725	Division, Sternocleidomastoid, Torticollis, Open	N							
IN	Medicaid/SCHIP/Family	21740	Reconstructive Repair, Pectus Excavatum/Carin	Y	ANC.00009			This service must be performed in an Inpatient setting.	MCG: GRG: SG-TS: Thoracic Surgery	None	None
IN	Medicaid/SCHIP/Family	21742	Reconstructive Repair, Pectus Excavatum/Carin	Y	ANC.00009				MCG: GRG: SG-TS: Thoracic Surgery	None	None
IN	Medicaid/SCHIP/Family	21743	Reconstructive Repair, Pectus Excavatum/Carin	Y	ANC.00009				MCG: GRG: SG-TS: Thoracic Surgery	None	None
IN	Medicaid/SCHIP/Family	21750	Closure, Median Sternotomy Separation, W/Wo	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21811	Open treatment of rib fracture(s) with internal	Y	SURG.00120			None	None	None	None
IN	Medicaid/SCHIP/Family	21812	Open treatment of rib fracture(s) with internal	Y	SURG.00120			None	None	None	None
IN	Medicaid/SCHIP/Family	21813	Open treatment of rib fracture(s) with internal	Y	SURG.00120			None	None	None	None
IN	Medicaid/SCHIP/Family	21820	Closed Treatment, Sternum Fx	N							
IN	Medicaid/SCHIP/Family	21825	Open Treatment, Sternum Fx W/Wo Skeletal Fixa	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	21899	Unlisted Proc, Neck/Thorax	N	CG-SURG-07			None	None	None	None
IN	Medicaid/SCHIP/Family	21920	Bx, Soft Tissue, Back/Flank; Superficial	N							
IN	Medicaid/SCHIP/Family	21925	Bx, Soft Tissue, Back/Flank; Deep	N							
IN	Medicaid/SCHIP/Family	21930	Excision, tumor, soft tissue of back or flank, sub	N							
IN	Medicaid/SCHIP/Family	21931	Excision, tumor, soft tissue of back or flank, sub	N							
IN	Medicaid/SCHIP/Family	21932	Excision, tumor, soft tissue of back or flank, sub	N							
IN	Medicaid/SCHIP/Family	21933	Excision, tumor, soft tissue of back or flank, sub	N							
IN	Medicaid/SCHIP/Family	21935	Radical resection of tumor (eg, sarcoma), soft ti	N							
IN	Medicaid/SCHIP/Family	21936	Radical resection of tumor (eg, sarcoma), soft ti	N							
IN	Medicaid/SCHIP/Family	22010	Incision and drainage, open, of deep abscess (si	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22015	Incision and drainage, open, of deep abscess (si	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22100	Partial Excision, Posterior Vertebral Component	N							
IN	Medicaid/SCHIP/Family	22101	Partial Excision, Posterior Vertebral Component	N							
IN	Medicaid/SCHIP/Family	22102	Partial Excision, Posterior Vertebral Component	N							
IN	Medicaid/SCHIP/Family	22103	Partial Excision, Post Vertebral Component, Intr	N							
IN	Medicaid/SCHIP/Family	22110	Part Excis, Vertebral Body, Bony Lesion, W/O S	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22112	Part Excis, Vertebral Body, Bony Lesion, W/O S	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22114	Part Excis, Vertebral Body, Bony Lesion, W/O S	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22116	Part Excis, Vertebral Body, Bony Lesion, W/O S	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22206	Osteotomy of spine, posterior or posterolateral	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22207	Osteotomy of spine, posterior or posterolateral	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22208	Osteotomy of spine, posterior or posterolateral	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22210	Osteotomy of spine, posterior or posterolateral	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22212	Osteotomy of spine, posterior or posterolateral	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22214	Osteotomy of spine, posterior or posterolateral	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22216	Osteotomy, Spine, Posterior/Posterolateral App	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22220	Osteotomy of spine, including discectomy, ante	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22222	Osteotomy of spine, including discectomy, ante	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22224	Osteotomy of spine, including discectomy, ante	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22226	Osteotomy of spine, including discectomy, ante	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22310	Closed Treatment, Vertebral Body Fx(S), W/O In	N							
IN	Medicaid/SCHIP/Family	22315	Closed treatment of vertebral fracture(s) and/o	N							
IN	Medicaid/SCHIP/Family	22318	Open Treat &/Or Reduction, Odontoid Fx(S) &/I	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22319	Open Treat &/Or Reduction, Odontoid Fx(S) &/I	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22325	Open Treat &/Or Reduct, Vertbr Fx(S) &/Or Dis	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22326	Open Treat &/Or Reduct, Vertbr Fx(S) &/Or Dis	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22327	Open Treat &/Or Reduct, Vertbr Fx(S) &/Or Dis	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22328	Open Treat &/Or Reduct, Vertbr Fx(S) &/Or Dis	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	22505	Manipulation, Spine, Requiring Anesthesia, Any	N	CG-MED-65			None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	22510	Percutaneous vertebroplasty (bone biopsy incl	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22511	Percutaneous vertebroplasty (bone biopsy incl	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22512	Percutaneous vertebroplasty (bone biopsy incl	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22513	Percutaneous vertebral augmentation, includin	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22514	Percutaneous vertebral augmentation, includin	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22515	Percutaneous vertebral augmentation, includin	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None

IN	Medicaid/SCHIP/Family	22526	Percutaneous intradiscal electrothermal annul	Y	SURG.00052;	AIM		None	None	None
IN	Medicaid/SCHIP/Family	22527	Percutaneous intradiscal electrothermal annul	Y	SURG.00052;	AIM		None	None	None
IN	Medicaid/SCHIP/Family	22532	Arthrodesis, lateral extracavitary technique, inc	N			This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22533	Arthrodesis, lateral extracavitary technique, inc	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22534	Arthrodesis, lateral extracavitary technique, inc	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22551	Arthrodesis, anterior interbody, including disc s	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22552	Arthrodesis, anterior interbody, including disc s	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22554	Arthrodesis, Anterior Interbody, W/Minimal D	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22556	Arthrodesis, Anterior Interbody, W/Minimal D	N			This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22558	Arthrodesis, Anterior Interbody, W/Minimal D	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22585	Arthrodesis, Anterior Interbody, W/Minimal D	Y		AIM		Anterior	None	None
IN	Medicaid/SCHIP/Family	22586	Arthrodesis, pre-sacral interbody technique, inc	X	SURG.00111		This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	22590	Arthrodesis, Posterior Technique, Craniocervica	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22595	Arthrodesis, Posterior Technique, Atlas-Axis	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22600	Arthrodesis, Posterior/Posterolateral Techniqu	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22610	Arthrodesis, posterior or posterolateral techniq	N			This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22612	Arthrodesis, posterior or posterolateral techniq	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22614	Arthrodesis, Posterior/Posterolateral Techniqu	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22630	Arthrodesis, Post Interbody W/Laminectomy &	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22632	Arthrodesis, Post Interbody W/Laminect &/Or I	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22633	Arthrodesis, combined posterior or posterolate	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22634	Arthrodesis, combined posterior or posterolate	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo	Y		AIM	This service must be performed in an inpatient setting.	MCG: ISC: W0156: Spine, Scoliosis, F	None	None
IN	Medicaid/SCHIP/Family	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo	Y		AIM	This service must be performed in an inpatient setting.	MCG: ISC: W0156: Spine, Scoliosis, F	None	None
IN	Medicaid/SCHIP/Family	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo	Y		AIM	This service must be performed in an inpatient setting.	MCG: ISC: W0156: Spine, Scoliosis, F	None	None
IN	Medicaid/SCHIP/Family	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo	Y		AIM	This service must be performed in an inpatient setting.	MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo	Y		AIM	This service must be performed in an inpatient setting.	MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	22812	Spinal Fixation, Wiring, Spinous Processes	Y		AIM	This service must be performed in an inpatient setting.	MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	22818	Kyphectomy, Exposure Of Spine & Resection Ve	Y		AIM	This service must be performed in an inpatient setting.	MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	22819	Kyphectomy, Exposure Of Spine & Resection Ve	Y		AIM	This service must be performed in an inpatient setting.	MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	22830	Exploration of Spinal Fusion	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22840	Posterior non-segmental instrumentation (eg, f	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	22841	Internal spinal fixation by wiring of spinous pro	X			This service must be performed in an inpatient setting.	MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	22842	Posterior segmental instrumentation (eg, pedic	Y		AIM		MCG: ISC: W0156: Spine, Scoliosis, F	None	None
IN	Medicaid/SCHIP/Family	22843	Posterior segmental instrumentation (eg, pedic	Y		AIM	This service must be performed in an inpatient setting.	MCG: ISC: W0156: Spine, Scoliosis, F	None	None
IN	Medicaid/SCHIP/Family	22844	Posterior segmental instrumentation (eg, pedic	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22845	Anterior instrumentation; 2 to 3 vertebral segm	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22846	Anterior instrumentation; 4 to 7 vertebral segm	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22847	Anterior instrumentation; 8 or more vertebral s	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22848	Pelvic fixation (attachment of caudal end of ins	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22849	Reinsertion, Spinal Fixation Device	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22850	Removal, Posterior Nonsegmental Instrumenta	N			This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	22852	Removal, Posterior Segmental Instrumentation	N			This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	22853	Insertion of interbody biomechanical device(s)	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22854	Insertion of intervertebral biomechanical devic	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22855	Removal, Anterior Instrumentation	N			This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	22856	Total disc arthroplasty (artificial disc), anterior	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22857	Total disc arthroplasty (artificial disc), anterior	Y		AIM	This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22858	Total disc arthroplasty (artificial disc), anterior	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22859	Insertion of intervertebral biomechanical devic	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22861	Revision including replacement of total disc arti	X			This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22862	Revision including replacement of total disc arti	X			This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	22864	Removal of total disc arthroplasty (artificial disc	X			This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22865	Removal of total disc arthroplasty (artificial disc	X			This service must be performed in an inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	22867	Insertion of interlaminar/interspinous process	Y	SURG.00092	AIM		None	None	None
IN	Medicaid/SCHIP/Family	22868	Insertion of interlaminar/interspinous process	Y	SURG.00092	AIM		None	None	None
IN	Medicaid/SCHIP/Family	22869	Insertion of interlaminar/interspinous process	Y	SURG.00092	AIM		None	None	None
IN	Medicaid/SCHIP/Family	22870	Insertion of interlaminar/interspinous process	Y	SURG.00092	AIM		None	None	None

IN	Medicaid/SCHIP/Family	22899	Unlisted Proc, Spine	N		SURG.00052, SURG.00075, SURG.00097, SURG.00111, SURG.00113 This is a non-specific CPT code; s	None	None	None
IN	Medicaid/SCHIP/Family	22900	Excision, tumor, soft tissue of abdominal wall, s	N					
IN	Medicaid/SCHIP/Family	22901	Excision, tumor, soft tissue of abdominal wall, s	N					
IN	Medicaid/SCHIP/Family	22902	Excision, tumor, soft tissue of abdominal wall, s	N					
IN	Medicaid/SCHIP/Family	22903	Excision, tumor, soft tissue of abdominal wall, s	N					
IN	Medicaid/SCHIP/Family	22904	Radical resection of tumor (eg, sarcoma), soft ti	N					
IN	Medicaid/SCHIP/Family	22905	Radical resection of tumor (eg, sarcoma), soft ti	N					
IN	Medicaid/SCHIP/Family	22999	Unlisted Proc, Abdomen, Musculoskeletal Syste	N		CG-SURG-99	ING-CC-0036	None	None
IN	Medicaid/SCHIP/Family	23000	Removal, Subdeltoid Calcareous Deposits, Oper	N			None	None	None
IN	Medicaid/SCHIP/Family	23020	Capsular Contracture Release	N					
IN	Medicaid/SCHIP/Family	23030	Incision & Drainage, Shoulder Area; Deep Absce	N					
IN	Medicaid/SCHIP/Family	23031	Incision & Drainage, Shoulder Area; Infected Bu	N					
IN	Medicaid/SCHIP/Family	23035	Incision, Bone Cortex, Shoulder Area	N			None	None	None
IN	Medicaid/SCHIP/Family	23040	Arthrotomy, Glenohumeral Joint, W/Exploratio	N			MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	23044	Arthrotomy, Acromioclavicular, Sternoclavicular	N			MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	23065	Bx, Soft Tissue, Shoulder Area; Superficial	N					
IN	Medicaid/SCHIP/Family	23066	Bx, Soft Tissue, Shoulder Area; Deep	N					
IN	Medicaid/SCHIP/Family	23071	Excision, tumor, soft tissue of shoulder area, su	N					
IN	Medicaid/SCHIP/Family	23073	Excision, tumor, soft tissue of shoulder area, su	N					
IN	Medicaid/SCHIP/Family	23075	Excision, tumor, soft tissue of shoulder area, su	N					
IN	Medicaid/SCHIP/Family	23076	Excision, tumor, soft tissue of shoulder area, su	N					
IN	Medicaid/SCHIP/Family	23077	Radical resection of tumor (eg, sarcoma), soft ti	N					
IN	Medicaid/SCHIP/Family	23078	Radical resection of tumor (eg, sarcoma), soft ti	N			None	None	None
IN	Medicaid/SCHIP/Family	23100	Arthrotomy, Glenohumeral Joint, W/Bx	N					
IN	Medicaid/SCHIP/Family	23101	Arthrotomy, Acromio/Sternoclavicular Joint, W/	N					
IN	Medicaid/SCHIP/Family	23105	Arthrotomy; Glenohumeral Joint, W/Synovecto	Y		AIM	AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	23106	Arthrotomy; Sternoclavicular Joint, W/Synovect	N					
IN	Medicaid/SCHIP/Family	23107	Arthrotomy, Glenohumeral Joint, W/Exploratio	Y		AIM	AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	23120	Claviculectomy; Partial	Y		AIM	AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	23125	Claviculectomy; Total	N					
IN	Medicaid/SCHIP/Family	23130	Acromioplasty/Acromionectomy, Partial, W/Wc	Y		AIM	AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	23140	Excision/Curettage, Bone Cyst/Benign Tumor, C	N					
IN	Medicaid/SCHIP/Family	23145	Excision/Curettage, Bone Cyst/Benign Tumor, C	N					
IN	Medicaid/SCHIP/Family	23146	Excision/Curettage, Bone Cyst/Benign Tumor, C	N					
IN	Medicaid/SCHIP/Family	23150	Excision/Curettage, Bone Cyst/Benign Tumor, P	N					
IN	Medicaid/SCHIP/Family	23155	Excision/Curettage, Bone Cyst/Benign Tumor, P	N					
IN	Medicaid/SCHIP/Family	23156	Excision/Curettage, Bone Cyst/Benign Tumor, P	N					
IN	Medicaid/SCHIP/Family	23170	Sequestrectomy, Clavicle	N					
IN	Medicaid/SCHIP/Family	23172	Sequestrectomy, Scapula	N					
IN	Medicaid/SCHIP/Family	23174	Sequestrectomy, Humeral Head To Surgical Nec	N					
IN	Medicaid/SCHIP/Family	23180	Partial Excision, Bone, Clavicle	N					
IN	Medicaid/SCHIP/Family	23182	Partial Excision, Bone, Scapula	N					
IN	Medicaid/SCHIP/Family	23184	Partial Excision, Bone, Proximal Humerus	N					
IN	Medicaid/SCHIP/Family	23190	Ostectomy, Scapula, Partial	N					
IN	Medicaid/SCHIP/Family	23195	Resection, Humeral Head	N			None	None	None
IN	Medicaid/SCHIP/Family	23200	Radical resection of tumor; clavicle	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	23210	Radical resection of tumor; scapula	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	23220	Radical resection of tumor, proximal humerus	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	23330	Removal, Fb, Shoulder; Subq	N			None	None	None
IN	Medicaid/SCHIP/Family	23333	Removal of foreign body, shoulder; deep (subfa	N			None	None	None
IN	Medicaid/SCHIP/Family	23334	Removal of prosthesis, includes debridement a	N			None	None	None
IN	Medicaid/SCHIP/Family	23335	Removal of prosthesis, includes debridement a	N			This service must be performed i	None	None
IN	Medicaid/SCHIP/Family	23350	Injection Proc, Shoulder Arthrography/Enhance	N			None	None	None
IN	Medicaid/SCHIP/Family	23395	Muscle Transfer, Any Type, Shoulder/Upper Arr	N					
IN	Medicaid/SCHIP/Family	23397	Muscle Transfer, Any Type, Shoulder/Upper Arr	N					
IN	Medicaid/SCHIP/Family	23400	Scapulopexy	N					
IN	Medicaid/SCHIP/Family	23405	Tenotomy, Shoulder Area; Single Tendon	N					
IN	Medicaid/SCHIP/Family	23406	Tenotomy, Shoulder Area; Multiple Tendons Th	N					
IN	Medicaid/SCHIP/Family	23410	Repair, Ruptured Musculotendinous Cuff, Open	Y		AIM	AIM Musculoskeletal: Joint Surgery;	None	None

IN	Medicaid/SCHIP/Family	23412	Repair, Ruptured Musculotendinous Cuff; Chro	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23415	Coracoacromial Ligament Release, W/Wo Acro	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23420	Reconstruction, Complete Shoulder (Rotator)	C	Y		AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23430	Tenodesis, Long Tendon, Biceps	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23440	Resection/Transplantation, Long Tendon, Bicep	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Mag	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23455	Capsulorrhaphy, Anterior; W/Labral Repair	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone B	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23462	Capsulorrhaphy, Anterior, Any Type; W/Coraco	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior,	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23470	Arthroplasty, Glenohumeral Joint; Hemiarthrop	Y			AIM		AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23472	Arthroplasty, Glenohumeral Joint; Total Shouldr	Y			AIM	This service must be performed i	AIM Musculoskeletal: Joint Surgery; None	None
IN	Medicaid/SCHIP/Family	23473	Revision of total shoulder arthroplasty, includin	Y			AIM		AIM Musculoskeletal: Joint Surgery	None
IN	Medicaid/SCHIP/Family	23474	Revision of total shoulder arthroplasty, includin	Y			AIM	This service must be performed i	AIM Musculoskeletal: Joint Surgery	None
IN	Medicaid/SCHIP/Family	23480	Osteotomy, Clavicle, W/Wo Int Fixation;	N						
IN	Medicaid/SCHIP/Family	23485	Osteotomy, Clavicle, W/Wo Int Fixation; W/Bor	N						
IN	Medicaid/SCHIP/Family	23490	Prophylactic Treatment W/Wo Methylmethacr	N						
IN	Medicaid/SCHIP/Family	23491	Prophylactic Treatment W/Wo Methylmethacr	N						
IN	Medicaid/SCHIP/Family	23500	Closed Treatment, Clavicular Fx; W/O Manipula	N					None	None
IN	Medicaid/SCHIP/Family	23505	Closed Treatment, Clavicular Fx; W/Manipulatio	N						
IN	Medicaid/SCHIP/Family	23515	Open treatment of clavicular fracture, includes	N						
IN	Medicaid/SCHIP/Family	23520	Closed Treatment, Sternoclavicular Dislocation;	N						
IN	Medicaid/SCHIP/Family	23525	Closed Treatment, Sternoclavicular Dislocation;	N						
IN	Medicaid/SCHIP/Family	23530	Open Treatment, Sternoclavicular Dislocation, /	N					None	None
IN	Medicaid/SCHIP/Family	23532	Open Treatment, Sternoclavicular Dislocation, /	N					None	None
IN	Medicaid/SCHIP/Family	23540	Closed Treatment, Acromioclavicular Dislocatio	N						
IN	Medicaid/SCHIP/Family	23545	Closed Treatment, Acromioclavicular Dislocatio	N						
IN	Medicaid/SCHIP/Family	23550	Open Treatment, Acromioclavicular Dislocation	N					None	None
IN	Medicaid/SCHIP/Family	23552	Open Treatment, Acromioclavicular Dislocation	N					None	None
IN	Medicaid/SCHIP/Family	23570	Closed Treatment, Scapular Fx; W/O Manipulatio	N						
IN	Medicaid/SCHIP/Family	23575	Closed Treatment, Scapular Fx; W/Manipulatio	N						
IN	Medicaid/SCHIP/Family	23585	Open treatment of scapular fracture (body, glei	N					None	None
IN	Medicaid/SCHIP/Family	23600	Closed Treatment, Proximal Humeral Fx; W/O M	N						
IN	Medicaid/SCHIP/Family	23605	Closed Treatment, Proximal Humeral Fx; W/Ma	N					None	None
IN	Medicaid/SCHIP/Family	23615	Open treatment of proximal humeral (surgical c	N					MCG: RFC: S-5632 Upper Extremity	None
IN	Medicaid/SCHIP/Family	23616	Open treatment of proximal humeral (surgical c	N					None	None
IN	Medicaid/SCHIP/Family	23620	Closed Treatment, Greater Humeral Tuberosity	N						
IN	Medicaid/SCHIP/Family	23625	Closed Treatment, Greater Humeral Tuberosity	N					None	None
IN	Medicaid/SCHIP/Family	23630	Open treatment of greater humeral tuberosity	N					MCG: RFC: S-5632 Upper Extremity	None
IN	Medicaid/SCHIP/Family	23650	Closed Treatment, Shoulder Dislocation, W/Ma	N						
IN	Medicaid/SCHIP/Family	23655	Closed Treatment, Shoulder Dislocation, W/Ma	N						
IN	Medicaid/SCHIP/Family	23660	Open Treatment, Acute Shoulder Dislocation	N					None	None
IN	Medicaid/SCHIP/Family	23665	Closed Treatment, Shoulder Dislocation, W/Fx,	N						
IN	Medicaid/SCHIP/Family	23670	Open treatment of shoulder dislocation, with fr	N					None	None
IN	Medicaid/SCHIP/Family	23675	Closed Treatment, Shoulder Dislocation, W/Sur	N						
IN	Medicaid/SCHIP/Family	23680	Open treatment of shoulder dislocation, with si	N					None	None
IN	Medicaid/SCHIP/Family	23700	Manipulation W/Anesthesia, Shoulder Joint, W/	N					AIM Musculoskeletal: Joint Surgery;	None
IN	Medicaid/SCHIP/Family	23800	Arthrodesis, Glenohumeral Joint	N						
IN	Medicaid/SCHIP/Family	23802	Arthrodesis, Glenohumeral Joint; W/ Autogeno	N						
IN	Medicaid/SCHIP/Family	23900	Interthoracoscapular Amputation (Forequarter)	N					This service must be performed i	None
IN	Medicaid/SCHIP/Family	23920	Disarticulation, Shoulder	N					This service must be performed i	None
IN	Medicaid/SCHIP/Family	23921	Disarticulation, Shoulder; Secondary Closure/Sc	N						
IN	Medicaid/SCHIP/Family	23929	Unlisted Proc, Shoulder	N					This is a non-specific CPT code; specific codes for services should be used when available. A non-specific code may c	
IN	Medicaid/SCHIP/Family	23930	Incision & Drainage, Upper Arm/Elbow Area; De	N						
IN	Medicaid/SCHIP/Family	23931	Incision & Drainage, Upper Arm/Elbow Area; Bu	N						
IN	Medicaid/SCHIP/Family	23935	Incision, Deep, W/Opening, Bone Cortex, Hume	N						
IN	Medicaid/SCHIP/Family	24000	Arthrotomy, Elbow, W/Exploration, Drainage/R	N					MCG: GRG: SG-MS: Musculoskeleta	None
IN	Medicaid/SCHIP/Family	24006	Arthrotomy, Elbow, W/Capsular Excision, Capsu	N					MCG: GRG: SG-MS: Musculoskeleta	None

IN	Medicaid/SCHIP/Family	24065	Bx, Soft Tissue, Upper Arm/Elbow Area; Superfi	N						
IN	Medicaid/SCHIP/Family	24066	Bx, Soft Tissue, Upper Arm/Elbow Area; Deep (S	N						
IN	Medicaid/SCHIP/Family	24071	Excision, tumor, soft tissue of upper arm or elb	N						
IN	Medicaid/SCHIP/Family	24073	Excision, tumor, soft tissue of upper arm or elb	N						
IN	Medicaid/SCHIP/Family	24075	Excision, tumor, soft tissue of upper arm or elb	N						
IN	Medicaid/SCHIP/Family	24076	Radical resection of tumor (eg, malignant neopl	N						
IN	Medicaid/SCHIP/Family	24077	Radical resection of tumor (eg, sarcoma), soft ti	N						
IN	Medicaid/SCHIP/Family	24079	Radical resection of tumor (eg, sarcoma), soft ti	N						
IN	Medicaid/SCHIP/Family	24100	Arthrotomy, Elbow; W/Synovial Bx Only	N						
IN	Medicaid/SCHIP/Family	24101	Arthrotomy, Elbow; W/Joint Exploration, W/Wc	N				None	None	None
IN	Medicaid/SCHIP/Family	24102	Arthrotomy, Elbow; W/Synovectomy	N				None	None	None
IN	Medicaid/SCHIP/Family	24105	Excision, Olecranon Bursa	N						
IN	Medicaid/SCHIP/Family	24110	Excision/Curettage, Bone Cyst/Benign Tumor, H	N						
IN	Medicaid/SCHIP/Family	24115	Excision/Curettage, Bone Cyst/Benign Tumor, H	N						
IN	Medicaid/SCHIP/Family	24116	Excision/Curettage, Bone Cyst/Benign Tumor, H	N						
IN	Medicaid/SCHIP/Family	24120	Excision/Curettage, Bone Cyst/Benign Tumor, H	N				None	None	None
IN	Medicaid/SCHIP/Family	24125	Excision/Curettage, Bone Cyst/Benign Tumor, H	N						
IN	Medicaid/SCHIP/Family	24126	Excision/Curettage, Bone Cyst/Benign Tumor, H	N						
IN	Medicaid/SCHIP/Family	24130	Excision, Radial Head	N				None	None	None
IN	Medicaid/SCHIP/Family	24134	Sequestrectomy, Shaft/Distal Humerus	N						
IN	Medicaid/SCHIP/Family	24136	Sequestrectomy, Radial Head/Neck	N						
IN	Medicaid/SCHIP/Family	24138	Sequestrectomy, Olecranon Process	N						
IN	Medicaid/SCHIP/Family	24140	Partial Excision, Bone, Humerus	N						
IN	Medicaid/SCHIP/Family	24145	Partial Excision, Bone, Radial Head/Neck	N						
IN	Medicaid/SCHIP/Family	24147	Partial Excision, Bone, Olecranon Process	N						
IN	Medicaid/SCHIP/Family	24149	Radical Resection, Capsule/Soft Tissue/Heterot	N						
IN	Medicaid/SCHIP/Family	24150	Radical resection of tumor, shaft, or distal hum	N						
IN	Medicaid/SCHIP/Family	24152	Radical resection of tumor, radial head or neck	N						
IN	Medicaid/SCHIP/Family	24155	Resection, Elbow Joint (Arthrectomy)	N						
IN	Medicaid/SCHIP/Family	24160	Removal of prosthesis, includes debridement ai	N						
IN	Medicaid/SCHIP/Family	24164	Removal of prosthesis, includes debridement ai	N						
IN	Medicaid/SCHIP/Family	24200	Removal, Fb, Upper Arm/Elbow Area; Subq	N						
IN	Medicaid/SCHIP/Family	24201	Removal, Fb, Upper Arm/Elbow Area; Deep (Sul	N						
IN	Medicaid/SCHIP/Family	24220	Injection Proc, Elbow Arthrography	N						
IN	Medicaid/SCHIP/Family	24300	Manipulation, Elbow, Under Anesthesia	Y				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	24301	Muscle/Tendon Transfer, Any Type, Upper Arm	N				MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	24305	Tendon Lengthening, Upper Arm/Elbow, Each T	N				MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	24310	Tenotomy, Open, Elbow To Shoulder, Each Tenc	N				MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	24320	Tenoplasty, W/Muscle Transfer, W/Wo Free Gr	N						
IN	Medicaid/SCHIP/Family	24330	Flexor-Plasty, Elbow	N						
IN	Medicaid/SCHIP/Family	24331	Flexor-Plasty, Elbow; W/Extensor Advancement	N						
IN	Medicaid/SCHIP/Family	24332	Tenolysis, Triceps	N						
IN	Medicaid/SCHIP/Family	24340	Tenodesis, Biceps Tendon At Elbow (Sep Proc)	N						
IN	Medicaid/SCHIP/Family	24341	Repair, Tendon/Muscle, Upper Arm/Elbow, Eac	N				None	None	None
IN	Medicaid/SCHIP/Family	24342	Reinsertion, Ruptured Biceps/Triceps Tendon, C	N				None	None	None
IN	Medicaid/SCHIP/Family	24343	Repair Lateral Collateral Ligament, Elbow, W/Lc	N				None	None	None
IN	Medicaid/SCHIP/Family	24344	Reconstruction Lateral Collateral Ligament, Elb	N				None	None	None
IN	Medicaid/SCHIP/Family	24345	Repair Medial Collateral Ligament, Elbow, W/Lc	N				None	None	None
IN	Medicaid/SCHIP/Family	24346	Reconstruction Medial Collateral Ligament, Elb	N				None	None	None
IN	Medicaid/SCHIP/Family	24357	Tenotomy, elbow, lateral or medial (eg, epicon	N				None	None	None
IN	Medicaid/SCHIP/Family	24358	Tenotomy, elbow, lateral or medial (eg, epicon	N				None	None	None
IN	Medicaid/SCHIP/Family	24359	Tenotomy, elbow, lateral or medial (eg, epicon	N				None	None	None
IN	Medicaid/SCHIP/Family	24360	Arthroplasty, Elbow; W/Membrane	N				None	None	None
IN	Medicaid/SCHIP/Family	24361	Arthroplasty, Elbow; W/Distal Humeral Prosthe	N				None	None	None
IN	Medicaid/SCHIP/Family	24362	Arthroplasty, Elbow; W/Implant & Fascia Lata	N				None	None	None
IN	Medicaid/SCHIP/Family	24363	Arthroplasty, Elbow; W/Distal Humerus/Proxim	N				None	None	None
IN	Medicaid/SCHIP/Family	24365	Arthroplasty, Radial Head	N						
IN	Medicaid/SCHIP/Family	24366	Arthroplasty, Radial Head; W/Implant	N						
IN	Medicaid/SCHIP/Family	24370	Revision of total elbow arthroplasty, including a	N						

IN	Medicaid/SCHIP/Family	25035	Incision, Deep, Bone Cortex, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25040	Arthrotomy, Radiocarpal/Midcarpal Joint, W/Excision	N				None	None	None	
IN	Medicaid/SCHIP/Family	25065	Bx, Soft Tissue, Forearm &/Or Wrist; Superficial	N							
IN	Medicaid/SCHIP/Family	25066	Bx, Soft Tissue, Forearm &/Or Wrist; Deep (Subcutaneous)	N							
IN	Medicaid/SCHIP/Family	25071	Excision, tumor, soft tissue of forearm and/or wrist	N							
IN	Medicaid/SCHIP/Family	25073	Excision, tumor, soft tissue of forearm and/or wrist	N							
IN	Medicaid/SCHIP/Family	25075	Excision, tumor, soft tissue of forearm and/or wrist	N							
IN	Medicaid/SCHIP/Family	25076	Excision, tumor, soft tissue of forearm and/or wrist	N							
IN	Medicaid/SCHIP/Family	25077	Radical resection of tumor (eg, sarcoma), soft tissue	N							
IN	Medicaid/SCHIP/Family	25078	Radical resection of tumor (eg, sarcoma), soft tissue	N							
IN	Medicaid/SCHIP/Family	25085	Capsulotomy, Wrist	N							
IN	Medicaid/SCHIP/Family	25100	Arthrotomy, Wrist Joint; W/Bx	N							
IN	Medicaid/SCHIP/Family	25101	Arthrotomy, Wrist Joint; W/Joint Exploration, W/Excision	N				None	None	None	
IN	Medicaid/SCHIP/Family	25105	Arthrotomy, Wrist Joint; W/Synovectomy	N				None	None	None	
IN	Medicaid/SCHIP/Family	25107	Arthrotomy, Distal Radioulnar Joint W/Repair, W/Excision	N				None	None	None	
IN	Medicaid/SCHIP/Family	25109	Excision of tendon, forearm and/or wrist, flexor	N							
IN	Medicaid/SCHIP/Family	25110	Excision, Lesion, Tendon Sheath, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25111	Excision, Ganglion, Wrist (Dorsal/Volar); Primary	N				None	None	None	
IN	Medicaid/SCHIP/Family	25112	Excision, Ganglion, Wrist (Dorsal/Volar); Recurrent	N				None	None	None	
IN	Medicaid/SCHIP/Family	25115	Radical Excision, Bursa, Synovia, Wrist/Forearm	N				None	None	None	
IN	Medicaid/SCHIP/Family	25116	Radical Excision, Bursa, Synovia, Wrist/Forearm	N							
IN	Medicaid/SCHIP/Family	25118	Synovectomy, Extensor Tendon Sheath, Wrist, Open	N				None	None	None	
IN	Medicaid/SCHIP/Family	25119	Synovectomy, Extensor Tendon Sheath, Wrist, Open	N				None	None	None	
IN	Medicaid/SCHIP/Family	25120	Excision/Curettage, Bone Cyst/Benign Tumor, Radius	N							
IN	Medicaid/SCHIP/Family	25125	Excision/Curettage, Bone Cyst/Benign Tumor, Radius	N							
IN	Medicaid/SCHIP/Family	25126	Excision/Curettage, Bone Cyst/Benign Tumor, Radius	N							
IN	Medicaid/SCHIP/Family	25130	Excision/Curettage, Bone Cyst/Benign Tumor, Carpal	N							
IN	Medicaid/SCHIP/Family	25135	Excision/Curettage, Bone Cyst/Benign Tumor, Carpal	N							
IN	Medicaid/SCHIP/Family	25136	Excision/Curettage, Bone Cyst/Benign Tumor, Carpal	N							
IN	Medicaid/SCHIP/Family	25145	Sequestrectomy, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25150	Partial Excision, Bone; Ulna	N							
IN	Medicaid/SCHIP/Family	25151	Partial Excision, Bone; Radius	N							
IN	Medicaid/SCHIP/Family	25170	Radical resection of tumor, radius or ulna	N							
IN	Medicaid/SCHIP/Family	25210	Carpectomy; One Bone	N							
IN	Medicaid/SCHIP/Family	25215	Carpectomy; All Bones, Proximal Row	N							
IN	Medicaid/SCHIP/Family	25230	Radial Styloidectomy (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	25240	Excision Distal Ulna Partial/Complete	N							
IN	Medicaid/SCHIP/Family	25246	Injection Proc, Wrist Arthrography	N				None	None	None	
IN	Medicaid/SCHIP/Family	25248	Exploration W/Removal, Deep Fb, Forearm/Wrist	N							
IN	Medicaid/SCHIP/Family	25250	Removal, Wrist Prosthesis; (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	25251	Removal, Wrist Prosthesis; Complicated, W/Totals	N							
IN	Medicaid/SCHIP/Family	25259	Manipulation, Wrist, Under Anesthesia	Y	CG-MED-65			None	None	None	
IN	Medicaid/SCHIP/Family	25260	Repair, Tendon/Muscle, Flexor, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25263	Repair, Tendon/Muscle, Flexor, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25265	Repair, Tendon/Muscle, Flexor, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25270	Repair, Tendon/Muscle, Extensor, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25272	Repair, Tendon/Muscle, Extensor, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25274	Repair, Tendon/Muscle, Extensor, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25275	Repair, Tendon Sheath, Extensor, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25280	Lengthening/Shortening, Flexor/Extensor Tendon	N							
IN	Medicaid/SCHIP/Family	25290	Tenotomy, Open, Flexor/Extensor Tendon, Forearm	N							
IN	Medicaid/SCHIP/Family	25295	Tenolysis, Flexor/Extensor Tendon, Forearm &/Or Wrist	N							
IN	Medicaid/SCHIP/Family	25300	Tenodesis At Wrist; Flexors, Fingers	N							
IN	Medicaid/SCHIP/Family	25301	Tenodesis At Wrist; Extensors, Fingers	N							
IN	Medicaid/SCHIP/Family	25310	Tendon Transplantation/Transfer, Flexor/Extensor	N				None	None	None	
IN	Medicaid/SCHIP/Family	25312	Tendon Transplantation/Transf, Flexor/Extensors	N				None	None	None	
IN	Medicaid/SCHIP/Family	25315	Flexor Origin Slide, Forearm &/Or Wrist	N				None	None	None	
IN	Medicaid/SCHIP/Family	25316	Flexor Origin Slide, Forearm &/Or Wrist; W/Tenodesis	N				None	None	None	
IN	Medicaid/SCHIP/Family	25320	Capsulorrhaphy/Reconstruction, Wrist, Open, W/Excision	N							

IN	Medicaid/SCHIP/Family	25332	Arthroplasty, Wrist, W/Wo Interposition/Int/Ex	N					None	None	None
IN	Medicaid/SCHIP/Family	25335	Centralization, Wrist On Ulna	N							
IN	Medicaid/SCHIP/Family	25337	Reconstruction, Stabilization, Distal Ulna/Radio	N							
IN	Medicaid/SCHIP/Family	25350	Osteotomy, Radius; Distal Third	N							
IN	Medicaid/SCHIP/Family	25355	Osteotomy, Radius; Middle/Proximal Third	N							
IN	Medicaid/SCHIP/Family	25360	Osteotomy; Ulna	N							
IN	Medicaid/SCHIP/Family	25365	Osteotomy; Radius & Ulna	N							
IN	Medicaid/SCHIP/Family	25370	Multiple Osteotomies, W/Realignment On Intra	N							
IN	Medicaid/SCHIP/Family	25375	Multiple Osteotomies, W/Realignment On Intra	N							
IN	Medicaid/SCHIP/Family	25390	Osteoplasty, Radius/Ulna; Shortening	N							
IN	Medicaid/SCHIP/Family	25391	Osteoplasty, Radius/Ulna; Lengthening W/Auto	N							
IN	Medicaid/SCHIP/Family	25392	Osteoplasty, Radius & Ulna; Shortening (Exclud	N							
IN	Medicaid/SCHIP/Family	25393	Osteoplasty, Radius & Ulna; Lengthening W/Au	N							
IN	Medicaid/SCHIP/Family	25394	Osteoplasty, Carpal Bone, Shortening	N							
IN	Medicaid/SCHIP/Family	25400	Repair, Nonunion/Malunion, Radius/Ulna; W/O	N					None	None	None
IN	Medicaid/SCHIP/Family	25405	Repair, Nonunion/Malunion, Radius/Ulna; W/A	N					None	None	None
IN	Medicaid/SCHIP/Family	25415	Repair, Nonunion/Malunion, Radius & Ulna; W/	N							
IN	Medicaid/SCHIP/Family	25420	Repair, Nonunion/Malunion, Radius & Ulna; W/	N					None	None	None
IN	Medicaid/SCHIP/Family	25425	Repair, Defect W/Autograft; Radius/Ulna	N							
IN	Medicaid/SCHIP/Family	25426	Repair, Defect W/Autograft; Radius & Ulna	N							
IN	Medicaid/SCHIP/Family	25430	Insertion, Vascular Pedicle, Carpal Bone (Harii	P							
IN	Medicaid/SCHIP/Family	25431	Repair, Nonunion, Carpal Bone (Excl Carpal Scap	N							
IN	Medicaid/SCHIP/Family	25440	Repair, Nonunion, Scaphoid Carpal Bone, W/W/	N							
IN	Medicaid/SCHIP/Family	25441	Arthroplasty W/Prosthetic Replacement; Distal	N					None	None	None
IN	Medicaid/SCHIP/Family	25442	Arthroplasty W/Prosthetic Replacement; Distal	N					None	None	None
IN	Medicaid/SCHIP/Family	25443	Arthroplasty W/Prosthetic Replacement; Scaph	N					None	None	None
IN	Medicaid/SCHIP/Family	25444	Arthroplasty W/Prosthetic Replacement; Lunat	N					None	None	None
IN	Medicaid/SCHIP/Family	25445	Arthroplasty W/Prosthetic Replacement; Trape	N					None	None	None
IN	Medicaid/SCHIP/Family	25446	Arthroplasty W/Prosthetic Replacement; Distal	N					None	None	None
IN	Medicaid/SCHIP/Family	25447	Arthroplasty, Interposition, Intercarpal/Carpom	N					None	None	None
IN	Medicaid/SCHIP/Family	25449	Revision, Arthroplasty, W/Removal, Implant, W	N							
IN	Medicaid/SCHIP/Family	25450	Epiphyseal Arrest, Epiphysiodesis/Stapling; Dist	N							
IN	Medicaid/SCHIP/Family	25455	Epiphyseal Arrest, Epiphysiodesis/Stapling; Dist	N							
IN	Medicaid/SCHIP/Family	25490	Prophylactic Treatment (Nail/Pin/Plate/Wire)	V							
IN	Medicaid/SCHIP/Family	25491	Prophylactic Treatment (Nail/Pin/Plate/Wire)	V							
IN	Medicaid/SCHIP/Family	25492	Prophylactic Treatment (Nail/Pin/Plate/Wire)	V							
IN	Medicaid/SCHIP/Family	25500	Closed Treatment, Radial Shaft Fx; W/O Manipu	N					None	None	None
IN	Medicaid/SCHIP/Family	25505	Closed Treatment, Radial Shaft Fx; W/Manipula	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25515	Open treatment of radial shaft fracture, include	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25520	Closed Treatment, Radial Shaft Fx, & Dislocatio	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25525	Open treatment of radial shaft fracture, include	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25526	Open treatment of radial shaft fracture, include	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25530	Closed Treatment, Ulnar Shaft Fx; W/O Manipu	N					None	None	None
IN	Medicaid/SCHIP/Family	25535	Closed Treatment, Ulnar Shaft Fx; W/Manipula	N					None	None	None
IN	Medicaid/SCHIP/Family	25545	Open treatment of ulnar shaft fracture, include	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25560	Closed Treatment, Radial & Ulnar Shaft Fxs; W/	N					None	None	None
IN	Medicaid/SCHIP/Family	25565	Closed Treatment, Radial & Ulnar Shaft Fxs; W/	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25574	Open treatment of radial AND ulnar shaft fracti	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25575	Open treatment of radial AND ulnar shaft fracti	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25600	Closed treatment of distal radial fracture (eg, C	N					None	None	None
IN	Medicaid/SCHIP/Family	25605	Closed Treatment, Distal Radial Fx/Epiphyseal S	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25606	Percutaneous skeletal fixation of distal radial fr	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25607	Open treatment of distal radial extra-articular f	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25608	Open treatment of distal radial intra-articular fr	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25609	with internal fixation of 3 or more fragments	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25622	Closed Treatment, Carpal Scaphoid (Navicular)	N							
IN	Medicaid/SCHIP/Family	25624	Closed Treatment, Carpal Scaphoid (Navicular)	N							
IN	Medicaid/SCHIP/Family	25628	Open treatment of carpal scaphoid (navicular) f	N					MCG: RFC: S-5632 Upper Extremity	None	None
IN	Medicaid/SCHIP/Family	25630	Closed treatment of carpal bone fracture (exclu	N							

IN	Medicaid/SCHIP/Family	25635	Closed treatment of carpal bone fracture (exclu	N										
IN	Medicaid/SCHIP/Family	25645	Open treatment of carpal bone fracture (other	N							MCG: RFC: S-5632 Upper Extremity	None	None	
IN	Medicaid/SCHIP/Family	25650	Closed Treatment, Ulnar Styloid Fx	N										
IN	Medicaid/SCHIP/Family	25651	Percutaneous Skeletal Fixation, Ulnar Styloid Fr	N							None	None	None	
IN	Medicaid/SCHIP/Family	25652	Open Treatment, Ulnar Styloid Fracture	N							MCG: RFC: S-5632 Upper Extremity	None	None	
IN	Medicaid/SCHIP/Family	25660	Closed Treatment, Radiocarpal/Intercarpal Disl	N										
IN	Medicaid/SCHIP/Family	25670	Open treatment of radiocarpal or intercarpal di	N							MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	25671	Percutaneous Skeletal Fixation, Distal Radiouln	N							MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	25675	Closed Treatment, Distal Radioulnar Dislocatio	N							MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	25676	Open Treatment, Distal Radioulnar Dislocation,	N							MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	25680	Closed Treatment, Trans-Scaphoperilunar Type	N										
IN	Medicaid/SCHIP/Family	25685	Open Treatment, Trans-Scaphoperilunar Type F	N							MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	25690	Closed Treatment, Lunate Dislocation, W/Mani	N										
IN	Medicaid/SCHIP/Family	25695	Open Treatment, Lunate Dislocation	N							None	None	None	
IN	Medicaid/SCHIP/Family	25800	Arthrodesis, Wrist; Complete W/O Bone Graft	N										
IN	Medicaid/SCHIP/Family	25805	Arthrodesis, Wrist; W/Sliding Graft	N										
IN	Medicaid/SCHIP/Family	25810	Arthrodesis, Wrist; W/Iliac/Other Autograft (Inc	N										
IN	Medicaid/SCHIP/Family	25820	Arthrodesis, Wrist; Limited, W/O Bone Graft	N										
IN	Medicaid/SCHIP/Family	25825	Arthrodesis, Wrist; W/Autograft (Includes Obta	N										
IN	Medicaid/SCHIP/Family	25830	Arthrodesis, Distal Radioulnar Joint & Segment	N										
IN	Medicaid/SCHIP/Family	25900	Amputation, Forearm, Through Radius & Ulna	N							This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	25905	Amputation, Forearm, Through Radius & Ulna; i	N							This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	25907	Amputation, Forearm, Through Radius & Ulna; i	N										
IN	Medicaid/SCHIP/Family	25909	Amputation, Forearm, Through Radius & Ulna; i	N							None	None	None	
IN	Medicaid/SCHIP/Family	25915	Krukenberg Proc	N							This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	25920	Disarticulation Through Wrist	N							This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	25922	Disarticulation Through Wrist; Secondary Closu	N										
IN	Medicaid/SCHIP/Family	25924	Disarticulation Through Wrist; Re-Amputation	N							This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	25927	Transmetacarpal Amputation	N							This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	25929	Transmetacarpal Amputation; Secondary Closu	N										
IN	Medicaid/SCHIP/Family	25931	Transmetacarpal Amputation; Re-Amputation	N							None	None	None	
IN	Medicaid/SCHIP/Family	25999	Unlisted Proc, Forearm/Wrist	N							This is a non-specific CPT code; specific codes for services should be used when available. A non-specific code may c			
IN	Medicaid/SCHIP/Family	26010	Drainage, Finger Abscess; Simple	N										
IN	Medicaid/SCHIP/Family	26011	Drainage, Finger Abscess; Complicated	N										
IN	Medicaid/SCHIP/Family	26020	Drainage, Tendon Sheath, Digit &/Or Palm, Each	N										
IN	Medicaid/SCHIP/Family	26025	Drainage, Palmar Bursa; Single, Bursa	N										
IN	Medicaid/SCHIP/Family	26030	Drainage, Palmar Bursa; Multiple Bursa	N										
IN	Medicaid/SCHIP/Family	26034	Incision, Bone Cortex, Hand/Finger	N										
IN	Medicaid/SCHIP/Family	26035	Decompression Fingers &/Or Hand, Injection In	N							None	None	None	
IN	Medicaid/SCHIP/Family	26037	Decompressive Fasciotomy, Hand (Excludes 26	N										
IN	Medicaid/SCHIP/Family	26040	Fasciotomy, Palmar; Percutaneous	N			CG-SURG-11				None	None	None	
IN	Medicaid/SCHIP/Family	26045	Fasciotomy, Palmar; Open, Partial	N			CG-SURG-11				None	None	None	
IN	Medicaid/SCHIP/Family	26055	Tendon Sheath Incision	N							MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	26060	Tenotomy, Percutaneous, Single, Each Digit	N										
IN	Medicaid/SCHIP/Family	26070	Arthrotomy, Exploration/Drainage/Removal, Lo	N										
IN	Medicaid/SCHIP/Family	26075	Arthrotomy, Exploration/Drainage/Removal, Lo	N										
IN	Medicaid/SCHIP/Family	26080	Arthrotomy, Exploration/Drainage/Removal, Lo	N										
IN	Medicaid/SCHIP/Family	26100	Arthrotomy W/Bx; Carpometacarpal Joint, Each	N										
IN	Medicaid/SCHIP/Family	26105	Arthrotomy W/Bx; Metacarpophalangeal Joint,	N										
IN	Medicaid/SCHIP/Family	26110	Arthrotomy W/Bx; Interphalangeal Joint, Each	N							None	None	None	
IN	Medicaid/SCHIP/Family	26111	Excision, tumor or vascular malformation, soft t	N										
IN	Medicaid/SCHIP/Family	26113	Excision, tumor, soft tissue, or vascular malform	N										
IN	Medicaid/SCHIP/Family	26115	Excision, tumor or vascular malformation, soft t	N										
IN	Medicaid/SCHIP/Family	26116	Excision, tumor, soft tissue, or vascular malform	N										
IN	Medicaid/SCHIP/Family	26117	Radical resection of tumor (eg, sarcoma), soft ti	N										
IN	Medicaid/SCHIP/Family	26118	Radical resection of tumor (eg, sarcoma), soft ti	N										
IN	Medicaid/SCHIP/Family	26121	Fasciectomy, Palm Only W/Wo Z-Plasty/Local T	N							None	None	None	
IN	Medicaid/SCHIP/Family	26123	Fasciectomy, Partial Palmar W/Release, Single I	N							None	None	None	
IN	Medicaid/SCHIP/Family	26125	Fasciectomy, Partl Palmar W/Release, Sngl Digit,	N							None	None	None	

IN	Medicaid/SCHIP/Family	26130	Synovectomy, Carpometacarpal Joint	N								
IN	Medicaid/SCHIP/Family	26135	Synovectomy, Metacarpophalangeal Joint, W/In	N								
IN	Medicaid/SCHIP/Family	26140	Synovectomy, Proximal Interphalangeal Joint, V	N								
IN	Medicaid/SCHIP/Family	26145	Synovectomy, Tendon Sheath, Radical, Flexor T	N								
IN	Medicaid/SCHIP/Family	26160	Excision, Lesion, Tendon Sheath/Joint Capsule, I	N					None		None	None
IN	Medicaid/SCHIP/Family	26170	Excision of tendon, palm, flexor or extensor, sin	N								
IN	Medicaid/SCHIP/Family	26180	Excision of tendon, finger, flexor or extensor, ea	N								
IN	Medicaid/SCHIP/Family	26185	Sesamoidectomy, Thumb/Finger (Sep Proc)	N								
IN	Medicaid/SCHIP/Family	26200	Excision/Curettage, Bone Cyst/Benign Tumor, N	N								
IN	Medicaid/SCHIP/Family	26205	Excision/Curettage, Bone Cyst/Benign Tumor, N	N								
IN	Medicaid/SCHIP/Family	26210	Excision/Curettage, Bone Cyst/Benign Tumor, P	N								
IN	Medicaid/SCHIP/Family	26215	Excision/Curettage, Bone Cyst/Benign Tumor, P	N								
IN	Medicaid/SCHIP/Family	26230	Partial Excision, Bone; Metacarpal	N								
IN	Medicaid/SCHIP/Family	26235	Partial Excision, Bone; Proximal/Middle Phalanx	N								
IN	Medicaid/SCHIP/Family	26236	Partial Excision, Bone; Distal Phalanx, Finger	N								
IN	Medicaid/SCHIP/Family	26250	Radical resection of tumor, metacarpal	N								
IN	Medicaid/SCHIP/Family	26260	Radical resection of tumor, proximal or middle	N								
IN	Medicaid/SCHIP/Family	26262	Radical resection of tumor, distal phalanx of fin	N								
IN	Medicaid/SCHIP/Family	26320	Removal, Implant, Finger/Hand	N								
IN	Medicaid/SCHIP/Family	26340	Manipulation, Finger Joint, Under Anesthesia, E	Y	CG-MED-65;				None		None	CMS Guidelines
IN	Medicaid/SCHIP/Family	26341	Manipulation, Palmar Fascial Cord (Ie, Dupuytre	N					ING-CC-0017		None	CMS Guidelines
IN	Medicaid/SCHIP/Family	26350	Flexor Tendon Repair/Advance, Not In Zone 2 "I	N								
IN	Medicaid/SCHIP/Family	26352	Flexor Tendon Repair/Advance, Not In "No Mar	N								
IN	Medicaid/SCHIP/Family	26356	Flexor Tendon Repair/Advance, In Zone 2 "No I	N								
IN	Medicaid/SCHIP/Family	26357	Flexor Tendon Repair/Advance, In Zone 2 "No I	N								
IN	Medicaid/SCHIP/Family	26358	Flexor Tendon Repair/Advance, In Zone 2 "No I	N								
IN	Medicaid/SCHIP/Family	26370	Profundus Tendon Repair/Advance, W/Intact Si	N					None		None	None
IN	Medicaid/SCHIP/Family	26372	Profundus Tendon Repair/Advance, W/Intact Si	N								
IN	Medicaid/SCHIP/Family	26373	Profundus Tendon Repair/Advance, W/Intact Si	N								
IN	Medicaid/SCHIP/Family	26390	Flexor Tendon Excision, Implantation Synthetic	N								
IN	Medicaid/SCHIP/Family	26392	Removal, Synthetic Rod & Insertion, Flexor Ten	N								
IN	Medicaid/SCHIP/Family	26410	Repair, Extensor Tendon, Hand, Primary/Seco	N					None		None	None
IN	Medicaid/SCHIP/Family	26412	Repair, Extensor Tendon, Hand, Primary/Seco	N								
IN	Medicaid/SCHIP/Family	26415	Extensor Tendon Excision, Implantation Synthe	N								
IN	Medicaid/SCHIP/Family	26416	Removal, Synthetic Rod & Insertion, Extensor T	N								
IN	Medicaid/SCHIP/Family	26418	Repair, Extensor Tendon, Finger, Primary/Seco	N								
IN	Medicaid/SCHIP/Family	26420	Repair, Extensor Tendon, Finger, Primary/Seco	N								
IN	Medicaid/SCHIP/Family	26426	Repair, Extensor Tendon, Central Slip, Secondar	N								
IN	Medicaid/SCHIP/Family	26428	Repair, Extensor Tendon, Central Slip, Secondar	N								
IN	Medicaid/SCHIP/Family	26432	Closed Treatment, Extensor Tendon, Distal Inse	N								
IN	Medicaid/SCHIP/Family	26433	Repair, Extensor Tendon, Distal Insertion, Prim	N								
IN	Medicaid/SCHIP/Family	26434	Repair, Extensor Tendon, Distal Insertion, Prim	N								
IN	Medicaid/SCHIP/Family	26437	Realignment, Extensor Tendon, Hand, Each Ten	N								
IN	Medicaid/SCHIP/Family	26440	Tenolysis, Flexor Tendon; Palm/Finger, Each Te	N								
IN	Medicaid/SCHIP/Family	26442	Tenolysis, Flexor Tendon; Palm & Finger, Each T	N								
IN	Medicaid/SCHIP/Family	26445	Tenolysis, Extensor Tendon, Hand/Finger; Each	N								
IN	Medicaid/SCHIP/Family	26449	Tenolysis, Complex, Extensor Tendon, Finger, V	N								
IN	Medicaid/SCHIP/Family	26450	Tenotomy, Flexor, Palm, Open, Each Tendon	N								
IN	Medicaid/SCHIP/Family	26455	Tenotomy, Flexor, Finger, Open, Each Tendon	N								
IN	Medicaid/SCHIP/Family	26460	Tenotomy, Extensor, Hand/Finger, Open, Each	N								
IN	Medicaid/SCHIP/Family	26471	Tenodesis; Proximal Interphalangeal Joint, Each	N								
IN	Medicaid/SCHIP/Family	26474	Tenodesis; Distal Joint, Each Joint	N								
IN	Medicaid/SCHIP/Family	26476	Lengthening, Tendon, Extensor, Hand/Finger, E	N								
IN	Medicaid/SCHIP/Family	26477	Shortening, Tendon, Extensor, Hand/Finger, Ea	N								
IN	Medicaid/SCHIP/Family	26478	Lengthening, Tendon, Flexor, Hand/Finger, Eac	N								
IN	Medicaid/SCHIP/Family	26479	Shortening, Tendon, Flexor, Hand/Finger, Each	N								
IN	Medicaid/SCHIP/Family	26480	Tendon Transfer/Transplant, Carpometacarpal/	N					None		None	None
IN	Medicaid/SCHIP/Family	26483	Tendon Transfer/Transplant, Carpometacarpal/	N					None		None	None
IN	Medicaid/SCHIP/Family	26485	Tendon Transfer/Transplant, Palmar; W/O Free	N					None		None	None

IN	Medicaid/SCHIP/Family	26489	Tendon Transfer/Transplant, Palmar; W/Free Tr	N					None	None	None
IN	Medicaid/SCHIP/Family	26490	Opponensplasty; Superficialis Tendon Transfer	N					None	None	None
IN	Medicaid/SCHIP/Family	26492	Opponensplasty; Tendon Transfer W/Graft (Inc	N					MCG: GRG: SG-MS: Musculoskeletal	None	None
IN	Medicaid/SCHIP/Family	26494	Opponensplasty; Hypothenar Muscle Transfer	N							
IN	Medicaid/SCHIP/Family	26496	Opponensplasty; Other Methods	N							
IN	Medicaid/SCHIP/Family	26497	Transfer, Tendon To Restore Intrinsic Function;	N					None	None	None
IN	Medicaid/SCHIP/Family	26498	Transfer, Tendon To Restore Intrinsic Function;	N					None	None	None
IN	Medicaid/SCHIP/Family	26499	Correction Claw Finger, Other Methods	N							
IN	Medicaid/SCHIP/Family	26500	Reconstruction, Tendon Pulley, Each Tendon; V	N							
IN	Medicaid/SCHIP/Family	26502	Reconstruction, Tendon Pulley, Each Tendon; V	N							
IN	Medicaid/SCHIP/Family	26508	Release, Thenar Muscle(S)	N							
IN	Medicaid/SCHIP/Family	26510	Cross Intrinsic Transfer, Each Tendon	N							
IN	Medicaid/SCHIP/Family	26516	Capsulodesis, Metacarpophalangeal Joint; Singl	N							
IN	Medicaid/SCHIP/Family	26517	Capsulodesis, metacarpophalangeal joint; 2 dig	N							
IN	Medicaid/SCHIP/Family	26518	Capsulodesis, metacarpophalangeal joint; 3 or 4	N							
IN	Medicaid/SCHIP/Family	26520	Capsulectomy/Capsulotomy; Metacarpophalan	N							
IN	Medicaid/SCHIP/Family	26525	Capsulectomy/Capsulotomy; Interphalangeal Jc	N							
IN	Medicaid/SCHIP/Family	26530	Arthroplasty, Metacarpophalangeal Joint; Each	N							
IN	Medicaid/SCHIP/Family	26531	Arthroplasty, Metacarpophalangeal Joint; W/Pr	N							
IN	Medicaid/SCHIP/Family	26535	Arthroplasty, Interphalangeal Joint; Each Joint	N							
IN	Medicaid/SCHIP/Family	26536	Arthroplasty, Interphalangeal Joint; W/Prosthesi	N					None	None	None
IN	Medicaid/SCHIP/Family	26540	Repair, Collateral Ligament, Metacarpophalange	N					None	None	None
IN	Medicaid/SCHIP/Family	26541	Reconstruction, Collateral Ligament, Metacarp	N							
IN	Medicaid/SCHIP/Family	26542	Primary Repair, Collateral Ligament, Metacarp	N							
IN	Medicaid/SCHIP/Family	26545	Reconstruction, Collateral Ligament, Interphala	N							
IN	Medicaid/SCHIP/Family	26546	Repair, Nonunion, Metacarpal/Phalanx, (Includi	N							
IN	Medicaid/SCHIP/Family	26548	Repair & Reconstruction, Finger, Volar Plate, In	N							
IN	Medicaid/SCHIP/Family	26550	Pollicization, Digit	N							
IN	Medicaid/SCHIP/Family	26551	Transfer, Toe-To-Hand W/Microvascular Anastom	N							
IN	Medicaid/SCHIP/Family	26553	Transfer, Toe-To-Hand W/Microvascular Anastom	N							
IN	Medicaid/SCHIP/Family	26554	Transfer, Toe-To-Hand W/Microvascular Anastom	N							
IN	Medicaid/SCHIP/Family	26555	Transfer, Finger To Another Position W/O Micro	N							
IN	Medicaid/SCHIP/Family	26556	Transfer, Free Toe Joint, W/Microvascular Anas	N							
IN	Medicaid/SCHIP/Family	26560	Repair, Syndactyly (Web Finger) Each Web Spac	N							
IN	Medicaid/SCHIP/Family	26561	Repair, Syndactyly (Web Finger) Each Web Spac	N					None	None	None
IN	Medicaid/SCHIP/Family	26562	Repair, Syndactyly (Web Finger) Each Web Spac	N					None	None	None
IN	Medicaid/SCHIP/Family	26565	Osteotomy; Metacarpal, Each	N							
IN	Medicaid/SCHIP/Family	26567	Osteotomy; Phalanx, Finger, Each	N							
IN	Medicaid/SCHIP/Family	26568	Osteoplasty, Lengthening, Metacarpal/Phalanx	N							
IN	Medicaid/SCHIP/Family	26580	Repair Cleft Hand	N							
IN	Medicaid/SCHIP/Family	26587	Reconstruction, Polydactylous Digit, Soft Tissue	N							
IN	Medicaid/SCHIP/Family	26590	Repair Macroductyilia, Each Digit	N							
IN	Medicaid/SCHIP/Family	26591	Repair, Intrinsic Muscles, Hand, Each Muscle	N							
IN	Medicaid/SCHIP/Family	26593	Release, Intrinsic Muscles, Hand, Each Muscle	N							
IN	Medicaid/SCHIP/Family	26596	Excision, Constricting Ring, Finger, W/Multiple	N							
IN	Medicaid/SCHIP/Family	26600	Closed Treatment, Metacarpal Fx, Single; W/O I	N							
IN	Medicaid/SCHIP/Family	26605	Closed Treatment, Metacarpal Fx, Single; W/Mi	N							
IN	Medicaid/SCHIP/Family	26607	Closed Treatment, Metacarpal Fx, W/Manipula	N							
IN	Medicaid/SCHIP/Family	26608	Percutaneous Skeletal Fixation, Metacarpal Fx,	N							
IN	Medicaid/SCHIP/Family	26615	Open treatment of metacarpal fracture, single,	N							
IN	Medicaid/SCHIP/Family	26641	Closed Treatment, Carpometacarpal Dislocatio	N							
IN	Medicaid/SCHIP/Family	26645	Closed Treatment, Carpometacarpal Fx/Disloca	N							
IN	Medicaid/SCHIP/Family	26650	Percutaneous skeletal fixation of carpometacar	N							
IN	Medicaid/SCHIP/Family	26665	Open treatment of carpometacarpal fracture di	N							
IN	Medicaid/SCHIP/Family	26670	Closed Tx, Carpometacarpal Dislocation, Non-T	N							
IN	Medicaid/SCHIP/Family	26675	Closed Treatment, Carpometacarpal Dislocatio	N							
IN	Medicaid/SCHIP/Family	26676	Percutaneous Skeletal Fixation, Carpometacarp	N							
IN	Medicaid/SCHIP/Family	26685	Open treatment of carpometacarpal dislocation	N							
IN	Medicaid/SCHIP/Family	26686	Open Treatment, Carpometacarpal Dislocation,	N							

IN	Medicaid/SCHIP/Family 27220	Closed Treatment, Acetabulum (Hip Socket) Fx	N				None	None	None
IN	Medicaid/SCHIP/Family 27222	Closed Treatment, Acetabulum (Hip Socket) Fx	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 27226	Open Treatment, Posterior/Anterior Acetabular	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27227	Open Treatment, Acetabular Fx Involving Anter	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27228	Open Treatment, Acetabular Fx Involving Anter	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27230	Closed Treatment, Femoral Fx, Proximal End, Ni	N						
IN	Medicaid/SCHIP/Family 27232	Closed Treatment, Femoral Fx, Proximal End, Ni	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 27235	Percutaneous Skeletal Fixation, Femoral Fx, Pro	N				None	None	None
IN	Medicaid/SCHIP/Family 27236	Open Treatment, Femoral Fx, Proximal End, Nei	N				This service must be performed in an Inpatient setting.	MCG: RFC: CMG-011-RF: Hip Fractur	None
IN	Medicaid/SCHIP/Family 27238	Closed Treatment, Inter/Per/Subtrochanteric Fi	N						
IN	Medicaid/SCHIP/Family 27240	Closed Treatment, Inter/Per/Subtrochanteric Fi	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 27244	Treatment, Inter/Per/Subtrochanteric Femoral	N				This service must be performed in an Inpatient setting.	MCG: ISC: S-615: Hip Fracture, Oper	None
IN	Medicaid/SCHIP/Family 27245	Open Treatment, Inter/Per/Subtrochanteric Fei	N				This service must be performed in an Inpatient setting.	MCG: ISC: S-615: Hip Fracture, Oper	None
IN	Medicaid/SCHIP/Family 27246	Closed Treatment, Greater Trochanteric Fx, W/	N						
IN	Medicaid/SCHIP/Family 27248	Open treatment of greater trochanteric fractun	N				This service must be performed in an Inpatient setting.	MCG: ISC: S-615: Hip Fracture, Oper	None
IN	Medicaid/SCHIP/Family 27250	Closed Treatment, Hip Dislocation, Traumatic; \	N						
IN	Medicaid/SCHIP/Family 27252	Closed Treatment, Hip Dislocation, Traumatic; F	N						
IN	Medicaid/SCHIP/Family 27253	Open Treatment, Hip Dislocation, Traumatic, W	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27254	Open Treatment, Hip Dislocation, Traumatic, W	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27256	Treatment, Spontaneous Hip Dislocation, Abdu	N						
IN	Medicaid/SCHIP/Family 27257	Treatment, Spontaneous Hip Dislocation, Abdu	N						
IN	Medicaid/SCHIP/Family 27258	Open Treatment, Spontaneous Hip Dislocation,	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27259	Open Treatment, Spontaneous Hip Dislocation,	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 27265	Closed Treatment, Post Hip Arthroplasty Disloc	N						
IN	Medicaid/SCHIP/Family 27266	Closed Treatment, Post Hip Arthroplasty Disloc	N						
IN	Medicaid/SCHIP/Family 27267	Closed treatment of femoral fracture, proximal	N						
IN	Medicaid/SCHIP/Family 27268	Closed treatment of femoral fracture, proximal	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 27269	Open treatment of femoral fracture, proximal e	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5600 Hip Fra	None
IN	Medicaid/SCHIP/Family 27275	Manipulation, Hip Joint, Requiring General Ane	Y				None	None	None
IN	Medicaid/SCHIP/Family 27279	Arthrodesis, sacroiliac joint, percutaneous or m	Y	SURG.00127	AIM		None	None	None
IN	Medicaid/SCHIP/Family 27280	Arthrodesis, Sacroiliac Joint (Including Obtainin	N	SURG.00127			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27282	Arthrodesis, Symphysis Pubis (Including Obtaini	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 27284	Arthrodesis, Hip Joint (Including Obtaining Graf	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27286	Arthrodesis, Hip Joint (Including Obtaining Graf	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27290	Interpelviabdominal Amputation (Hindquarter	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27295	Disarticulation, Hip	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 27299	Unlisted Proc, Pelvis/Hip Joint	N	CG-SURG-85			This is a non-specific CPT code; sj	MCG: GRG: SG-MS: Musculoskeleta	None
IN	Medicaid/SCHIP/Family 27301	Incision & Drainage, Deep Abscess, Bursa/Hemi	N						
IN	Medicaid/SCHIP/Family 27303	Incision, Deep, W/Opening, Bone Cortex, Femu	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 27305	Fasciotomy, Iliotibial (Tenotomy), Open	N						
IN	Medicaid/SCHIP/Family 27306	Tenotomy, Percutaneous, Adductor/Hamstring	N						
IN	Medicaid/SCHIP/Family 27307	Tenotomy, Percutaneous, Adductor/Hamstring	N						
IN	Medicaid/SCHIP/Family 27310	Arthrotomy, Knee, W/Exploration, Drainage/Re	N				None	None	None
IN	Medicaid/SCHIP/Family 27323	Bx, Soft Tissue, Thigh/Knee Area; Superficial	N						
IN	Medicaid/SCHIP/Family 27324	Bx, Soft Tissue, Thigh/Knee Area; Deep (Subfasc	N						
IN	Medicaid/SCHIP/Family 27325	Neurectomy, hamstring muscle	N						
IN	Medicaid/SCHIP/Family 27326	Neurectomy, popliteal (gastrocnemius)	N						
IN	Medicaid/SCHIP/Family 27327	Excision, tumor, soft tissue of thigh or knee are	N						
IN	Medicaid/SCHIP/Family 27328	Excision, tumor, soft tissue of thigh or knee are	N						
IN	Medicaid/SCHIP/Family 27329	Radical resection of tumor (eg, sarcoma), soft ti	N						
IN	Medicaid/SCHIP/Family 27330	Arthrotomy, Knee; W/Synovial Bx Only	N				None	None	None
IN	Medicaid/SCHIP/Family 27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Ren	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 27332	Arthrotomy, W/Excision, Semilunar Cartilage (N	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 27333	Arthrotomy, W/Excision, Semilunar Cartilage (N	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 27334	Arthrotomy, W/Synovectomy Knee; Anterior/Pi	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 27335	Arthrotomy, W/Synovectomy Knee; Anterior &	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 27337	Excision, tumor, soft tissue of thigh or knee are	N						
IN	Medicaid/SCHIP/Family 27339	Excision, tumor, soft tissue of thigh or knee are	N						
IN	Medicaid/SCHIP/Family 27340	Excision, Prepatellar Bursa	N						

IN	Medicaid/SCHIP/Family 27470	Repair, Nonunion/Malunion, Femur, Distal To H	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 27472	Repair, Nonunion/Malunion, Femur, Distal To H	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27475	Arrest, Epiphyseal, Any Method; Distal Femur	N							
IN	Medicaid/SCHIP/Family 27477	Arrest, Epiphyseal, Any Method; Tibia & Fibula	N							
IN	Medicaid/SCHIP/Family 27479	Arrest, Epiphyseal; Combined Distal Femur/Pro	N							
IN	Medicaid/SCHIP/Family 27485	Arrest, Hemiepiphyseal, Distal Femur/Proximal	N							
IN	Medicaid/SCHIP/Family 27486	Revision, Total Knee Arthroplasty, W/Wo Allogr	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 27487	Revision, Total Knee Arthroplasty; Femoral & Er	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 27488	Removal, Knee Prosthesis, Methylmethacrylate	Y		AIM		This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Joint Surgery	None	None
IN	Medicaid/SCHIP/Family 27495	Prophylactic Treatment (Nail/Pin/Plate/Wire), F	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 27496	Decompression Fasciotomy, Thigh &/Or Knee, J	N							
IN	Medicaid/SCHIP/Family 27497	Decompression Fasciotomy, Thigh &/Or Knee, J	N							
IN	Medicaid/SCHIP/Family 27498	Decompression Fasciotomy, Thigh &/Or Knee, I	N							
IN	Medicaid/SCHIP/Family 27499	Decompression Fasciotomy, Thigh &/Or Knee, I	N							
IN	Medicaid/SCHIP/Family 27500	Closed Treatment, Femoral Shaft Fx, W/O Mani	N							
IN	Medicaid/SCHIP/Family 27501	Closed Treatment, Supracondylar/Transcondyla	N							
IN	Medicaid/SCHIP/Family 27502	Closed Treatment, Femoral Shaft Fx, W/Manipu	N							
IN	Medicaid/SCHIP/Family 27503	Closed Treatment, Supracondylar/Transcondyla	N							
IN	Medicaid/SCHIP/Family 27506	Open Treatment, Femoral Shaft Fx, W/Insertio	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27507	Open Treatment, Femoral Shaft Fx W/ Plate/Sc	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27508	Closed Treatment, Femoral Fx, Distal End, Medi	N							
IN	Medicaid/SCHIP/Family 27509	Percutaneous Skeletal Fixation, Femoral Fx, Dis	N							
IN	Medicaid/SCHIP/Family 27510	Closed Treatment, Femoral Fx, Distal End, Medi	N							
IN	Medicaid/SCHIP/Family 27511	Open treatment of femoral supracondylar or tr	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27513	Open treatment of femoral supracondylar or tr	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27514	Open treatment of femoral fracture, distal end,	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27516	Closed Treatment, Distal Femoral Epiphyseal Se	N							
IN	Medicaid/SCHIP/Family 27517	Closed Treatment, Distal Femoral Epiphyseal Se	N							
IN	Medicaid/SCHIP/Family 27519	Open treatment of distal femoral epiphyseal se	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 27520	Closed Treatment, Patellar Fx, W/O Manipulati	N							
IN	Medicaid/SCHIP/Family 27524	Open Treatment, Patellar Fx, W/Int Fixation/Pa	N					None	None	None
IN	Medicaid/SCHIP/Family 27530	Closed Treatment, Tibial Fx, Proximal; W/O Mai	N					None	None	None
IN	Medicaid/SCHIP/Family 27532	Closed Treatment, Tibial Fx, Proximal; W/Wo M	N					None	None	None
IN	Medicaid/SCHIP/Family 27535	Open treatment of tibial fracture, proximal (pla	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27536	Open Treatment, Tibial Fx, Proximal; Bicondylar	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27538	Closed Treatment, Intercondylar Spine/Tuberos	N							
IN	Medicaid/SCHIP/Family 27540	Open treatment of intercondylar spine(s) and/c	N				This service must be performed in an Inpatient setting.	MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family 27550	Closed Treatment, Knee Dislocation; W/O Anes	N							
IN	Medicaid/SCHIP/Family 27552	Closed Treatment, Knee Dislocation; Requiring	N							
IN	Medicaid/SCHIP/Family 27556	Open treatment of knee dislocation, includes in	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 27557	Open treatment of knee dislocation, includes in	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 27558	Open treatment of knee dislocation, includes in	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 27560	Closed Treatment, Patellar Dislocation; W/O Ar	N							
IN	Medicaid/SCHIP/Family 27562	Closed Treatment, Patellar Dislocation; Requir	N							
IN	Medicaid/SCHIP/Family 27566	Open Treatment, Patellar Dislocation, W/Wo Pi	N							
IN	Medicaid/SCHIP/Family 27570	Manipulation, Knee Joint Under General Anesth	N							
IN	Medicaid/SCHIP/Family 27580	Arthrodesis, Knee, Any Technique	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27590	Amputation, Thigh, Through Femur, Any Level;	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5680 Knee:	None	None
IN	Medicaid/SCHIP/Family 27591	Amputation, Thigh, Through Femur, Any Level;	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5680 Knee:	None	None
IN	Medicaid/SCHIP/Family 27592	Amputation, Thigh, Through Femur, Any Level;	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5680 Knee:	None	None
IN	Medicaid/SCHIP/Family 27594	Amputation, Thigh, Through Femur, Any Level;	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5680 Knee:	None	None
IN	Medicaid/SCHIP/Family 27596	Amputation, Thigh, Through Femur, Any Level;	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 27598	Disarticulation At Knee	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5680 Knee:	None	None
IN	Medicaid/SCHIP/Family 27599	Unlisted Proc, Femur/Knee	N		SURG.00053, SURG.00105		This is a non-specific CPT code; see	None	None	None
IN	Medicaid/SCHIP/Family 27600	Decompression Fasciotomy, Leg; Anterior &/Or	N							
IN	Medicaid/SCHIP/Family 27601	Decompression Fasciotomy, Leg; Posterior Cor	N							
IN	Medicaid/SCHIP/Family 27602	Decompression Fasciotomy, Leg; Anterior &/Or	N							
IN	Medicaid/SCHIP/Family 27603	Incision & Drainage, Leg/Ankle; Deep Abscess/I	N							
IN	Medicaid/SCHIP/Family 27604	Incision & Drainage, Leg/Ankle; Infected Bursa	N							

IN	Medicaid/SCHIP/Family	27605	Tenotomy, Percutaneous, Achilles Tendon (Sep	N									
IN	Medicaid/SCHIP/Family	27606	Tenotomy, Percutaneous, Achilles Tendon (Sep	N									
IN	Medicaid/SCHIP/Family	27607	Incision, Leg/Ankle	N									
IN	Medicaid/SCHIP/Family	27610	Arthrotomy, Ankle, W/Exploration, Drainage/R	N					None		None		None
IN	Medicaid/SCHIP/Family	27612	Arthrotomy, Posterior Capsular Release, Ankle,	N					None		None		None
IN	Medicaid/SCHIP/Family	27613	Bx, Soft Tissue, Leg/Ankle Area; Superficial	N									
IN	Medicaid/SCHIP/Family	27614	Bx, Soft Tissue, Leg/Ankle Area; Deep (Subfasci	N									
IN	Medicaid/SCHIP/Family	27615	Radical resection of tumor (eg, sarcoma), soft ti	N									
IN	Medicaid/SCHIP/Family	27616	Radical resection of tumor (eg, sarcoma), soft ti	N									
IN	Medicaid/SCHIP/Family	27618	Excision, tumor, soft tissue of leg or ankle area,	N									
IN	Medicaid/SCHIP/Family	27619	Excision, tumor, soft tissue of leg or ankle area,	N									
IN	Medicaid/SCHIP/Family	27620	Arthrotomy, Ankle, W/Joint Exploration W/Wo	N					None		None		None
IN	Medicaid/SCHIP/Family	27625	Arthrotomy, W/Synovectomy, Ankle;	N					None		None		None
IN	Medicaid/SCHIP/Family	27626	Arthrotomy, W/Synovectomy, Ankle; W/Tenos)	N					None		None		None
IN	Medicaid/SCHIP/Family	27630	Excision, Lesion, Tendon Sheath/Capsule, Leg &	N									
IN	Medicaid/SCHIP/Family	27632	Excision, tumor, soft tissue of leg or ankle area,	N									
IN	Medicaid/SCHIP/Family	27634	Excision, tumor, soft tissue of leg or ankle area,	N									
IN	Medicaid/SCHIP/Family	27635	Excision/Curettage, Bone Cyst/Benign Tumor, T	N									
IN	Medicaid/SCHIP/Family	27637	Excision/Curettage, Bone Cyst/Benign Tumor, T	N									
IN	Medicaid/SCHIP/Family	27638	Excision/Curettage, Bone Cyst/Benign Tumor, T	N									
IN	Medicaid/SCHIP/Family	27640	Partial excision (craterization, saucerization, or	N									
IN	Medicaid/SCHIP/Family	27641	Partial excision (craterization, saucerization, or	N									
IN	Medicaid/SCHIP/Family	27645	Radical resection of tumor; tibia	N									
IN	Medicaid/SCHIP/Family	27646	Radical resection of tumor; fibula	N									
IN	Medicaid/SCHIP/Family	27647	Radical resection of tumor; talus or calcaneus	N									
IN	Medicaid/SCHIP/Family	27648	Injection Proc, Ankle Arthrography	N					None		None		None
IN	Medicaid/SCHIP/Family	27650	Repair, Primary, Open/Percutaneous, Ruptured	N									
IN	Medicaid/SCHIP/Family	27652	Repair, Primary, Open/Percutaneous, Ruptured	N									
IN	Medicaid/SCHIP/Family	27654	Repair, Secondary, Achilles Tendon, W/Wo Graf	N									
IN	Medicaid/SCHIP/Family	27656	Repair, Fascial Defect, Leg	N									
IN	Medicaid/SCHIP/Family	27658	Repair, Flexor Tendon, Leg; Primary, W/O Graft	N									
IN	Medicaid/SCHIP/Family	27659	Repair, Flexor Tendon, Leg; Secondary, W/Wo C	N									
IN	Medicaid/SCHIP/Family	27664	Repair, Extensor Tendon, Leg; Primary, W/O Gr	N									
IN	Medicaid/SCHIP/Family	27665	Repair, Extensor Tendon, Leg; Secondary, W/W	N									
IN	Medicaid/SCHIP/Family	27675	Repair, Dislocating Peroneal Tendons; W/O Fibi	N									
IN	Medicaid/SCHIP/Family	27676	Repair, Dislocating Peroneal Tendons; W/Fibula	N									
IN	Medicaid/SCHIP/Family	27680	Tenolysis, Flexor/Extensor Tendon, Leg &/Or Ar	N					None		None		None
IN	Medicaid/SCHIP/Family	27681	Tenolysis, Flexor/Extensor Tendon, Leg &/Or Ar	N									
IN	Medicaid/SCHIP/Family	27685	Lengthening/Shortening, Tendon, Leg/Ankle; Si	N					None		None		None
IN	Medicaid/SCHIP/Family	27686	Lengthening/Shortening, Tendon, Leg/Ankle; M	N					None		None		None
IN	Medicaid/SCHIP/Family	27687	Gastrocnemius Recession	N									
IN	Medicaid/SCHIP/Family	27690	Transfer/Transplant, Single Tendon; Superficial	N									
IN	Medicaid/SCHIP/Family	27691	Transfer/Transplant, Single Tendon; Deep	N									
IN	Medicaid/SCHIP/Family	27692	Transfer/Transplant, Single Tendon; Add'l Tendi	N									
IN	Medicaid/SCHIP/Family	27695	Repair, Primary, Disrupted Ligament, Ankle; Col	N					None		None		None
IN	Medicaid/SCHIP/Family	27696	Repair, Primary, Disrupted Ligament, Ankle; Bol	N					None		None		None
IN	Medicaid/SCHIP/Family	27698	Repair, Secondary Disrupted Ligament, Ankle, C	N					None		None		None
IN	Medicaid/SCHIP/Family	27700	Arthroplasty, Ankle;	N									
IN	Medicaid/SCHIP/Family	27702	Arthroplasty, Ankle; W/Implant (Total Ankle)	N	CG-SURG-74				This service must be performed i	MCG: GRG: SG-MS: Musculoskeleta	None		None
IN	Medicaid/SCHIP/Family	27703	Arthroplasty, Ankle; Revision, Total Ankle	N	CG-SURG-74				This service must be performed i	None	None		None
IN	Medicaid/SCHIP/Family	27704	Removal, Ankle Implant	N									
IN	Medicaid/SCHIP/Family	27705	Osteotomy; Tibia	N									
IN	Medicaid/SCHIP/Family	27707	Osteotomy; Fibula	N									
IN	Medicaid/SCHIP/Family	27709	Osteotomy; Tibia & Fibula	N									
IN	Medicaid/SCHIP/Family	27712	Osteotomy; Multiple, W/Realignment On Intrar	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	27715	Osteoplasty, Tibia & Fibula, Lengthening/Shorte	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	27720	Repair, Nonunion/Malunion, Tibia; W/O Graft	N									
IN	Medicaid/SCHIP/Family	27722	Repair, Nonunion/Malunion, Tibia; W/Sliding G	N					None		None		None
IN	Medicaid/SCHIP/Family	27724	Repair, Nonunion/Malunion, Tibia; W/Iliac/Oth	N					This service must be performed i	None	None		None

IN	Medicaid/SCHIP/Family	27899	Unlisted Proc, Leg/Ankle	N						This is a non-specific CPT code; specific codes for services should be used when available. A non-specific code may c
IN	Medicaid/SCHIP/Family	28001	Incision & Drainage, Bursa, Foot	N						
IN	Medicaid/SCHIP/Family	28002	Incision & Drainage Below Fascia, W/Wo Tendo	N						
IN	Medicaid/SCHIP/Family	28003	Incision & Drainage Below Fascia, W/Wo Tendo	N						
IN	Medicaid/SCHIP/Family	28005	Incision, Bone Cortex, Foot	N						
IN	Medicaid/SCHIP/Family	28008	Fasciotomy, Foot &/Or Toe	N				None	None	None
IN	Medicaid/SCHIP/Family	28010	Tenotomy, Percutaneous, Toe; Single Tendon	N						
IN	Medicaid/SCHIP/Family	28011	Tenotomy, Percutaneous, Toe; Multiple Tendon	N						
IN	Medicaid/SCHIP/Family	28020	Arthrotomy, W/Exploration/Drainage/Removal	N						
IN	Medicaid/SCHIP/Family	28022	Arthrotomy, W/Exploration/Drainage/Removal	N						
IN	Medicaid/SCHIP/Family	28024	Arthrotomy, W/Exploration/Drainage/Removal	N						
IN	Medicaid/SCHIP/Family	28035	Release, Tarsal Tunnel (Posterior Tibial Nerve D	N				None	None	None
IN	Medicaid/SCHIP/Family	28039	Excision, tumor, soft tissue of foot or toe, subcu	N						
IN	Medicaid/SCHIP/Family	28041	Excision, tumor, soft tissue of foot or toe, subfa	N						
IN	Medicaid/SCHIP/Family	28043	Excision, tumor, soft tissue of foot or toe, subcu	N						
IN	Medicaid/SCHIP/Family	28045	Excision, tumor, soft tissue of foot or toe, subfa	N						
IN	Medicaid/SCHIP/Family	28046	Radical resection of tumor (eg, sarcoma), soft ti	N						
IN	Medicaid/SCHIP/Family	28047	Radical resection of tumor (eg, sarcoma), soft ti	N						
IN	Medicaid/SCHIP/Family	28050	Arthrotomy W/Bx; Intertarsal/Tarsometatarsal	N						
IN	Medicaid/SCHIP/Family	28052	Arthrotomy W/Bx; Metatarsophalangeal Joint	N						
IN	Medicaid/SCHIP/Family	28054	Arthrotomy W/Bx; Interphalangeal Joint	N						
IN	Medicaid/SCHIP/Family	28055	Neurectomy, intrinsic musculature of foot	N						
IN	Medicaid/SCHIP/Family	28060	Fasciectomy, Plantar Fascia; Partial (Sep Proc)	N						
IN	Medicaid/SCHIP/Family	28062	Fasciectomy, Plantar Fascia; Radical (Sep Proc)	N						
IN	Medicaid/SCHIP/Family	28070	Synovectomy; Intertarsal/Tarsometatarsal Joint	N						
IN	Medicaid/SCHIP/Family	28072	Synovectomy; Metatarsophalangeal Joint, Each	N						
IN	Medicaid/SCHIP/Family	28080	Excision, Interdigital (Morton) Neuroma, Single	N				None	None	None
IN	Medicaid/SCHIP/Family	28086	Synovectomy, Tendon Sheath, Foot; Flexor	N						
IN	Medicaid/SCHIP/Family	28088	Synovectomy, Tendon Sheath, Foot; Extensor	N						
IN	Medicaid/SCHIP/Family	28090	Excision, Lesion, Tendon Sheath/Capsule; Foot	N						
IN	Medicaid/SCHIP/Family	28092	Excision, Lesion, Tendon Sheath/Capsule; Toes	N						
IN	Medicaid/SCHIP/Family	28100	Excision/Curettage, Bone Cyst/Benign Tumor, T	N						
IN	Medicaid/SCHIP/Family	28102	Excision/ Curettage, Bone Cyst/Benign Tumor, T	N						
IN	Medicaid/SCHIP/Family	28103	Excision/Curettage, Bone Cyst/Benign Tumor, T	N						
IN	Medicaid/SCHIP/Family	28104	Excision/Curettage, Bone Cyst/Benign Tumor, T	N						
IN	Medicaid/SCHIP/Family	28106	Excision/Curet, Bone Cyst/Benign Tumor, Tarsal/I	N						
IN	Medicaid/SCHIP/Family	28107	Excision/Curettage, Bone Cyst/Benign Tumor, Tai	N						
IN	Medicaid/SCHIP/Family	28108	Excision/Curettage, Bone Cyst/Benign Tumor, P	N						
IN	Medicaid/SCHIP/Family	28110	Ostectomy, Partial Excision, 5th Metatarsal He	N				None	None	None
IN	Medicaid/SCHIP/Family	28111	Ostectomy, Complete Excision; 1st Metatarsal I	N						
IN	Medicaid/SCHIP/Family	28112	Ostectomy, Complete Excision; Other Metatars	N						
IN	Medicaid/SCHIP/Family	28113	Ostectomy, Complete Excision; 5th Metatarsal	N						
IN	Medicaid/SCHIP/Family	28114	Ostectomy, Complete Excision; All Metatarsal He	N						
IN	Medicaid/SCHIP/Family	28116	Ostectomy, Excision, Tarsal Coalition	N						
IN	Medicaid/SCHIP/Family	28118	Ostectomy, Calcaneus;	N						
IN	Medicaid/SCHIP/Family	28119	Ostectomy, Calcaneus; Spur, W/Wo Plantar Fas	N				None	None	None
IN	Medicaid/SCHIP/Family	28120	Partial Excision, Bone; Talus/Calcaneus	N						
IN	Medicaid/SCHIP/Family	28122	Partial Excision, Bone; Tarsal/Metatarsal Bone,	N						
IN	Medicaid/SCHIP/Family	28124	Partial Excision, Bone; Phalanx, Toe	N						
IN	Medicaid/SCHIP/Family	28126	Resection, Partial/Complete, Phalangeal Base, F	N						
IN	Medicaid/SCHIP/Family	28130	Talectomy (Astragalectomy)	N						
IN	Medicaid/SCHIP/Family	28140	Metatarsectomy	N						
IN	Medicaid/SCHIP/Family	28150	Phalangectomy, Toe, Each Toe	N						
IN	Medicaid/SCHIP/Family	28153	Resection, Condyle(S), Distal End, Phalanx, Each	N						
IN	Medicaid/SCHIP/Family	28160	Hemiphalangectomy/Interphalangeal Joint Exc	N				None	None	None
IN	Medicaid/SCHIP/Family	28171	Radical resection of tumor; tarsal (except talus	N						
IN	Medicaid/SCHIP/Family	28173	Radical resection of tumor; metatarsal	N						
IN	Medicaid/SCHIP/Family	28175	Radical resection of tumor; phalanx of toe	N						
IN	Medicaid/SCHIP/Family	28190	Removal, Fb, Foot; Subq	N						

IN	Medicaid/SCHIP/Family	28192	Removal, Fb, Foot; Deep	N						
IN	Medicaid/SCHIP/Family	28193	Removal, Fb, Foot; Complicated	N						
IN	Medicaid/SCHIP/Family	28200	Repair, Tendon, Flexor, Foot; Primary/Secondar	N						
IN	Medicaid/SCHIP/Family	28202	Repair, Tendon, Flexor, Foot; Secondary W/Fre	N						
IN	Medicaid/SCHIP/Family	28208	Repair, Tendon, Extensor, Foot; Primary/Secon	N						
IN	Medicaid/SCHIP/Family	28210	Repair, Tendon, Extensor, Foot; Secondary W/F	N						
IN	Medicaid/SCHIP/Family	28220	Tenolysis, Flexor, Foot; Single Tendon	N						
IN	Medicaid/SCHIP/Family	28222	Tenolysis, Flexor, Foot; Multiple Tendons	N						
IN	Medicaid/SCHIP/Family	28225	Tenolysis, Extensor, Foot; Single Tendon	N						
IN	Medicaid/SCHIP/Family	28226	Tenolysis, Extensor, Foot; Multiple Tendons	N						
IN	Medicaid/SCHIP/Family	28230	Tenotomy, Open, Tendon Flexor; Foot, Single/N	N						
IN	Medicaid/SCHIP/Family	28232	Tenotomy, Open, Tendon Flexor; Toe, Single Te	N						
IN	Medicaid/SCHIP/Family	28234	Tenotomy, Open, Extensor, Foot/Toe, Each Ten	N						
IN	Medicaid/SCHIP/Family	28238	Reconstruction, Posterior Tibial Tendon, Excisio	N						
IN	Medicaid/SCHIP/Family	28240	Tenotomy, Lengthening/Release, Abductor Hall	N						
IN	Medicaid/SCHIP/Family	28250	Division, Plantar Fascia & Muscle (Sep Proc)	N				None	None	None
IN	Medicaid/SCHIP/Family	28260	Capsulotomy, Midfoot; Medial Release Only (Se	N						
IN	Medicaid/SCHIP/Family	28261	Capsulotomy, Midfoot; W/Tendon Lengthening	N						
IN	Medicaid/SCHIP/Family	28262	Capsulotomy, Midfoot; Extensive, Inc Post Talo	N						
IN	Medicaid/SCHIP/Family	28264	Capsulotomy, Midtarsal	N						
IN	Medicaid/SCHIP/Family	28270	Capsulotomy; Metatarsophalangeal Joint, W/W	N						
IN	Medicaid/SCHIP/Family	28272	Capsulotomy; Interphalangeal Joint, Each Joint	N						
IN	Medicaid/SCHIP/Family	28280	Syndactylization, Toes	N						
IN	Medicaid/SCHIP/Family	28285	Correction, Hammertoe	N				None	None	None
IN	Medicaid/SCHIP/Family	28286	Correction, Cock-Up Fifth Toe, W/Plastic Skin Cl	N						
IN	Medicaid/SCHIP/Family	28288	Ostectomy, Partial, Exostectomy/Condylectom	N				None	None	None
IN	Medicaid/SCHIP/Family	28289	Hallux rigidus correction with cheilectomy, debi	N						
IN	Medicaid/SCHIP/Family	28291	Hallux rigidus correction with cheilectomy, debi	N						
IN	Medicaid/SCHIP/Family	28292	Correction, hallux valgus (bunionectomy), with	N				None	None	None
IN	Medicaid/SCHIP/Family	28295	Correction, hallux valgus (bunion), with or with	N						
IN	Medicaid/SCHIP/Family	28296	Correction, hallux valgus (bunionectomy), with	N				None	None	None
IN	Medicaid/SCHIP/Family	28297	Correction, hallux valgus (bunion), with or with	N				None	None	None
IN	Medicaid/SCHIP/Family	28298	Correction, hallux valgus (bunionectomy), with	N						
IN	Medicaid/SCHIP/Family	28299	Correction, hallux valgus (bunionectomy), with	N						
IN	Medicaid/SCHIP/Family	28300	Osteotomy; Calcaneus, W/Wo Int Fixation	N				None	None	None
IN	Medicaid/SCHIP/Family	28302	Osteotomy; Talus	N						
IN	Medicaid/SCHIP/Family	28304	Osteotomy, Tarsal Bones, Other Than Calcaneu	N						
IN	Medicaid/SCHIP/Family	28305	Osteotomy, Tarsal Bones, Other Than Calcaneu	N						
IN	Medicaid/SCHIP/Family	28306	Osteotomy, Metatarsal, W/Wo Lengthening/Sh	N				None	None	None
IN	Medicaid/SCHIP/Family	28307	Osteotomy, Metatarsal, W/Wo Lengthening/Sh	N						
IN	Medicaid/SCHIP/Family	28308	Osteotomy, Metatarsal, W/Wo Lengthening/Sh	N				None	None	None
IN	Medicaid/SCHIP/Family	28309	Osteotomy, Metatarsal, W/Wo Lengthening/Sh	N						
IN	Medicaid/SCHIP/Family	28310	Osteotomy, Shortening, Angular/Rotational Cor	N				None	None	None
IN	Medicaid/SCHIP/Family	28312	Osteotomy, Shortening, Angular/Rotational Cor	N						
IN	Medicaid/SCHIP/Family	28313	Reconstruction, Angular Deformity, Toe, Soft Ti	N						
IN	Medicaid/SCHIP/Family	28315	Sesamoidectomy, 1st Toe (Sep Proc)	N						
IN	Medicaid/SCHIP/Family	28320	Repair, Nonunion/Malunion; Tarsal Bones	N						
IN	Medicaid/SCHIP/Family	28322	Repair, Nonunion/Malunion; Metatarsal, W/Wo	N						
IN	Medicaid/SCHIP/Family	28340	Reconstruction, Toe, Macroductly; Soft Tissue	N						
IN	Medicaid/SCHIP/Family	28341	Reconstruction, Toe, Macroductly; Requiring B	N						
IN	Medicaid/SCHIP/Family	28344	Reconstruction, Toe(S); Polyductly	N						
IN	Medicaid/SCHIP/Family	28345	Reconstruction, Toe(S); Syndactly, W/Wo Skin	N						
IN	Medicaid/SCHIP/Family	28360	Reconstruction, Cleft Foot	N						
IN	Medicaid/SCHIP/Family	28400	Closed Treatment, Calcaneal Fx; W/O Manipula	N						
IN	Medicaid/SCHIP/Family	28405	Closed Treatment, Calcaneal Fx; W/Manipulati	N						
IN	Medicaid/SCHIP/Family	28406	Percutaneous Skeletal Fixation, Calcaneal Fx, W	N						
IN	Medicaid/SCHIP/Family	28415	Open treatment of calcaneal fracture, includes	N						
IN	Medicaid/SCHIP/Family	28420	Open treatment of calcaneal fracture, includes	N						
IN	Medicaid/SCHIP/Family	28430	Closed Treatment, Talus Fx; W/O Manipulation	N						

IN	Medicaid/SCHIP/Family	28435	Closed Treatment, Talus Fx; W/Manipulation	N							
IN	Medicaid/SCHIP/Family	28436	Percutaneous Skeletal Fixation, Talus Fx, W/Ma	N							
IN	Medicaid/SCHIP/Family	28445	Open treatment of talus fracture, includes inter	N							
IN	Medicaid/SCHIP/Family	28446	Open osteochondral autograft, talus (includes c	Y		AIM		AIM Musculoskeletal: Joint Surgery	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	28450	Treatment, Tarsal Bone Fx (Except Talus & Calc	N							
IN	Medicaid/SCHIP/Family	28455	Treatment, Tarsal Bone Fx (Except Talus & Calc	N							
IN	Medicaid/SCHIP/Family	28456	Percutaneous Skeletal Fixation, Tarsal Fx, W/Mi	N							
IN	Medicaid/SCHIP/Family	28465	Open treatment of tarsal bone fracture (except	N							
IN	Medicaid/SCHIP/Family	28470	Closed Treatment, Metatarsal Fx; W/O Manipu	N							
IN	Medicaid/SCHIP/Family	28475	Closed Treatment, Metatarsal Fx; W/Manipula	N							
IN	Medicaid/SCHIP/Family	28476	Percutaneous Skeletal Fixation, Metatarsal Fx,	N							
IN	Medicaid/SCHIP/Family	28485	Open treatment of metatarsal fracture, include	N							
IN	Medicaid/SCHIP/Family	28490	Closed Treatment, Fx Great Toe, Phalanx/Phala	N							
IN	Medicaid/SCHIP/Family	28495	Closed Treatment, Fx Great Toe, Phalanx/Phala	N							
IN	Medicaid/SCHIP/Family	28496	Percutaneous Skeletal Fixation, Fx Great Toe, P	N							
IN	Medicaid/SCHIP/Family	28505	Open treatment of fracture, great toe, phalanx	N							
IN	Medicaid/SCHIP/Family	28510	Closed Treatment, Fx, Phalanx/Phalanges, Not	N							
IN	Medicaid/SCHIP/Family	28515	Closed Treatment, Fx, Phalanx/Phalanges, Not	N							
IN	Medicaid/SCHIP/Family	28525	Open treatment of fracture, phalanx or phalang	N							
IN	Medicaid/SCHIP/Family	28530	Closed Treatment, Sesamoid Fx	N							
IN	Medicaid/SCHIP/Family	28531	Open Treatment, Sesamoid Fx, W/Wo Int Fixati	N							
IN	Medicaid/SCHIP/Family	28540	Closed Treatment, Tarsal Bone Dislocation, Oth	N							
IN	Medicaid/SCHIP/Family	28545	Closed Treatment, Tarsal Bone Dislocation, Oth	N							
IN	Medicaid/SCHIP/Family	28546	Percutaneous Skeletal Fixation, Tarsal Dislocati	N							
IN	Medicaid/SCHIP/Family	28555	Open treatment of tarsal bone dislocation, incli	N							
IN	Medicaid/SCHIP/Family	28570	Closed Treatment, Talotarsal Joint Dislocation;	N							
IN	Medicaid/SCHIP/Family	28575	Closed Treatment, Talotarsal Joint Dislocation;	N							
IN	Medicaid/SCHIP/Family	28576	Percutaneous Skeletal Fixation, Talotarsal Joint	N							
IN	Medicaid/SCHIP/Family	28585	Open treatment of talotarsal joint dislocation, i	N							
IN	Medicaid/SCHIP/Family	28600	Closed Treatment, Tarsometatarsal Joint Disloc	N							
IN	Medicaid/SCHIP/Family	28605	Closed Treatment, Tarsometatarsal Joint Disloc	N							
IN	Medicaid/SCHIP/Family	28606	Percutaneous Skeletal Fixation, Tarsometatarsa	N							
IN	Medicaid/SCHIP/Family	28615	Open treatment of tarsometatarsal joint disloc	N							
IN	Medicaid/SCHIP/Family	28630	Closed Treatment, Metatarsophalangeal Joint C	N							
IN	Medicaid/SCHIP/Family	28635	Closed Treatment, Metatarsophalangeal Joint C	N							
IN	Medicaid/SCHIP/Family	28636	Percutaneous Skeletal Fixation, Metatarsophala	N							
IN	Medicaid/SCHIP/Family	28645	Open treatment of metatarsophalangeal joint c	N							
IN	Medicaid/SCHIP/Family	28660	Closed Treatment, Interphalangeal Joint Disloc	N				None	None		None
IN	Medicaid/SCHIP/Family	28665	Closed Treatment, Interphalangeal Joint Disloc	N							
IN	Medicaid/SCHIP/Family	28666	Percutaneous Skeletal Fixation, Interphalangea	N							
IN	Medicaid/SCHIP/Family	28675	Open treatment of interphalangeal joint disloc	N							
IN	Medicaid/SCHIP/Family	28705	Arthrodesis; Pantalar	N							
IN	Medicaid/SCHIP/Family	28715	Arthrodesis; Triple	N				None	None		None
IN	Medicaid/SCHIP/Family	28725	Arthrodesis; Subtalar	N							
IN	Medicaid/SCHIP/Family	28730	Arthrodesis, Midtarsal/Tarsometatarsal, Multip	N							
IN	Medicaid/SCHIP/Family	28735	Arthrodesis, Midtarsal/Tarsometatarsal, Multip	N							
IN	Medicaid/SCHIP/Family	28737	Arthrodesis, W/Tendon Lengthening/Advancen	N							
IN	Medicaid/SCHIP/Family	28740	Arthrodesis, Midtarsal/Tarsometatarsal, Single	N							
IN	Medicaid/SCHIP/Family	28750	Arthrodesis, Great Toe; Metatarsophalangeal J	N				None	None		None
IN	Medicaid/SCHIP/Family	28755	Arthrodesis, Great Toe; Interphalangeal Joint	N							
IN	Medicaid/SCHIP/Family	28760	Arthrodesis, Great Toe, Interphalangeal, W/Ext	N							
IN	Medicaid/SCHIP/Family	28800	Amputation, Foot; Midtarsal	N				This service must be performed i	MCG RFC(Post Acute)S-5500 Foot: T	None	None
IN	Medicaid/SCHIP/Family	28805	Amputation, Foot; Transmetatarsal	N					MCG RFC(Post Acute)S-5500 Foot: T	None	None
IN	Medicaid/SCHIP/Family	28810	Amputation, Metatarsal, W/Toe, Single	N				None	None	None	None
IN	Medicaid/SCHIP/Family	28820	Amputation, Toe; Metatarsophalangeal Joint	N				None	None	None	None
IN	Medicaid/SCHIP/Family	28825	Amputation, Toe; Interphalangeal Joint	N				None	None	None	None
IN	Medicaid/SCHIP/Family	28890	Extracorporeal shock wave, high energy, perfor	N		SURG.00045		None	None	None	None
IN	Medicaid/SCHIP/Family	28899	Unlisted Proc, Foot/Toes	N		SURG.00100, SURG.00104, SURG.00147		This is a non-specific CPT code; s	None	None	None
IN	Medicaid/SCHIP/Family	29000	Application, Halo Type Body Cast (See 20661-2)	N							

IN	Medicaid/SCHIP/Family	29010	Application, Risser Jacket, Localizer, Body; Only	N							
IN	Medicaid/SCHIP/Family	29015	Application, Risser Jacket, Localizer, Body; W/H	N							
IN	Medicaid/SCHIP/Family	29035	Application, Body Cast, Shoulder To Hips;	N							
IN	Medicaid/SCHIP/Family	29040	Application, Body Cast, Shoulder To Hips; W/He	N							
IN	Medicaid/SCHIP/Family	29044	Application of body cast, shoulder to hips; inclu	N							
IN	Medicaid/SCHIP/Family	29046	Application, Body Cast, Shoulder To Hips; W/Bo	N							
IN	Medicaid/SCHIP/Family	29049	Application, Cast; Figure-Of-Eight	N							
IN	Medicaid/SCHIP/Family	29055	Application, Cast; Shoulder Spica	N							
IN	Medicaid/SCHIP/Family	29058	Application, Cast; Plaster Velpeau	N							
IN	Medicaid/SCHIP/Family	29065	Application, Cast; Shoulder To Hand (Long Arm)	N							
IN	Medicaid/SCHIP/Family	29075	Application, Cast; Elbow To Finger (Short Arm)	N							
IN	Medicaid/SCHIP/Family	29085	Application, Cast; Hand & Lower Forearm (Gaur	N							
IN	Medicaid/SCHIP/Family	29086	Application, Cast; Finger (Contracture)	N							
IN	Medicaid/SCHIP/Family	29105	Application, Long Arm Splint (Shoulder To Hand	N							
IN	Medicaid/SCHIP/Family	29125	Application, Short Arm Splint (Forearm To Hand	N							
IN	Medicaid/SCHIP/Family	29126	Application, Short Arm Splint (Forearm To Hand	N							
IN	Medicaid/SCHIP/Family	29130	Application, Finger Splint; Static	N							
IN	Medicaid/SCHIP/Family	29131	Application, Finger Splint; Dynamic	N							
IN	Medicaid/SCHIP/Family	29200	Strapping; Thorax	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29240	Strapping; Shoulder (Velpeau)	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29260	Strapping; Elbow/Wrist	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29280	Strapping; Hand/Finger	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29305	Application, Hip Spica Cast; One Leg	N							
IN	Medicaid/SCHIP/Family	29325	Application of hip spica cast; 1 and 1/2 spica or	N							
IN	Medicaid/SCHIP/Family	29345	Application, Long Leg Cast (Thigh To Toes);	N							
IN	Medicaid/SCHIP/Family	29355	Application, Long Leg Cast (Thigh To Toes); Wal	N							
IN	Medicaid/SCHIP/Family	29358	Application, Long Leg Cast Brace	N							
IN	Medicaid/SCHIP/Family	29365	Application, Cylinder Cast (Thigh To Ankle)	N							
IN	Medicaid/SCHIP/Family	29405	Application, Short Leg Cast (Below Knee To Toe	N							
IN	Medicaid/SCHIP/Family	29425	Application, Short Leg Cast (Below Knee To Toe	N							
IN	Medicaid/SCHIP/Family	29435	Application, Patellar Tendon Bearing Cast	N							
IN	Medicaid/SCHIP/Family	29440	Adding Walker To Previously Applied Cast	N							
IN	Medicaid/SCHIP/Family	29445	Application, Rigid Total Contact Leg Cast	N							
IN	Medicaid/SCHIP/Family	29450	Application, Clubfoot Cast W/Molding/Manipul	N							
IN	Medicaid/SCHIP/Family	29505	Application, Long Leg Splint (Thigh To Ankle/To	N							
IN	Medicaid/SCHIP/Family	29515	Application, Short Leg Splint (Calf To Foot)	N							
IN	Medicaid/SCHIP/Family	29520	Strapping; Hip	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29530	Strapping; Knee	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29540	Strapping; Ankle &/Or Foot	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29550	Strapping; Toes	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29580	Strapping; Unna Boot	N							
IN	Medicaid/SCHIP/Family	29581	Application of multi-layer compression system;	N							
IN	Medicaid/SCHIP/Family	29584	Application Of Multi-Layer Compression System	N							
IN	Medicaid/SCHIP/Family	29700	Removal/Bivalving; Gauntlet, Boot/Body Cast	N							
IN	Medicaid/SCHIP/Family	29705	Removal/Bivalving; Full Arm/Full Leg Cast	N							
IN	Medicaid/SCHIP/Family	29710	Removal/Bivalving; Shoulder/Hip Spica, Minerv	N							
IN	Medicaid/SCHIP/Family	29720	Repair, Spica, Body Cast/Jacket	N							
IN	Medicaid/SCHIP/Family	29730	Windowing, Cast	N							
IN	Medicaid/SCHIP/Family	29740	Wedging, Cast (Except Clubfoot Casts)	N							
IN	Medicaid/SCHIP/Family	29750	Wedging, Clubfoot Cast	N							
IN	Medicaid/SCHIP/Family	29799	Unlisted Proc, Casting/Strapping	N	CG-MED-54			None	None	None	
IN	Medicaid/SCHIP/Family	29800	Arthroscopy, Temporomandibular Joint, Dx W/A	N	CG-SURG-09			MCG: GRG: SG-HNS: Head and Neck	None	None	
IN	Medicaid/SCHIP/Family	29804	Arthroscopy, Temporomandibular Joint, Surgical	N	CG-SURG-09			MCG: GRG: SG-HNS: Head and Neck	None	None	
IN	Medicaid/SCHIP/Family	29805	Arthroscopy, Shoulder, Dx, W/Wo Synovial Bx (	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None	
IN	Medicaid/SCHIP/Family	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaph	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	29807	Arthroscopy, Shoulder, Surgical; Repair, Slap Le	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	29819	Arthroscopy, Shoulder, Surgical; W/Removal, Lc	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None	
IN	Medicaid/SCHIP/Family	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Y	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None	
IN	Medicaid/SCHIP/Family	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Y	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None	

IN	Medicaid/SCHIP/Family	29822	Arthroscopy, Shoulder, Surgical; Debridement, I	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29823	Arthroscopy, Shoulder, Surgical; Debridement, I	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29824	Arthroscopy, Shoulder, Surgical; Distal Clavicle	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29825	Arthroscopy, Shoulder, Surgical; W/Lysis & Rese	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29826	Arthroscopy, shoulder, surgical; decompression	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29827	Arthroscopy, Shoulder, Surgical; W/Rotator Cuf	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29828	Arthroscopy, shoulder, surgical; biceps tenodes	Y		AIM		MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29830	Arthroscopy, Elbow, Dx, W/Wo Synovial Bx (Sep	N						
IN	Medicaid/SCHIP/Family	29834	Arthroscopy, Elbow, Surgical; W/Removal, Loos	N				None	None	None
IN	Medicaid/SCHIP/Family	29835	Arthroscopy, Elbow, Surgical; Synovectomy, Pai	N						
IN	Medicaid/SCHIP/Family	29836	Arthroscopy, Elbow, Surgical; Synovectomy, Coi	N						
IN	Medicaid/SCHIP/Family	29837	Arthroscopy, Elbow, Surgical; Debridement, Lir	N				None	None	None
IN	Medicaid/SCHIP/Family	29838	Arthroscopy, Elbow, Surgical; Debridement, Ext	N				None	None	None
IN	Medicaid/SCHIP/Family	29840	Arthroscopy, Wrist, Dx, W/Wo Synovial Bx (Sep	N				None	None	None
IN	Medicaid/SCHIP/Family	29843	Arthroscopy, Wrist, Surgical; Infection, Lavage &	N				None	None	None
IN	Medicaid/SCHIP/Family	29844	Arthroscopy, Wrist, Surgical; Synovectomy, Pari	N				None	None	None
IN	Medicaid/SCHIP/Family	29845	Arthroscopy, Wrist, Surgical; Synovectomy, Con	N				None	None	None
IN	Medicaid/SCHIP/Family	29846	Arthroscopy, Wrist, Surgical; Excision/Repair, Tr	N				None	None	None
IN	Medicaid/SCHIP/Family	29847	Arthroscopy, Wrist, Surgical; Int Fixation, Fx/Ins	N				None	None	None
IN	Medicaid/SCHIP/Family	29848	Endoscopy, Wrist, Surgical, W/Release, Transve	N						
IN	Medicaid/SCHIP/Family	29850	Arthroscopically Aided Treatment, Fx, Knee W/	N				MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29851	Arthroscopically Aided Treatment, Fx, Knee W/	N				MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29855	Arthroscopically aided treatment of tibial fractu	N				MCG RFC(Post Acute)S-5760 Knee: I	None	None
IN	Medicaid/SCHIP/Family	29856	Arthroscopically aided treatment of tibial fractu	N				MCG RFC(Post Acute)S-5760 Knee: I	None	None
IN	Medicaid/SCHIP/Family	29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Pr	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/I	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/A	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29863	Arthroscopy, Hip, Surgical; W/Synovectomy	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29866	Arthroscopy, knee, surgical; osteochondral aut	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	29867	Arthroscopy, Knee, Surgical; Osteochondral Allc	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	29868	Arthroscopy, Knee, Surgical; Meniscal Transpl	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29871	Arthroscopy, Knee, Surgical; Infection, Lavage &	N				AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29873	Arthroscopy, Knee, Surgical; W/Lateral Release	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Ft	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limi	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29876	Arthroscopy, knee, surgical; synovectomy, majr	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29877	Arthroscopy, Knee, Surgical; Debridement/Shav	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29879	Arthroscopy, Knee, Surgical; Abrasion Arthropla	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29880	Arthroscopy, knee, surgical; with meniscectom	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29881	Arthroscopy, knee, surgical; with meniscectom	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repai	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repai	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesion	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondri	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Oste	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Oste	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29888	Arthroscopically Aided Anterior Cruciate Ligam	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29889	Arthroscopically Aided Posterior Cruciate Ligam	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29891	Arthroscopy, Ankle, Surgical; Excision Osteocho	N				None	None	None
IN	Medicaid/SCHIP/Family	29892	Arthroscopically Aided Repair, Osteochondritis	Y		AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family	29893	Endoscopic Plantar Fasciotomy	N				MCG: GRG: SG-MS: Musculoskeleta	None	None
IN	Medicaid/SCHIP/Family	29894	Arthroscopy, Ankle (Tibiotalar & Fibulotalar Joi	N				None	None	None
IN	Medicaid/SCHIP/Family	29895	Arthroscopy, Ankle (Tibiotalar & Fibulotalar Joi	N				None	None	None
IN	Medicaid/SCHIP/Family	29897	Arthroscopy, Ankle (Tibiotalar & Fibulotalar Joi	N				None	None	None
IN	Medicaid/SCHIP/Family	29898	Arthroscopy, Ankle (Tibiotalar & Fibulotalar Joi	N				None	None	None
IN	Medicaid/SCHIP/Family	29899	Arthroscopy, Ankle, Surgical; W/Ankle Arthrode	N						
IN	Medicaid/SCHIP/Family	29900	Arthroscopy, Metacarpophalangeal Joint, Diagn	N				This is a non-specific CPT code; s	None	None
IN	Medicaid/SCHIP/Family	29901	Arthroscopy, Metacarpophalangeal Joint, Surgi	N						

IN	Medicaid/SCHIP/Family 29902	Arthroscopy, Metacarpophalangeal Joint, Surgi	N							
IN	Medicaid/SCHIP/Family 29904	Arthroscopy, subtalar joint, surgical; with remo	N					None	None	None
IN	Medicaid/SCHIP/Family 29905	Arthroscopy, subtalar joint, surgical; with synov	N					None	None	None
IN	Medicaid/SCHIP/Family 29906	Arthroscopy, subtalar joint, surgical; with debri	N					None	None	None
IN	Medicaid/SCHIP/Family 29907	Arthroscopy, subtalar joint, surgical; with subtal	N					None	None	None
IN	Medicaid/SCHIP/Family 29914	Arthroscopy, hip, surgical; with femoroplasty (ii	Y			AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 29915	Arthroscopy, subtalar joint, surgical; with aceta	Y			AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 29916	Arthroscopy, subtalar joint, surgical; with labral	Y			AIM		AIM Musculoskeletal: Joint Surgery;	None	None
IN	Medicaid/SCHIP/Family 29999	Unlisted Proc, Arthroscopy	N	SURG.00088, SURG.00043			This is a non-specific CPT code; st	None	None	None
IN	Medicaid/SCHIP/Family 30000	Drainage Abscess/Hematoma, Nasal, Int Appro	N					None	None	None
IN	Medicaid/SCHIP/Family 30020	Drainage Abscess/Hematoma, Nasal Septum	N							
IN	Medicaid/SCHIP/Family 3006F	Chest X-ray results documented and reviewed (	R							
IN	Medicaid/SCHIP/Family 3008F	Body Mass Index (BMI), documented (PV)	R							
IN	Medicaid/SCHIP/Family 30100	Bx, Intranasal	N					None	None	None
IN	Medicaid/SCHIP/Family 30110	Excision, Nasal Polyp(S), Simple	N	CG-SURG-87				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 30115	Excision, Nasal Polyp(S), Extensive	N	CG-SURG-87				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 30117	Excision/Destruction, Intranasal Lesion; Int App	N	SURG.00157				None	None	None
IN	Medicaid/SCHIP/Family 30118	Excision/Destruction, Intranasal Lesion; Ext App	N							
IN	Medicaid/SCHIP/Family 3011F	Lipid panel results documented and reviewed (i	N							
IN	Medicaid/SCHIP/Family 30120	Excision/Surgical Planing, Skin, Nose, Rhinophyr	Y	ANC.00008				None	None	None
IN	Medicaid/SCHIP/Family 30124	Excision Dermoid Cyst, Nose; Simple, Skin, Subc	N							
IN	Medicaid/SCHIP/Family 30125	Excision Dermoid Cyst, Nose; Complex, Under B	N							
IN	Medicaid/SCHIP/Family 30130	Excision inferior turbinate, partial or complete,	N	SURG.00096, CG-SURG-87				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 30140	Submucous resection inferior turbinate, partial	N	SURG.00096, CG-SURG-87				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 3014F	Screening mammography results documented ;	R							
IN	Medicaid/SCHIP/Family 30150	Rhinectomy; Partial	N							
IN	Medicaid/SCHIP/Family 3015F	Cervical cancer screening results documented a	R							
IN	Medicaid/SCHIP/Family 30160	Rhinectomy; Total	N							
IN	Medicaid/SCHIP/Family 3016F	Patient screened for unhealthy alcohol use usin	R							
IN	Medicaid/SCHIP/Family 3017F	Colorectal cancer screening results documente	R							
IN	Medicaid/SCHIP/Family 3018F	Pre-procedure risk assessment AND depth of in	R							
IN	Medicaid/SCHIP/Family 3019F	Left Ventricular Ejection Fraction (Lvef) Assessn	R							
IN	Medicaid/SCHIP/Family 30200	Injection Into Turbinate(S), Therapeutic	N							
IN	Medicaid/SCHIP/Family 3020F	Left ventricular function (LVF) assessment (eg, r	R							
IN	Medicaid/SCHIP/Family 30210	Displacement Therapy (Proetz Type)	N							
IN	Medicaid/SCHIP/Family 3021F	Left ventricular ejection fraction (LVEF) < 40% o	R							
IN	Medicaid/SCHIP/Family 30220	Insertion, Nasal Septal Prosthesis (Button)	N							
IN	Medicaid/SCHIP/Family 3022F	Left ventricular ejection fraction (LVEF) >= 40%	R							
IN	Medicaid/SCHIP/Family 3023F	Spirometry results documented and reviewed (	N							
IN	Medicaid/SCHIP/Family 3025F	Spirometry test results demonstrate FEV1/FVC	R							
IN	Medicaid/SCHIP/Family 3027F	Spirometry test results demonstrate FEV1/FVC	R							
IN	Medicaid/SCHIP/Family 3028F	Oxygen saturation results documented and rev	R							
IN	Medicaid/SCHIP/Family 30300	Removal Fb, Intranasal; Office Type Proc	N					None	None	None
IN	Medicaid/SCHIP/Family 30310	Removal Fb, Intranasal; Requiring General Anes	N							
IN	Medicaid/SCHIP/Family 30320	Removal Fb, Intranasal; Lateral Rhinotomy	N							
IN	Medicaid/SCHIP/Family 3035F	Oxygen saturation less than or equal to 88% or	R							
IN	Medicaid/SCHIP/Family 3037F	Oxygen saturation greater than 88% or PaO2 gr	R							
IN	Medicaid/SCHIP/Family 3038F	Pulmonary function test performed within 12 m	R							
IN	Medicaid/SCHIP/Family 30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &	Y	ANC.00008				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 3040F	Functional expiratory volume (FEV1) < 40% of p	R							
IN	Medicaid/SCHIP/Family 30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bx	Y	ANC.00008				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 30420	Rhinoplasty, Primary; W/Major Septal Repair	Y	ANC.00008				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 3042F	Functional expiratory volume (FEV1) >= 40% of	R							
IN	Medicaid/SCHIP/Family 30430	Rhinoplasty, Secondary; Minor Revision (Small	Y	ANC.00008				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 30435	Rhinoplasty, Secondary; Intermediate Revision	Y	ANC.00008				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 3044F	Most recent hemoglobin A1c level (HbA1c) leve	N							
IN	Medicaid/SCHIP/Family 30450	Rhinoplasty, Secondary; Major Revision (Nasal	Y	ANC.00008, GENE.00021				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 30460	Rhinoplasty, Nasal Deformity Secondary To Cong	N					MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 30462	Rhinoplasty, Nasal Deform Sec To Cong Cleft Lip	N					MCG: GRG: SG-HNS: Head and Neck	None	None

IN	Medicaid/SCHIP/Family	30465	Repair, Nasal Vestibular Stenosis (Spreader Gra	N	CG-SURG-87			None	None	None
IN	Medicaid/SCHIP/Family	30468	Repair of nasal valve collapse with subcutaneou	N	CG-SURG-87			None	None	None
IN	Medicaid/SCHIP/Family	3046F	Most recent hemoglobin A1c level > 9.0% (DM)	N						
IN	Medicaid/SCHIP/Family	3048F	Most recent LDL-C less than 100 mg/dL (CAD), (	R						
IN	Medicaid/SCHIP/Family	3049F	Most recent LDL-C 100-129 mg/dL (CAD), (DM)	R						
IN	Medicaid/SCHIP/Family	3050F	Most recent LDL-C greater than or equal to 130	R						
IN	Medicaid/SCHIP/Family	3051F	Most recent hemoglobin A1c (HbA1c) level gre	R						
IN	Medicaid/Family	30520	Septoplasty/Submucous Resection W/Wo Carti Y	N	CG-SURG-18, CG-SURG-87, SURG.00096			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	3052F	Most recent hemoglobin A1c (HbA1c) level gre	R						
IN	Medicaid/SCHIP/Family	30540	Repair Choanal Atresia; Intranasal	N				None	None	None
IN	Medicaid/SCHIP/Family	30545	Repair Choanal Atresia; Transpalatine	N				None	None	None
IN	Medicaid/SCHIP/Family	3055F	Left Ventricular Ejection Fraction (Lvef) Less Th	R						
IN	Medicaid/SCHIP/Family	30560	Lysis Intranasal Synechia	N						
IN	Medicaid/SCHIP/Family	3056F	Left Ventricular Ejection Fraction (Lvef) Greater	R						
IN	Medicaid/SCHIP/Family	30580	Repair Fistula; Oromaxillary (Combine W/31030	N						
IN	Medicaid/SCHIP/Family	30600	Repair Fistula; Oronasal	N						
IN	Medicaid/SCHIP/Family	3060F	Positive microalbuminuria test result document	R						
IN	Medicaid/SCHIP/Family	3061F	Negative microalbuminuria test result documer	R						
IN	Medicaid/SCHIP/Family	30620	Septal/Other Intranasal Dermatoplasty (Does N	N	CG-SURG-18			None	None	None
IN	Medicaid/SCHIP/Family	3062F	Positive microalbuminuria test result document	R						
IN	Medicaid/SCHIP/Family	30630	Repair Nasal Septal Perforations	N				None	None	None
IN	Medicaid/SCHIP/Family	3066F	Documentation of treatment for nephropathy (	R						
IN	Medicaid/SCHIP/Family	3072F	Low risk for retinopathy (no evidence of retinop	R						
IN	Medicaid/SCHIP/Family	3073F	Pre-surgical (cataract) axial length, corneal pow	R						
IN	Medicaid/SCHIP/Family	3074F	Most recent systolic blood pressure less than 1	R						
IN	Medicaid/SCHIP/Family	3075F	Most recent systolic blood pressure 130-139 mm	R						
IN	Medicaid/SCHIP/Family	3077F	Most recent systolic blood pressure greater tha	R						
IN	Medicaid/SCHIP/Family	3078F	Most recent diastolic blood pressure less than 8	R						
IN	Medicaid/SCHIP/Family	3079F	Most recent diastolic blood pressure 80-89 mm	R						
IN	Medicaid/SCHIP/Family	30801	Ablation, soft tissue of inferior turbinates, unila	N	CG-SURG-87			None	None	None
IN	Medicaid/SCHIP/Family	30802	Ablation, soft tissue of inferior turbinates, unila	N	CG-SURG-87			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	3080F	Most recent diastolic blood pressure greater th	R						
IN	Medicaid/SCHIP/Family	3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volum	R						
IN	Medicaid/SCHIP/Family	3083F	Kt/V equal to or greater than 1.2 and less than	R						
IN	Medicaid/SCHIP/Family	3084F	Kt/V greater than or equal to 1.7 (Clearance of f	R						
IN	Medicaid/SCHIP/Family	3085F	Suicide risk assessed (MDD, MDD ADOL)	R						
IN	Medicaid/SCHIP/Family	3088F	Major depressive disorder, mild (MDD)1	R						
IN	Medicaid/SCHIP/Family	3089F	Major depressive disorder, moderate (MDD)1	R						
IN	Medicaid/SCHIP/Family	30901	Control Nasal Hemorrhage, Anterior, Simple (Li	N						
IN	Medicaid/SCHIP/Family	30903	Control Nasal Hemorrhage, Anterior, Complex (	N						
IN	Medicaid/SCHIP/Family	30905	Control Nasal Hemorrhage, Posterior, W/Post N	N						
IN	Medicaid/SCHIP/Family	30906	Control Nasal Hemorrhage, Posterior, W/Post N	N						
IN	Medicaid/SCHIP/Family	3090F	Major depressive disorder, severe without psyc	R						
IN	Medicaid/SCHIP/Family	30915	Ligation Arteries; Ethmoidal	N						
IN	Medicaid/SCHIP/Family	3091F	Major depressive disorder, severe with psychot	R						
IN	Medicaid/SCHIP/Family	30920	Ligation Arteries; Int Maxillary Artery, Transant	N						
IN	Medicaid/SCHIP/Family	3092F	Major depressive disorder, in remission (MDD):	R						
IN	Medicaid/SCHIP/Family	30930	Fracture nasal inferior turbinate(s), therapeutic	R						
IN	Medicaid/SCHIP/Family	3093F	Documentation of new diagnosis of initial or rei	R						
IN	Medicaid/SCHIP/Family	3095F	Central dual-energy X-ray absorptiometry (DXA)	R						
IN	Medicaid/SCHIP/Family	3096F	Central dual-energy X-ray absorptiometry (DXA)	R						
IN	Medicaid/SCHIP/Family	30999	Unlisted Proc, Nose	N	SURG.00079, SURG.00151, SURG.00157, MED.00091, CG-SURG-87			None	None	None
IN	Medicaid/SCHIP/Family	31000	Lavage, Cannulation; Maxillary Sinus (Antrum P	N				None	None	None
IN	Medicaid/SCHIP/Family	31002	Lavage, Cannulation; Sphenoid Sinus	N						
IN	Medicaid/SCHIP/Family	3100F	Carotid imaging study report (includes direct or	R						
IN	Medicaid/SCHIP/Family	31020	Sinusotomy, Maxillary (Antrotomy); Intranasal	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31030	Sinusotomy, Maxillary (Antrotomy); Radical (Ca	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31032	Sinusotomy, Maxillary (Antrotomy); Radical (Ca	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31040	Pterygomaxillary Fossa Surgery, Any Approach	N						

IN	Medicaid/SCHIP/Family	31050	Sinusotomy, Sphenoid, W/Wo Bx;	N				None	None	None
IN	Medicaid/SCHIP/Family	31051	Sinusotomy, Sphenoid, W/Wo Bx; W/Mucosal S	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31070	Sinusotomy Frontal; Ext, Simple (Trepine Oper	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31075	Sinusotomy Frontal; Transorbital, Unilat (For M	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31080	Sinusotomy Frontal; Obliterative W/O Osteopla	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31081	Sinusotomy Frontal; Obliterative, W/O Osteopl	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31084	Sinusotomy Frontal; Obliterative, W/Osteoplas	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31085	Sinusotomy Frontal; Obliterative, W/Osteoplas	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31086	Sinusotomy Frontal; Nonobliterative, W/Osteo	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31087	Sinusotomy Frontal; Nonobliterative, W/Osteo	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31090	Sinusotomy, Unilat, 3+ Paranasal Sinuses	N				MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	3110F	Documentation in final CT or MRI report of pres	R						
IN	Medicaid/SCHIP/Family	3111F	CT or MRI of the brain performed in the hospita	R						
IN	Medicaid/SCHIP/Family	3112F	CT or MRI of the brain performed greater than .	R						
IN	Medicaid/SCHIP/Family	3115F	Quantitative Results Of An Evaluation Of Curre	R						
IN	Medicaid/SCHIP/Family	3117F	Heart Failure Disease Specific Structured Asses	N						
IN	Medicaid/SCHIP/Family	3118F	New York Heart Association (Nyha) Class Docun	R						
IN	Medicaid/SCHIP/Family	3119F	No Evaluation Of Level Of Activity Or Clinical Sy	R						
IN	Medicaid/SCHIP/Family	31200	Ethmoidectomy; Intranasal, Anterior	Y		SURG.00096		MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31201	Ethmoidectomy; Intranasal, Total	Y		SURG.00096		MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31205	Ethmoidectomy; Extranasal, Total	Y		SURG.00096		MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	3120F	12-Lead ECG performed (EM)	R						
IN	Medicaid/SCHIP/Family	31225	Maxillectomy; W/O Orbital Exenteration	N			This service must be performed in	MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31230	Maxillectomy; W/Orbital Exenteration (En Bloc)	N			This service must be performed in	MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31231	Nasal Endoscopy, Dx, Unilat/Bilat (Sep Proc)	N		CG-SURG-57		None	None	None
IN	Medicaid/SCHIP/Family	31233	Nasal/Sinus Endoscopy, Dx W/Maxillary Sinus	N						
IN	Medicaid/SCHIP/Family	31235	Nasal/Sinus Endoscopy, Dx W/Sphenoid Sinus	N						
IN	Medicaid/SCHIP/Family	31237	Nasal/Sinus Endoscopy, Surgical; W/Bx, Polype	N		CG-SURG-24, CG-SURG-87		MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31238	Nasal/Sinus Endoscopy, Surgical; W/Control, Na	N						
IN	Medicaid/SCHIP/Family	31239	Nasal/Sinus Endoscopy, Surgical; W/Dacryocyst	N						
IN	Medicaid/SCHIP/Family	31240	Nasal/Sinus Endoscopy, Surgical; W/Concha Bul	N				None	None	None
IN	Medicaid/SCHIP/Family	31241	Nasal/sinus endoscopy, surgical; with ligation o	N				None	None	None
IN	Medicaid/SCHIP/Family	31253	Nasal/sinus endoscopy, surgical with ethmoid	N		CG-SURG-24		None	None	None
IN	Medicaid/SCHIP/Family	31254	Nasal/sinus endoscopy, surgical with ethmoid	N		CG-SURG-24, SURG.00096		MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	31255	Nasal/sinus endoscopy, surgical with ethmoid	N		CG-SURG-24, SURG.00096		MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	31256	Nasal/Sinus Endoscopy, Surgical, W/Maxillary A	N		CG-SURG-24		MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	31257	Nasal/sinus endoscopy, surgical with ethmoid	N		CG-SURG-24		None	None	None
IN	Medicaid/SCHIP/Family	31259	Nasal/sinus endoscopy, surgical with ethmoid	N		CG-SURG-24		None	None	None
IN	Medicaid/SCHIP/Family	31267	Nasal/Sinus Endoscopy, Surgical, W/Maxillary A	N		CG-SURG-24		MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	3126F	Esophageal biopsy report with a statement abo	R						
IN	Medicaid/SCHIP/Family	31276	Nasal/sinus endoscopy, surgical, with frontal sir	N		CG-SURG-24		MCG: GRG: SG-HNS: Head and Neck	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	31287	Nasal/Sinus Endoscopy, Surgical, W/Sphenoid	N		CG-SURG-24		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	31288	Nasal/Sinus Endoscopy, Surgical, W/Sphenoid	N		CG-SURG-24		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	31290	Nasal/Sinus Endoscopy, Surgical, W/Repair, Cer	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	31291	Nasal/Sinus Endoscopy, Surgical, W/Repair, Cer	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	31292	Nasal/Sinus Endoscopy, Surgical; W/Medial/Infr	N						
IN	Medicaid/SCHIP/Family	31293	Nasal/Sinus Endoscopy, Surgical; W/Medial & Ir	N						
IN	Medicaid/SCHIP/Family	31294	Nasal/Sinus Endoscopy, Surgical; W/Optic Nervi	N						
IN	Medicaid/SCHIP/Family	31295	Nasal/sinus endoscopy, surgical; with dilation o	N		CG-SURG-73		None	None	None
IN	Medicaid/SCHIP/Family	31296	Nasal/sinus endoscopy, surgical; with dilation o	N		CG-SURG-73		None	None	None
IN	Medicaid/SCHIP/Family	31297	Nasal/sinus endoscopy, surgical; with dilation o	N		CG-SURG-73		None	None	None
IN	Medicaid/SCHIP/Family	31298	Nasal/sinus endoscopy, surgical; with dilation o	N		CG-SURG-73		None	None	None
IN	Medicaid/SCHIP/Family	31299	Unlisted Proc, Accessory Sinuses	N		SURG.00089, SURG.00132		None	None	None
IN	Medicaid/SCHIP/Family	31300	Laryngotomy (thyrotomy, laryngofissure), with	N						
IN	Medicaid/SCHIP/Family	3130F	Upper gastrointestinal endoscopy performed (C	R						
IN	Medicaid/SCHIP/Family	3132F	Documentation of referral for upper gastrointe	R						
IN	Medicaid/SCHIP/Family	31360	Laryngectomy; Total, W/O Radical Neck Dissect	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	31365	Laryngectomy; Total, W/Radical Neck Dissectio	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	31367	Laryngectomy; Subtotal Supraglottic, W/O Radi	N			This service must be performed in an Inpatient setting.			

IN	Medicaid/SCHIP/Family	31368	Laryngectomy; Subtotal Supraglottic, W/Radica	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	31370	Partial Laryngectomy (Hemilaryngectomy); Hor	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	31375	Partial Laryngectomy (Hemilaryngectomy); Laté	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	31380	Partial Laryngectomy (Hemilaryngectomy); Ant	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	31382	Partial Laryngectomy (Hemilaryngectomy); Ant	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	31390	Pharyngolaryngectomy, W/Radical Neck Dissec	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	31395	Pharyngolaryngectomy, W/Radical Neck Dissec	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	31400	Arytenoidectomy/Arytenoidoepexy, Ext Approac	N								
IN	Medicaid/SCHIP/Family	3140F	Upper gastrointestinal endoscopy report indica	R								
IN	Medicaid/SCHIP/Family	3141F	Upper gastrointestinal endoscopy report indica	R								
IN	Medicaid/SCHIP/Family	31420	Epiglottidectomy	N								
IN	Medicaid/SCHIP/Family	3142F	Barium swallow test ordered (GERD)5.	R								
IN	Medicaid/SCHIP/Family	31500	Intubation, Endotracheal, Emergency Proc	N								
IN	Medicaid/SCHIP/Family	31502	Tracheotomy Tube Change Prior To Establishm	N								
IN	Medicaid/SCHIP/Family	31505	Laryngoscopy, Indirect; Dx (Sep Proc)	N								
IN	Medicaid/SCHIP/Family	3150F	Forceps esophageal biopsy performed (GERD)5	R								
IN	Medicaid/SCHIP/Family	31510	Laryngoscopy, Indirect; W/Bx	N								
IN	Medicaid/SCHIP/Family	31511	Laryngoscopy, Indirect; W/Removal, Fb	N								
IN	Medicaid/SCHIP/Family	31512	Laryngoscopy, Indirect; W/Removal, Lesion	N								
IN	Medicaid/SCHIP/Family	31513	Laryngoscopy, Indirect; W/Vocal Cord Injection	N								
IN	Medicaid/SCHIP/Family	31515	Laryngoscopy Direct, W/Wo Tracheoscopy; Asp	N								
IN	Medicaid/SCHIP/Family	31520	Laryngoscopy Direct, W/Wo Tracheoscopy; Dx,	N								
IN	Medicaid/SCHIP/Family	31525	Laryngoscopy Direct, W/Wo Tracheoscopy; Dx,	N								
IN	Medicaid/SCHIP/Family	31526	Laryngoscopy direct, with or without tracheosc	N								
IN	Medicaid/SCHIP/Family	31527	Laryngoscopy Direct, W/Wo Tracheoscopy; W/I	N								
IN	Medicaid/SCHIP/Family	31528	Laryngoscopy Direct, W/Wo Tracheoscopy; W/I	N								
IN	Medicaid/SCHIP/Family	31529	Laryngoscopy Direct, W/Wo Tracheoscopy; W/I	N								
IN	Medicaid/SCHIP/Family	31530	Laryngoscopy, Direct, Operative, W/Fb Remova	N								
IN	Medicaid/SCHIP/Family	31531	Laryngoscopy, direct, operative, with foreign bc	N								
IN	Medicaid/SCHIP/Family	31535	Laryngoscopy, Direct, Operative, W/Bx;	N								
IN	Medicaid/SCHIP/Family	31536	Laryngoscopy, direct, operative, with biopsy; w	N								
IN	Medicaid/SCHIP/Family	31540	Laryngoscopy, Direct, Operative, W/Excision, Tl	N								
IN	Medicaid/SCHIP/Family	31541	Laryngoscopy, direct, operative, with excision o	N								
IN	Medicaid/SCHIP/Family	31545	Laryngoscopy, Direct, W Operating Micro/Teles	N								
IN	Medicaid/SCHIP/Family	31546	Laryngoscopy, Direct, W Operating Micro/Teles	N								
IN	Medicaid/SCHIP/Family	31551	Laryngoplasty; for laryngeal stenosis, with graft	N								
IN	Medicaid/SCHIP/Family	31552	Laryngoplasty; for laryngeal stenosis, with graft	N								
IN	Medicaid/SCHIP/Family	31553	Laryngoplasty; for laryngeal stenosis, with graft	N								
IN	Medicaid/SCHIP/Family	31554	Laryngoplasty; for laryngeal stenosis, with graft	N								
IN	Medicaid/SCHIP/Family	3155F	Cytogenetic testing performed on bone marrow	R								
IN	Medicaid/SCHIP/Family	31560	Laryngoscopy, Direct, Operative, W/Arytenoide	N								
IN	Medicaid/SCHIP/Family	31561	Laryngoscopy, direct, operative, with arytenoid	N								
IN	Medicaid/SCHIP/Family	31570	Laryngoscopy, Direct, W/Injection Into Vocal Cc	N								
IN	Medicaid/SCHIP/Family	31571	Laryngoscopy, direct, with injection into vocal c	N								
IN	Medicaid/SCHIP/Family	31572	Laryngoscopy, flexible; with ablation or desctru	N								
IN	Medicaid/SCHIP/Family	31573	Laryngoscopy, flexible; with therapeutic injecti	N								
IN	Medicaid/SCHIP/Family	31574	Laryngoscopy, flexible; with injection(s) for aug	N		MED.00132, SURG.00011				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family	31575	Laryngoscopy, flexible; diagnostic	N		CG-SURG-56				None	None	None
IN	Medicaid/SCHIP/Family	31576	Laryngoscopy, flexible; with biopsy(ies)	N								
IN	Medicaid/SCHIP/Family	31577	Laryngoscopy, flexible; with removal of foreign	N								
IN	Medicaid/SCHIP/Family	31578	Laryngoscopy, flexible; with removal of lesion(s)	N								
IN	Medicaid/SCHIP/Family	31579	Laryngoscopy, flexible or rigid telescopic, with s	N								
IN	Medicaid/SCHIP/Family	31580	Laryngoplasty; for laryngeal web, with indwellir	N								
IN	Medicaid/SCHIP/Family	31584	Laryngoplasty; with open reduction and fixatio	N								
IN	Medicaid/SCHIP/Family	31587	Laryngoplasty, cricoid split, without graft plac	N								
IN	Medicaid/SCHIP/Family	31590	Laryngeal Reinnervation, Neuromuscular Pedicl	N								
IN	Medicaid/SCHIP/Family	31591	Laryngoplasty; medialization, unilateral	N								
IN	Medicaid/SCHIP/Family	31592	Cricotracheal resection	N								
IN	Medicaid/SCHIP/Family	31599	Unlisted Proc, Larynx	N						None	None	None

IN	Medicaid/SCHIP/Family 31600	Tracheostomy, Planned (Sep Proc);	N						
IN	Medicaid/SCHIP/Family 31601	Tracheostomy, planned (separate procedure);	N						
IN	Medicaid/SCHIP/Family 31603	Tracheostomy, Emergency Proc; Transtracheal	N						
IN	Medicaid/SCHIP/Family 31605	Tracheostomy, Emergency Proc; Cricothyroid	N						
IN	Medicaid/SCHIP/Family 3160F	Documentation of iron stores prior to initiating	R						
IN	Medicaid/SCHIP/Family 31610	Tracheostomy, Fenestration Proc W/Skin Flaps	N						
IN	Medicaid/SCHIP/Family 31611	Construction, Tracheoesophageal Fistula, W/Su	N						
IN	Medicaid/SCHIP/Family 31612	Tracheal Puncture, Percutaneous W/Transtrach	N						
IN	Medicaid/SCHIP/Family 31613	Tracheostoma Revision; Simple, W/O Flap Rota	N						
IN	Medicaid/SCHIP/Family 31614	Tracheostoma Revision; Complex, W/Flap Rota	N						
IN	Medicaid/SCHIP/Family 31615	Tracheobronchoscopy Through Established Tra	N						
IN	Medicaid/SCHIP/Family 31622	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31623	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31624	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31625	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31626	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31627	Bronchoscopy, rigid or flexible, including fluoro	Y	MED.00099			None	None	None
IN	Medicaid/SCHIP/Family 31628	Bronchoscopy, Rigid/Flexible; W/Transbronchia	N				None	None	None
IN	Medicaid/SCHIP/Family 31629	Bronchoscopy, Rigid/Flexible; W/Transbronchia	N				None	None	None
IN	Medicaid/SCHIP/Family 31630	Bronchoscopy, Rigid/Flexible; W/Tracheal/Bron	N				None	None	None
IN	Medicaid/SCHIP/Family 31631	Bronchoscopy, Rigid/Flexible; W/Tracheal Dilati	N				None	None	None
IN	Medicaid/SCHIP/Family 31632	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31633	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31634	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31635	Bronchoscopy, Rigid/Flexible; W/Removal, Fb	N				None	None	None
IN	Medicaid/SCHIP/Family 31636	Bronchoscopy, Rigid Or Flexible, W/Wo Fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31637	Bronchoscopy, Rigid Or Flexible, W/Wo Fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31638	Bronchoscopy, Rigid Or Flexible, W/Wo Fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31640	Bronchoscopy, Rigid/Flexible; W/Excision, Tumor	N				None	None	None
IN	Medicaid/SCHIP/Family 31641	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31643	Bronchoscopy, rigid or flexible, including fluoro	Y		AIM		AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 31645	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31646	Bronchoscopy, rigid or flexible, including fluoro	N				None	None	None
IN	Medicaid/SCHIP/Family 31647	Bronchoscopy, rigid or flexible, including fluoro	Y	SURG.00119			None	None	None
IN	Medicaid/SCHIP/Family 31648	Bronchoscopy, rigid or flexible, including fluoro	Y	SURG.00119			None	None	None
IN	Medicaid/SCHIP/Family 31649	Bronchoscopy, rigid or flexible, including fluoro	Y	SURG.00119			None	None	None
IN	Medicaid/SCHIP/Family 31651	Bronchoscopy, rigid or flexible, including fluoro	Y	SURG.00119			None	None	None
IN	Medicaid/SCHIP/Family 31652	Bronchoscopy, rigid or flexible, including fluoro	N						
IN	Medicaid/SCHIP/Family 31653	Bronchoscopy, rigid or flexible, including fluoro	N						
IN	Medicaid/SCHIP/Family 31654	Bronchoscopy, rigid or flexible, including fluoro	N						
IN	Medicaid/SCHIP/Family 31660	Bronchoscopy, rigid or flexible, including fluoro	X	SURG.00118		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 31661	Bronchoscopy, rigid or flexible, including fluoro	X	SURG.00118		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 3170F	Flow cytometry studies performed at time of di	R						
IN	Medicaid/SCHIP/Family 31717	Catheterization W/Bronchial Brush Bx	N						
IN	Medicaid/SCHIP/Family 31720	Catheter Aspiration (Sep Proc); Nasotracheal	N						
IN	Medicaid/SCHIP/Family 31725	Catheter Aspiration (Sep Proc); Tracheobronchi	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31730	Transtracheal Introduction, Needle Wire Dilator	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 31750	Tracheoplasty; Cervical	N						
IN	Medicaid/SCHIP/Family 31755	Tracheoplasty; Tracheopharyngeal Fistulization	N						
IN	Medicaid/SCHIP/Family 31760	Tracheoplasty; Intrathoracic	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31766	Carinal Reconstruction	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31770	Bronchoplasty; Graft Repair	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31775	Bronchoplasty; Excision Stenosis & Anastomosis	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31780	Excision Tracheal Stenosis & Anastomosis; Cerv	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31781	Excision Tracheal Stenosis & Anastomosis; Cerv	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31785	Excision, Tracheal Tumor/Carcinoma; Cervical	N						
IN	Medicaid/SCHIP/Family 31786	Excision, Tracheal Tumor/Carcinoma; Thoracic	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31800	Suture, Tracheal Wound/Injury; Cervical	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 31805	Suture, Tracheal Wound/Injury; Intrathoracic	N				None	None	None

IN	Medicaid/SCHIP/Family	31820	Surgical Closure Tracheostomy/Fistula; W/O Ple	N							
IN	Medicaid/SCHIP/Family	31825	Surgical Closure Tracheostomy/Fistula; W/Plast	N							
IN	Medicaid/SCHIP/Family	31830	Revision, Tracheostomy Scar	N							
IN	Medicaid/SCHIP/Family	31899	Unlisted Proc, Trachea, Bronchi	N							
IN	Medicaid/SCHIP/Family	3200F	Barium swallow test not ordered (GERD)	R							
IN	Medicaid/SCHIP/Family	32035	Thoracotomy; W/Rib Resection, Empyema	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32036	Thoracotomy; W/Open Flap Drainage, Empyer	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32096	Thoracotomy, With Diagnostic Biopsy(les) Of Lu	N							This service must be performed in MCG RFC(Post Acute)S-6080 Thorac
IN	Medicaid/SCHIP/Family	32097	Thoracotomy, With Diagnostic Biopsy(les) Of Lu	N							This service must be performed in MCG RFC(Post Acute)S-6080 Thorac
IN	Medicaid/SCHIP/Family	32098	Thoracotomy, With Biopsy(les) Of Pleura	N							This service must be performed in MCG RFC(Post Acute)S-6080 Thorac
IN	Medicaid/SCHIP/Family	32100	Thoracotomy; with exploration	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	3210F	Group A Strep Test Performed (PHAR)2	R							
IN	Medicaid/SCHIP/Family	32110	Thoracotomy; with control of traumatic hemorr	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32120	Thoracotomy; for postoperative complications	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32124	Thoracotomy; with open intrapleural pneumon	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32140	Thoracotomy; with cyst(s) removal, includes ple	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32141	Thoracotomy; with resection-plication of bullae	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32150	Thoracotomy; with removal of intrapleural fore	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32151	Thoracotomy; with removal of intrapulmonary	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	3215F	Patient has documented immunity to Hepatitis	R							
IN	Medicaid/SCHIP/Family	32160	Thoracotomy; with cardiac massage	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3216F	Patient has documented immunity to Hepatitis	R							
IN	Medicaid/SCHIP/Family	3218F	RNA testing for Hepatitis C documented as perf	R							
IN	Medicaid/SCHIP/Family	32200	Pneumonostomy; W/Open Drainage, Abscess/C	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3220F	Hepatitis C quantitative RNA testing documenti	R							
IN	Medicaid/SCHIP/Family	32215	Pleural Scarification, Repeat Pneumothorax	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32220	Decortication, Pulmonary (Sep Proc); Total	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32225	Decortication, Pulmonary (Sep Proc); Partial	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	3230F	Documentation that hearing test was performe	R							
IN	Medicaid/SCHIP/Family	32310	Pleurectomy, Parietal (Sep Proc)	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32320	Decortication & Parietal Pleurectomy	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32400	Bx, Pleura; Percutaneous Needle	N							
IN	Medicaid/SCHIP/Family	32408	Core needle biopsy, lung or mediastinum, perc	N							
IN	Medicaid/SCHIP/Family	32440	Removal of lung, pneumonectomy;	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32442	Removal of lung, pneumonectomy; with resecti	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32445	Removal of lung, pneumonectomy; extrapleura	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32480	Removal of lung, other than pneumonectomy; ;	N							This service must be performed in MCG RFC(Post Acute)S-5800 Lobect
IN	Medicaid/SCHIP/Family	32482	Removal of lung, other than pneumonectomy; ;	N							This service must be performed in MCG RFC(Post Acute)S-5800 Lobect
IN	Medicaid/SCHIP/Family	32484	Removal of lung, other than pneumonectomy; ;	N							This service must be performed in MCG RFC(Post Acute)S-5800 Lobect
IN	Medicaid/SCHIP/Family	32486	Removal of lung, other than pneumonectomy; ;	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32488	Removal of lung, other than pneumonectomy; ;	N							This service must be performed in None
IN	Medicaid/SCHIP/Family	32491	Removal of lung, other than pneumonectomy; ;	X							This service must be performed in MCG: GRG: SG-TS: Thoracic Surgery
IN	Medicaid/SCHIP/Family	32501	Resection/Repair, Portion, Bronchus, During Lol	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32503	Resection of apical lung tumor (eg, Pancoast tu	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32504	Resection of apical lung tumor (eg, Pancoast tu	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32505	Thoracotomy; With Therapeutic Wedge Resecti	N							This service must be performed in MCG RFC(Post Acute)S-6080 Thorac
IN	Medicaid/SCHIP/Family	32506	Thoracotomy; With Therapeutic Wedge Resecti	N							This service must be performed in MCG RFC(Post Acute)S-6080 Thorac
IN	Medicaid/SCHIP/Family	32507	Thoracotomy; With Diagnostic Wedge Resectio	N							This service must be performed in MCG RFC(Post Acute)S-6080 Thorac
IN	Medicaid/SCHIP/Family	3250F	Specimen site other than anatomic location of ;	R							
IN	Medicaid/SCHIP/Family	32540	Extrapleural Enucleation, Empyema (Empyeme)	N							This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	32550	Insertion of indwelling tunneled pleural cathete	N							
IN	Medicaid/SCHIP/Family	32551	Tube thoracostomy, includes connection to dra	N							None
IN	Medicaid/SCHIP/Family	32552	Removal of indwelling tunneled pleural cathete	N							
IN	Medicaid/SCHIP/Family	32553	Placement of interstitial device(s) for radiation	N							
IN	Medicaid/SCHIP/Family	32554	Thoracentesis, needle or catheter, aspiration of	N							None
IN	Medicaid/SCHIP/Family	32555	Thoracentesis, needle or catheter, aspiration of	N							None
IN	Medicaid/SCHIP/Family	32556	Pleural drainage, percutaneous, with insertion	N							None
IN	Medicaid/SCHIP/Family	32557	Pleural drainage, percutaneous, with insertion	N							None
IN	Medicaid/SCHIP/Family	32560	Instillation, via chest tube/catheter, agent for p	N							None

IN	Medicaid/SCHIP/Family	32561	Instillation(s), via chest tube/catheter, agent fo	N					None	None	None
IN	Medicaid/SCHIP/Family	32562	Instillation(s), via chest tube/catheter, agent fo	N					None	None	None
IN	Medicaid/SCHIP/Family	32601	Thoracoscopy, diagnostic (separate procedure), N						MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32604	Thoracoscopy, Dx (Sep Proc); Pericardial Sac, W	N					MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	32606	Thoracoscopy, Dx (Sep Proc); Mediastinal Space	N					None	None	None
IN	Medicaid/SCHIP/Family	32607	Thoracoscopy; With Diagnostic Biopsy(les) Of Lu	N					MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32608	Thoracoscopy; With Diagnostic Biopsy(les) Of Lu	N					MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32609	Thoracoscopy; With Biopsy(les) Of Pleura	N					MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	3260F	pT category (primary tumor), pN category (regio	R							
IN	Medicaid/SCHIP/Family	32650	Thoracoscopy, Surgical; W/Pleurodesis (Mechai	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32651	Thoracoscopy, Surgical; W/Partial Pulmonary D	N					MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32652	Thoracoscopy, Surgical; W/Total Pulmonary Dei	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32653	Thoracoscopy, Surgical; W/Removal, Intrapleur:	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32654	Thoracoscopy, Surgical; W/Control, Traumatic F	N				This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32655	Thoracoscopy, surgical; with resection-plication	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32656	Thoracoscopy, Surgical; W/Parietal Pleurectom	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32658	Thoracoscopy, Surgical; W/Removal, Clot/Fb, Pt	N				This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	32659	Thoracoscopy, Surgical; W/Creation, Pericardial	N				This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	3265F	Ribonucleic acid (RNA) testing for Hepatitis C vi	R							
IN	Medicaid/SCHIP/Family	32661	Thoracoscopy, Surgical; W/Excision, Pericardial	N				This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	32662	Thoracoscopy, Surgical; W/Excision, Mediastina	N				This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32663	Thoracoscopy, surgical; with lobectomy (single	N				This service must be performed i	MCG RFC(Post Acute)S-5800 Lobect	None	None
IN	Medicaid/SCHIP/Family	32664	Thoracoscopy, Surgical; W/Thoracic Sympathect	N	CG-MED-63			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32665	Thoracoscopy, Surgical; W/Esophagomyotomy	N				This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32666	Thoracoscopy, Surgical; With Therapeutic Wedg	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32667	Thoracoscopy, surgical; with therapeutic wedge	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32668	Thoracoscopy, Surgical; With Diagnostic Wedge	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	32669	Thoracoscopy, Surgical; With Removal Of A Sing	N				This service must be performed i	MCG RFC(Post Acute)S-6080 Thorac	None	None
IN	Medicaid/SCHIP/Family	3266F	Hepatitis C genotype testing documented as pe	R							
IN	Medicaid/SCHIP/Family	32670	Thoracoscopy, Surgical; With Removal Of Two L	N				This service must be performed i	MCG RFC(Post Acute)S-5800 Lobect	None	None
IN	Medicaid/SCHIP/Family	32671	Thoracoscopy, Surgical; With Removal Of Lung	N				This service must be performed i	MCG RFC(Post Acute)S-5800 Lobect	None	None
IN	Medicaid/SCHIP/Family	32672	Thoracoscopy, surgical; with resection-plication	Y	SURG.00022			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32673	Thoracoscopy, Surgical; With Resection Of Thyr	N				This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32674	Thoracoscopy, Surgical; With Mediastinal And F	N				This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	3267F	Pathology report includes pT category, pN cate	R							
IN	Medicaid/SCHIP/Family	3268F	Prostate-specific antigen (PSA), AND primary tu	R							
IN	Medicaid/SCHIP/Family	3269F	Bone scan performed prior to initiation of treat	R							
IN	Medicaid/SCHIP/Family	32701	Thoracic target(s) delineation for stereotactic	Y		AIM			AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	3270F	Bone scan not performed prior to initiation of t	R							
IN	Medicaid/SCHIP/Family	3271F	Low risk of recurrence, prostate cancer (PRCA)	R							
IN	Medicaid/SCHIP/Family	3272F	Intermediate risk of recurrence, prostate cance	R							
IN	Medicaid/SCHIP/Family	3273F	High risk of recurrence, prostate cancer (PRCA)	R							
IN	Medicaid/SCHIP/Family	3274F	Prostate cancer risk of recurrence not determin	R							
IN	Medicaid/SCHIP/Family	3278F	Serum levels of calcium, phosphorus, intact Par	R							
IN	Medicaid/SCHIP/Family	3279F	Hemoglobin level greater than or equal to 13 g/	R							
IN	Medicaid/SCHIP/Family	32800	Repair Lung Hernia Through Chest Wall	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	3280F	Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ES)	N							
IN	Medicaid/SCHIP/Family	32810	Closure, Chest Wall Following Open Flap Draina	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	32815	Open Closure, Major Bronchial Fistula	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	3281F	Hemoglobin level less than 11 g/dL (CKD, ESRD)	N							
IN	Medicaid/SCHIP/Family	32820	Major Reconstruction, Chest Wall (Posttraumat	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	3284F	Intraocular pressure (IOP) reduced by a value o	R							
IN	Medicaid/SCHIP/Family	32850	Donor pneumonectomy(s) (including cold prese	X	TRANS.00009			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32851	Lung Transplant, Single; W/O Cardiopulmonary	Y	TRANS.00009			This service must be performed i	MCG: ISC: W0076: Lung Transplant,	None	None
IN	Medicaid/SCHIP/Family	32852	Lung Transplant, Single; W/ Cardiopulmonary B	Y	TRANS.00009			This service must be performed i	MCG: ISC: W0076: Lung Transplant,	None	None
IN	Medicaid/SCHIP/Family	32853	Lung Transplant, Double (Bilat Sequential/En B	Y	TRANS.00009			This service must be performed i	MCG: ISC: W0076: Lung Transplant,	None	None
IN	Medicaid/SCHIP/Family	32854	Lung Transplant, Double (Bilat Sequential/En B	Y	TRANS.00009			This service must be performed i	MCG: ISC: W0076: Lung Transplant,	None	None
IN	Medicaid/SCHIP/Family	32855	Backbench Standard Preparation Of Cadaver Dc	Y	TRANS.00009			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	32856	Backbench Standard Preparation Of Cadaver Dc	Y	TRANS.00009			This service must be performed i	None	None	None

IN	Medicaid/SCHIP/Family	3285F	Intraocular pressure (IOP) reduced by a value le	R									
IN	Medicaid/SCHIP/Family	3288F	Falls risk assessment documented (GER)	R									
IN	Medicaid/SCHIP/Family	32900	Resection, Ribs, Extrapleural, All Stages	N									
IN	Medicaid/SCHIP/Family	32905	Thoracoplasty, Schede Type/Extrapleural (All St	N									
IN	Medicaid/SCHIP/Family	32906	Thoracoplasty, Schede Type/Extrapleural (All St	N									
IN	Medicaid/SCHIP/Family	3290F	Patient is D (Rh) negative and unsensitized (PRE	R									
IN	Medicaid/SCHIP/Family	3291F	Patient is D (Rh) positive or sensitized (PRENAT	R									
IN	Medicaid/SCHIP/Family	3292F	HIV testing ordered or documented and review	R									
IN	Medicaid/SCHIP/Family	3293F	ABO and Rh blood typing documented as perfor	R									
IN	Medicaid/SCHIP/Family	32940	Pneumonolysis, Extraperiosteal, W/Filling/Pack	N									
IN	Medicaid/SCHIP/Family	3294F	Group B Streptococcus (GBS) screening docum	R									
IN	Medicaid/SCHIP/Family	32960	Pneumothorax, Therapeutic, Intrapleural Inject	N									
IN	Medicaid/SCHIP/Family	32994	Ablation therapy for reduction or eradication of	N	CG-SURG-61				None		None		None
IN	Medicaid/SCHIP/Family	32997	Total Lung Lavage (Unilat)	N									
IN	Medicaid/SCHIP/Family	32998	Ablation therapy for reduction or eradication of	X	CG-SURG-61				Non covered but for pediatric me	None			CMS Guidelines
IN	Medicaid/SCHIP/Family	32999	Unlisted Proc, Lungs & Pleura	N									
IN	Medicaid/SCHIP/Family	3300F	American Joint Committee on Cancer (AJCC) sta	R									
IN	Medicaid/SCHIP/Family	33016	Pericardiocentesis, including imaging guidance,	N						MCG: GRG: SG-CVS: Cardiovascular	None		None
IN	Medicaid/SCHIP/Family	33017	Pericardial drainage with insertion of indwelling	N					This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None		None
IN	Medicaid/SCHIP/Family	33018	Pericardial drainage with insertion of indwelling	N					This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None		None
IN	Medicaid/SCHIP/Family	33019	Pericardial drainage with insertion of indwelling	N					This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None		None
IN	Medicaid/SCHIP/Family	3301F	Cancer stage documented in medical record as	R									
IN	Medicaid/SCHIP/Family	33020	Pericardiotomy, Removal, Clot/Fb (Primary Proi	N									
IN	Medicaid/SCHIP/Family	33025	Creation, Pericardial Window/Partial Resection,	N									
IN	Medicaid/SCHIP/Family	33030	Pericardiectomy, Subtotal/Complete; W/O Carc	N									
IN	Medicaid/SCHIP/Family	33031	Pericardiectomy, Subtotal/Complete; W/Cardio	N									
IN	Medicaid/SCHIP/Family	33050	Resection of pericardial cyst or tumor	N									
IN	Medicaid/SCHIP/Family	33120	Excision, Intracardiac Tumor, Resection W/Card	N									
IN	Medicaid/SCHIP/Family	33130	Resection, Ext Cardiac Tumor	N									
IN	Medicaid/SCHIP/Family	33140	Transmyocardial Laser Revascularization, By Th	Y		SURG.00019			This service must be performed i	None		None	None
IN	Medicaid/SCHIP/Family	33141	Transmyocardial Laser Revascularization, By Th	Y		SURG.00019			This service must be performed i	None		None	None
IN	Medicaid/SCHIP/Family	3315F	Estrogen receptor (ER) and progesterone recep	R									
IN	Medicaid/SCHIP/Family	3316F	Estrogen receptor (ER) and progesterone recep	R									
IN	Medicaid/SCHIP/Family	3317F	Pathology report confirming malignancy docum	R									
IN	Medicaid/SCHIP/Family	3318F	Pathology report confirming malignancy docum	R									
IN	Medicaid/SCHIP/Family	3319F	1 of the following diagnostic imaging studies or	R									
IN	Medicaid/SCHIP/Family	33202	Insertion of epicardial electrodes(s); open incisi	N	CG-SURG-63, CG-SURG-97								
IN	Medicaid/SCHIP/Family	33203	endoscopic approach (eg, thoracoscopy, perica	N	CG-SURG-63, CG-SURG-97								
IN	Medicaid/SCHIP/Family	33206	Insertion of new or replacement of permanent	N									
IN	Medicaid/SCHIP/Family	33207	Insertion of new or replacement of permanent	N	CG-SURG-63								
IN	Medicaid/SCHIP/Family	33208	Insertion of new or replacement of permanent	N	CG-SURG-63								
IN	Medicaid/SCHIP/Family	3320F	None of the following diagnostic imaging studie	R									
IN	Medicaid/SCHIP/Family	33210	Insertion/Replacement, Temporary Transvenou	N									
IN	Medicaid/SCHIP/Family	33211	Insertion/Replacement, Temporary Transvenou	N	CG-SURG-63				None		None		None
IN	Medicaid/SCHIP/Family	33212	Insertion of pacemaker pulse generator only; w	N									
IN	Medicaid/SCHIP/Family	33213	Insertion of pacemaker pulse generator only; w	N	CG-SURG-63				None		None		None
IN	Medicaid/SCHIP/Family	33214	Repositioning, Previously Implanted Transveno	N	CG-SURG-63				None		None		None
IN	Medicaid/SCHIP/Family	33215	Repositioning of Previously Implanted Transve	N									
IN	Medicaid/SCHIP/Family	33216	Insertion of a single transvenous electrode, per	N	CG-SURG-97								
IN	Medicaid/SCHIP/Family	33217	Insertion of 2 transvenous electrodes, permane	N	CG-SURG-63, CG-SURG-97								
IN	Medicaid/SCHIP/Family	33218	Repair of single transvenous electrode, perman	N									
IN	Medicaid/SCHIP/Family	3321F	AJCC cancer Stage 0 or IA melanoma, documen	R									
IN	Medicaid/SCHIP/Family	33220	Repair of 2 transvenous electrodes for perman	N									
IN	Medicaid/SCHIP/Family	33221	Insertion Of Pacemaker Pulse Generator Only; \	N									
IN	Medicaid/SCHIP/Family	33222	Relocation of skin pocket for pacemaker	N									
IN	Medicaid/SCHIP/Family	33223	Relocation of skin pocket for cardioverter-defib	N									
IN	Medicaid/SCHIP/Family	33224	Insertion of pacing electrode, cardiac venous sy	N	CG-SURG-63								
IN	Medicaid/SCHIP/Family	33225	Insertion of pacing electrode, cardiac venous sy	N	CG-SURG-63				Please review associated implant	MCG: GRG: SG-CVS: Cardiovascular	None		None
IN	Medicaid/SCHIP/Family	33226	Repositioning Of Previously Implanted Cardiac	N	CG-SURG-63								

IN	Medicaid/SCHIP/Family	33227	Removal Of Permanent Pacemaker Pulse Generators	N				None	None	None
IN	Medicaid/SCHIP/Family	33228	Removal Of Permanent Pacemaker Pulse Generators	N				None	None	None
IN	Medicaid/SCHIP/Family	33229	Removal Of Permanent Pacemaker Pulse Generators	N						
IN	Medicaid/SCHIP/Family	3322F	Melanoma greater than AJCC Stage 0 or IA (MLR)	N						
IN	Medicaid/SCHIP/Family	33230	Insertion Of Pacing Cardioverter-Defibrillator P	N	CG-SURG-97			MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33231	Insertion Of Pacing Cardioverter-Defibrillator P	N	CG-SURG-97			MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33233	Removal of permanent pacemaker pulse generators	N						
IN	Medicaid/SCHIP/Family	33234	Removal, Transvenous Pacemaker Electrode(S)	N						
IN	Medicaid/SCHIP/Family	33235	Removal, Transvenous Pacemaker Electrode(S)	N						
IN	Medicaid/SCHIP/Family	33236	Removal, Permanent Epicardial Pacemaker/Electrode	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33237	Removal, Permanent Epicardial Pacemaker & Electrode	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33238	Removal, Permanent Transvenous Electrode(S)	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	3323F	Clinical tumor, node and metastases (TNM) staging	R						
IN	Medicaid/SCHIP/Family	33240	Insertion of pacing cardioverter-defibrillator pulse generator	N	CG-SURG-63, CG-SURG-97			MCG: Electrophysiologic Study and	None	None
IN	Medicaid/SCHIP/Family	33241	Removal of pacing cardioverter-defibrillator pulse generator	N						
IN	Medicaid/SCHIP/Family	33243	Removal, Single/Dual Chamber Pacing Cardioverter-Defibrillator	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33244	Removal, Single/Dual Chamber Pacing Cardioverter-Defibrillator	N						
IN	Medicaid/SCHIP/Family	33249	Insertion or replacement of permanent pacing system	N	CG-SURG-63, CG-SURG-97			MCG: Electrophysiologic Study and	None	None
IN	Medicaid/SCHIP/Family	3324F	MRI or CT scan ordered, reviewed or requested	R						
IN	Medicaid/SCHIP/Family	33250	Operative Ablation, Supraventricular Arrhythmias	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33251	Operative Ablation, Supraventricular Arrhythmias	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33254	Operative tissue ablation and reconstruction of the heart	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33255	Operative tissue ablation and reconstruction of the heart	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33256	Operative tissue ablation and reconstruction of the heart	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33257	Operative tissue ablation and reconstruction of the heart	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33258	Operative tissue ablation and reconstruction of the heart	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33259	Operative tissue ablation and reconstruction of the heart	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	3325F	Preoperative assessment of functional or medication status	R						
IN	Medicaid/SCHIP/Family	33261	Operative Ablation, Ventricular Arrhythmias	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33262	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator	N				None	None	None
IN	Medicaid/SCHIP/Family	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator	N						
IN	Medicaid/SCHIP/Family	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator	N				Please review associated implant	None	None
IN	Medicaid/SCHIP/Family	33265	Endoscopy, surgical; operative tissue ablation and reconstruction	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33266	Endoscopy, surgical; operative tissue ablation and reconstruction	N	CG-SURG-05			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33270	Insertion or replacement of permanent subcutaneous implantable cardioverter-defibrillator	Y	CG-SURG-97			None	None	None
IN	Medicaid/SCHIP/Family	33271	Insertion of subcutaneous implantable cardioverter-defibrillator	N	CG-SURG-97			None	None	None
IN	Medicaid/SCHIP/Family	33272	Removal of subcutaneous implantable cardioverter-defibrillator	N				None	None	None
IN	Medicaid/SCHIP/Family	33273	Repositioning of previously implanted subcutaneous implantable cardioverter-defibrillator	N				None	None	None
IN	Medicaid/SCHIP/Family	33274	Transcatheter insertion or replacement of permanent leadless pacemaker	N	SURG.00150			None	None	None
IN	Medicaid/SCHIP/Family	33275	Transcatheter removal of permanent leadless pacemaker	N	SURG.00150			None	None	None
IN	Medicaid/SCHIP/Family	33285	Insertion, subcutaneous cardiac rhythm monitoring device	N	CG-MED-74			None	None	None
IN	Medicaid/SCHIP/Family	33286	Removal, subcutaneous cardiac rhythm monitoring device	N	CG-MED-74			None	None	None
IN	Medicaid/SCHIP/Family	33289	Transcatheter implantation of wireless pulmonary vein ablation catheter	N	MED.00115			None	None	None
IN	Medicaid/SCHIP/Family	3328F	Performance status documented and reviewed	R						
IN	Medicaid/SCHIP/Family	33300	Repair, Cardiac Wound; W/O Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33305	Repair, Cardiac Wound; W/Cardiopulmonary Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	3330F	Imaging study ordered (BkP)	R						
IN	Medicaid/SCHIP/Family	33310	Cardiotomy, Exploratory W/Removal, Fb; W/O Cardiopulmonary Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33315	Cardiotomy, Exploratory W/Removal, Fb; W/Cardiopulmonary Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	3331F	Imaging study not ordered (BkP)	R						
IN	Medicaid/SCHIP/Family	33320	Suture Repair, Aorta/Great Vessels; W/O Shunt Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33321	Suture Repair, Aorta/Great Vessels; W/Shunt Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33322	Suture Repair, Aorta/Great Vessels; W/Cardiopulmonary Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33330	Insertion, Graft, Aorta/Great Vessels; W/O Shunt Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33335	Insertion, Graft, Aorta/Great Vessels; W/Cardiopulmonary Bypass	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	33340	Percutaneous transcatheter closure of the left atrial septum	N	SURG.00032			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33361	Transcatheter aortic valve replacement (TAVR)	N	SURG.00121			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33362	Transcatheter aortic valve replacement (TAVR)	N	SURG.00121			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	33363	Transcatheter aortic valve replacement (TAVR)	N	SURG.00121			This service must be performed in an Inpatient setting.	None	None

IN	Medicaid/SCHIP/Family	33364	Transcatheter aortic valve replacement (TAVR/	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33365	Transcatheter aortic valve replacement (TAVR/	N		SURG.00121			This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33366	Transcatheter aortic valve replacement (tavr/ta	Y		SURG.00121			This service must be performed in an inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33367	Transcatheter aortic valve replacement (TAVR/	N		SURG.00121			This service must be performed in an inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33368	Transcatheter aortic valve replacement (TAVR/	N		SURG.00121			This service must be performed in an inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33369	Transcatheter aortic valve replacement (TAVR/	N		SURG.00121			This service must be performed in an inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33390	Valvuloplasty, aortic valve, open, with cardiopu	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33391	Valvuloplasty, aortic valve, open, with cardiopu	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33404	Construction, Apical-Aortic Conduit	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33405	Replacement, aortic valve, open, with cardiopu	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33406	Replacement, aortic valve, open, with cardiopu	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	3340F	Mammogram assessment category of "incomple	R								
IN	Medicaid/SCHIP/Family	33410	Replacement, aortic valve, open, with cardiopu	N		CG-SURG-97			This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33411	Replacement, aortic valve; with aortic annulus	N		CG-SURG-97			This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33412	Replacement, Aortic Valve; W/Transventricular	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33413	Replacement, Aortic Valve; Translocation, Auto	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33414	Repair, Left Ventricular Outflow Tract Obstruct	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33415	Resection/Incision, Subvalvular Tissue, Discrete	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33416	Ventriculomyotomy/Myectomy, Idiopathic Hyp	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33417	Aortoplasty (Gusset), Supravalvular Stenosis	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33418	Transcatheter mitral valve repair, percutaneous	Y		SURG.00121			This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33419	Transcatheter mitral valve repair, percutaneous	Y		SURG.00121			This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	3341F	Mammogram assessment category of "negative	R								
IN	Medicaid/SCHIP/Family	33420	Valvotomy, Mitral Valve; Closed Heart	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33422	Valvotomy, Mitral Valve; Open Heart, W/Cardiac	N		CG-SURG-97			This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33425	Valvuloplasty, Mitral Valve, W/Cardiopulmonar	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33426	Valvuloplasty, Mitral Valve, W/Cardiopulmonar	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33427	Valvuloplasty, Mitral Valve, W/Cardiopulmonar	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	3342F	Mammogram assessment category of "benign"	R								
IN	Medicaid/SCHIP/Family	33430	Replacement, Mitral Valve, W/Cardiopulmonar	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	3343F	Mammogram assessment category of "probabl	R								
IN	Medicaid/SCHIP/Family	33440	Replacement, aortic valve; by translocation of a	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	3344F	Mammogram assessment category of "suspicio	R								
IN	Medicaid/SCHIP/Family	3345F	Mammogram assessment category of "highly s	R								
IN	Medicaid/SCHIP/Family	33460	Valvectomy, Tricuspid Valve, W/Cardiopulmon	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33463	Valvuloplasty, Tricuspid Valve; W/O Ring Inset	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33464	Valvuloplasty, Tricuspid Valve; W/Ring Inserti	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33465	Replacement, Tricuspid Valve, W/Cardiopulmor	N					This service must be performed in an inpatient setting.	MCG RFC(Post Acute)S-5290 Cardia	None	None
IN	Medicaid/SCHIP/Family	33468	Tricuspid Valve Repositioning & Plication, Ebste	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33470	Valvotomy, Pulmonary Valve, Closed Heart; Tra	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33471	Valvotomy, Pulmonary Valve, Closed Heart; Via	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33474	Valvotomy, Pulmonary Valve, Open Heart; W/C	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33475	Replacement, Pulmonary Valve	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33476	Right Ventricular Resection, Infundibular Steno	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33477	Transcatheter pulmonary valve implantation, p	Y		SURG.00121			This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33478	Outflow Tract Augmentation (Gusset), W/Wo C	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33496	Repair, Prosthetic Valve Dysfunction W/Cardio	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33500	Repair, Coronary Av/Arteriocardiac Chamber Fi	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33501	Repair, Coronary Av/Arteriocardiac Chamber Fi	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33502	Repair of anomalous coronary artery from pultr	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33503	Repair of anomalous coronary artery from pultr	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33504	Repair of anomalous coronary artery from pultr	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33505	Repair of anomalous coronary artery from pultr	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33506	Repair of anomalous coronary artery from pultr	N					This service must be performed in an inpatient setting.			
IN	Medicaid/SCHIP/Family	33507	Repair of anomalous (eg, intramural) aortic orig	N					This service must be performed in an inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33508	Endoscopy W/Video-Assisted Vein Harvest, Cab	N								
IN	Medicaid/SCHIP/Family	3350F	Mammogram assessment category of "known l	R								
IN	Medicaid/SCHIP/Family	33510	Coronary Artery Bypass, Vein Only; Single Coroi	N					This service must be performed in an inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33511	Coronary artery bypass, vein only; 2 coronary v	N					This service must be performed in an inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None

IN	Medicaid/SCHIP/Family	33512	Coronary artery bypass, vein only; 3 coronary v	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33513	Coronary artery bypass, vein only; 4 coronary v	N	CG-SURG-97		This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33514	Coronary Artery Bypass, Vein Only; 5 Coronary	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33516	Coronary artery bypass, vein only; 6 or more co	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33517	Coronary artery bypass, using venous graft(s) a	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33518	Coronary artery bypass, using venous graft(s) a	N	CG-SURG-97		This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33519	Coronary artery bypass, using venous graft(s) a	N	CG-SURG-97		This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	3351F	Negative screen for depressive symptoms as ca	R						
IN	Medicaid/SCHIP/Family	33521	Coronary artery bypass, using venous graft(s) a	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33522	Coronary artery bypass, using venous graft(s) a	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33523	Coronary artery bypass, using venous graft(s) a	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	3352F	No significant depressive symptoms as categori	R						
IN	Medicaid/SCHIP/Family	33530	Reoperation, Coronary Artery Bypass/Valve Proc	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33533	Coronary Artery Bypass, Using Arterial Graft(S);	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33534	Coronary Artery Bypass, Using Arterial Graft(S);	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33535	Coronary Artery Bypass, Using Arterial Graft(S);	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	33536	Coronary Artery Bypass, Using Arterial Graft(S);	N			This service must be performed in an Inpatient setting.	MCG: RFC: S-5390: Coronary Artery	None	None
IN	Medicaid/SCHIP/Family	3353F	Mild to moderate depressive symptoms as cate	R						
IN	Medicaid/SCHIP/Family	33542	Myocardial Resection (Ventricular Aneurysmect	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33545	Repair, Postinfarction Ventricular Septal Defect	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33548	Surgical ventricular restoration procedure, inclu	Y	SURG.00005		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	3354F	Clinically significant depressive symptoms as ca	R						
IN	Medicaid/SCHIP/Family	33572	Coronary Endarterectomy, Open, Lad/Circumflx	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33600	Closure, Atrioventricular Valve (Mitral/Tricuspid	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33602	Closure, Semilunar Valve (Aortic/Pulmonary), Si	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33606	Anastomosis, Pulmonary Artery To Aorta	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33608	Repair, Complex Cardiac Anomaly, Non-Pulm Al	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33610	Repair, Complex Cardiac Anomalies, Surg Enlarg	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33611	Repair, Double Outlet Right Ventricle W/Intrave	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33612	Repair, Double Outlet Right Ventricle W/Intrave	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33615	Repair, Complex Cardiac Anomalies, Closure, At	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33617	Repair, Complex Cardiac Anomalies, Modified F	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33619	Repair, Single Ventricle W/Aortic Outflow Obstr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33620	Application of right and left pulmonary artery b	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33621	Trans thoracic insertion of catheter for stent pla	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33622	Reconstruction of complex cardiac anomaly (eg	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33641	Repair, Atrial Septal Defect, Secundum, W/Carc	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33645	Direct/Patch Closure, Sinus Venosus, W/Wo An	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33647	Repair, Atrial Septal Defect & Ventricular Septal	N			This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33660	Repair, Incomplete/Partial Atrioventricular Can	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33665	Repair, Intermediate/Transitional Atrioventricu	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33670	Repair, Complete Atrioventricular Canal, W/Wo	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33675	Closure of multiple ventricular septal defects;	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33676	Closure of multiple ventricular septal defects; w	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33677	Closure of multiple ventricular septal defects; w	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33681	Closure of single ventricular septal defect, with	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33684	Closure, Ventricular Septal Defect, W/Wo Patch	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33688	Closure, Ventricular Septal Defect, W/Wo Patch	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33690	Banding, Pulmonary Artery	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33692	Complete Repair Tetralogy, Fallot W/O Pulmon:	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33694	Complete Repair Tetralogy, Fallot W/O Pulmon:	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33697	Repair Tetralogy, Fallot W/Pulm Atresia W/Con	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33702	Repair Sinus, Valsalva Fistula, W/Cardiopulmon	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	3370F	AJCC Breast Cancer Stage 0, documented (ONC	R						
IN	Medicaid/SCHIP/Family	33710	Repair Sinus, Valsalva Fistula, W/Cardiopulmon	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33720	Repair Sinus, Valsalva Aneurysm, W/Cardiopulm	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	33722	Closure, Aortico-Left Ventricular Tunnel	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33724	Repair of isolated partial anomalous pulmonary	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33726	Repair of pulmonary venous stenosis	N			This service must be performed in an Inpatient setting.			

IN	Medicaid/SCHIP/Family	3372F	AJCC Breast Cancer Stage I: T1mic, T1a or T1b (I	R								
IN	Medicaid/SCHIP/Family	33730	Complete Repair, Anomalous Venous Return (S	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33732	Repair, Cor Triatriatum/Supravalvular Mitral Rir	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33735	Atrial Septectomy/Septostomy; Closed Heart	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33736	Atrial Septectomy/Septostomy; Open Heart W/	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33737	Atrial Septectomy/Septostomy; Open Heart, W/	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33741	Transcatheter atrial septostomy (TAS) for cong	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33745	Transcatheter intracardiac shunt (TIS) creation	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33746	Transcatheter intracardiac shunt (TIS) creation	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3374F	AJCC Breast Cancer Stage I: T1c (tumor size > 1	R								
IN	Medicaid/SCHIP/Family	33750	Shunt; Subclavian To Pulmonary Artery	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33755	Shunt; Ascending Aorta To Pulmonary Artery	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33762	Shunt; Descending Aorta To Pulmonary Artery	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33764	Shunt; Central, W/Prosthetic Graft	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33766	Shunt; Superior Vena Cava To Pulmonary Arter	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33767	Shunt; Superior Vena Cava To Pulmonary Arter	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33768	Anastomosis, cavopulmonary, second superior	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3376F	AJCC Breast Cancer Stage II, documented (ONC	R								
IN	Medicaid/SCHIP/Family	33770	Repair, Transposition Great Arteries; W/O Surgi	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33771	Repair, Transposition Great Arteries; W/Surgica	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33774	Repair, Transposition Great Arteries, Atrial Baff	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33775	Repair, Transposition Great Arteries, Atrial Baff	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33776	Repair, Transposition Great Arteries, Atrial Baff	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33777	Repair, Transposition Great Arteries, Atrial Baff	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33778	Repair, Transposition Great Arteries, Aortopulr	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33779	Repair, Transposition Great Arteries, Aortopulr	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33780	Repair, Transposition Great Arteries, Aortopulr	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33781	Repair, Transposition Great Arteries, Aortopulr	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33782	Aortic root translocation with ventricular septal	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33783	Aortic root translocation with ventricular septal	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33786	Total Repair, Truncus Arteriosus	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33788	Reimplantation, Anomalous Pulmonary Artery	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3378F	AJCC Breast Cancer Stage III, documented (ONC	R								
IN	Medicaid/SCHIP/Family	33800	Aortic Suspension, Tracheal Decompression (Se	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33802	Division, Aberrant Vessel (Vascular Ring);	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33803	Division, Aberrant Vessel (Vascular Ring); W/Re	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3380F	AJCC Breast Cancer Stage IV, documented (ONC	R								
IN	Medicaid/SCHIP/Family	33813	Obliteration, Aortopulmonary Septal Defect; W/	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33814	Obliteration, Aortopulmonary Septal Defect; W/	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33820	Repair, Patent Ductus Arteriosus; Ligation	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33822	Repair, Patent Ductus Arteriosus; Division, < Ag	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33824	Repair, Patent Ductus Arteriosus; Division, Age	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3382F	AJCC colon cancer, Stage 0, documented (ONC)	R								
IN	Medicaid/SCHIP/Family	33840	Excision, Coarctation, Aorta W/Wo Patent Duct	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33845	Excision, Coarctation, Aorta W/Wo Patent Duct	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3384F	AJCC colon cancer, Stage I, documented (ONC)	R								
IN	Medicaid/SCHIP/Family	33851	Excision, Coarctation, Aorta; Repair W/ Left Sub	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33852	Repair, Hypoplastic Aortic Arch W/Autogenous	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33853	Repair, Hypoplastic Aortic Arch W/Autogenous	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33858	Ascending aorta graft, with cardiopulmonary by	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33859	Ascending aorta graft, with cardiopulmonary by	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33863	Ascending aorta graft, with cardiopulmonary by	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33864	Ascending aorta graft, with cardiopulmonary by	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33866	Aortic hemiarch graft including isolation and co	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	3386F	AJCC colon cancer, Stage II, documented (ONC)	R								
IN	Medicaid/SCHIP/Family	33871	Transverse aortic arch graft, with cardiopulmon	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33875	Descending Thoracic Aorta Graft, W/Wo Bypass	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33877	Repair, Thoracoabdominal Aortic Aneurysm W/	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	33880	Endovascular repair of descending thoracic aort	N	CG-SURG-86							This service must be performed in an Inpatient setting.

IN	Medicaid/SCHIP/Family 33881	Endovascular repair of descending thoracic aort	N	CG-SURG-86		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 33883	Placement of proximal extension prosthesis for	N	CG-SURG-86		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 33884	Placement of proximal extension prosthesis for	Y	CG-SURG-86		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 33886	Placement of distal extension prosthesis(s) dela	N	CG-SURG-86		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 33889	Open subclavian to carotid artery transposition	N	CG-SURG-86		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 3388F	AJCC colon cancer, Stage III, documented (ONC	R						
IN	Medicaid/SCHIP/Family 33891	Bypass graft, with other than vein, transcervica	Y	CG-SURG-86		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 3390F	AJCC colon cancer, Stage IV, documented (ONC	R						
IN	Medicaid/SCHIP/Family 33910	Pulmonary Artery Embolectomy; W/Cardiopulm	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33915	Pulmonary Artery Embolectomy; W/O Cardiopu	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33916	Pulmonary Endarterectomy, W/Wo Embolecto	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33917	Repair, Pulmonary Artery Stenosis, Reconstruct	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33920	Repair, Pulmonary Atresia, W/Construct/Replac	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33922	Transection, Pulmonary Artery W/Cardiopulmo	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33924	Ligation/Takedown, Systemic-To-Pulmonary Ar	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33925	Repair of pulmonary artery arborization anoma	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33926	Repair of pulmonary artery arborization anoma	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33927	Implantation of a total replacement heart syste	Y	SURG.00145		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 33928	Removal and replacement of total replacement	Y	SURG.00145		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 33929	Removal of a total replacement heart system (e	N	SURG.00145		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 33930	Donor Cardiotomy-Pneumonectomy, W/Prepa	Y	TRANS.00026		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 33933	Backbench Standard Preparation Of Cadaver Dc	Y	TRANS.00026		This service must be performed in an Inpatient setting.	MCG: GRG: A-APC: Ancillary Proced	None	None
IN	Medicaid/SCHIP/Family 33935	Heart-Lung Transplant W/Recipient Cardiectom	Y	TRANS.00026		This service must be performed in an Inpatient setting.	MCG: ISC: W0076: Lung Transplant,	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 33940	Donor Cardiotomy, W/Preparation & Mainten	Y	TRANS.00033		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 33944	Backbench Standard Preparation Of Cadaver Dc	Y	TRANS.00033		This service must be performed in an Inpatient setting.	MCG: GRG: A-APC: Ancillary Proced	None	None
IN	Medicaid/SCHIP/Family 33945	Heart Transplant, W/Wo Recipient Cardiectom	Y	TRANS.00033		This service must be performed in an Inpatient setting.	MCG: ISC: W0017: Heart Transplant	None	None
IN	Medicaid/SCHIP/Family 33946	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33947	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33948	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33949	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 3394F	Quantitative HER2 Immunohistochemistry (IHC	R						
IN	Medicaid/SCHIP/Family 33951	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33952	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33953	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33954	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33955	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33956	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33957	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33958	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33959	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 3395F	Quantitative non-HER2 Immunohistochemistry	R						
IN	Medicaid/SCHIP/Family 33962	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33963	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33964	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33965	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33966	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33967	Insertion, Intra-Aortic Balloon Assist Device, Pei	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33968	Removal, Intra-Aortic Balloon Assist Device, Pei	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33969	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33970	Insertion, Intra-Aortic Balloon Assist Device Thr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33971	Removal, Intra-Aortic Balloon Assist Device W/	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33973	Insertion, Intra-Aortic Balloon Assist Device Thr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33974	Removal, Intra-Aortic Balloon Assist Device, Asc	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33975	Insertion, Ventricular Assist Device; Extracorp	Y	SURG.00145		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 33976	Insertion, Ventricular Assist Device; Extracorp	Y	SURG.00145		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 33977	Removal, Ventricular Assist Device; Extracorp	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33978	Removal, Ventricular Assist Device; Extracorp	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 33979	Insertion, Ventricular Assist Device, Implantabl	Y	SURG.00145		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 33980	Removal, Ventricular Assist Device, Implantabl	N			This service must be performed in an Inpatient setting.			

IN	Medicaid/SCHIP/Family	33981	Replacement of extracorporeal ventricular assist device pump	Y	SURG.00145		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	33982	Replacement of ventricular assist device pump	Y	SURG.00145		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	33983	Replacement of ventricular assist device pump	Y	SURG.00145		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	33984	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33985	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33986	Extracorporeal membrane oxygenation (ECMO)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33987	Arterial exposure with creation of graft conduit	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33988	Insertion of left heart vent by thoracic incision	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33989	Removal of left heart vent by thoracic incision	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	33990	Insertion of ventricular assist device, percutane	Y	SURG.00145		This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	33991	Insertion of ventricular assist device, percutane	Y	SURG.00145		This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	33992	Removal of percutaneous ventricular assist dev	N			This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	33993	Repositioning of percutaneous ventricular assist	Y	SURG.00145		This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	33995	Insertion of ventricular assist device, percutane	N	SURG.00145		This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	33997	Removal of percutaneous right heart ventricula	N			This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	33999	Unlisted Proc. Cardiac Surgery	N	MED.00117, SURG.00005, SURG.00019, SURG.00032, SURG.00121, SURG.00123		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34001	Embolectomy/Thrombectomy; Carotid/Subclav	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	34051	Embolectomy/Thrombectomy; Innominate/Su	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	34101	Embolectomy/Thrombectomy; Axillary/Brachia	N						
IN	Medicaid/SCHIP/Family	34111	Embolectomy/Thrombectomy; Radial/Ulnar Art	N						
IN	Medicaid/SCHIP/Family	34151	Embolectomy/Thrombectomy; Renal/Celiac/Mi	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	34201	Embolectomy/Thrombectomy; Femoropoplitea	N						
IN	Medicaid/SCHIP/Family	34203	Embolectomy/Thrombectomy; Popliteal-Tibio-F	N						
IN	Medicaid/SCHIP/Family	34401	Thrombectomy, Direct/W/Catheter; Vena Cava	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	34421	Thrombectomy, Direct/W/Catheter; Vena Cava	N						
IN	Medicaid/SCHIP/Family	34451	Thrombectomy, Direct/W/Catheter; Vena Cava	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	34471	Thrombectomy, Direct/W/Catheter; Subclavian	N						
IN	Medicaid/SCHIP/Family	34490	Thrombectomy, Direct/W/Catheter; Axillary &	N						
IN	Medicaid/SCHIP/Family	34501	Valvuloplasty, Femoral Vein	N						
IN	Medicaid/SCHIP/Family	34502	Reconstruction, Vena Cava, Any Method	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	3450F	Dyspnea screened, no dyspnea or mild dyspnea	R						
IN	Medicaid/SCHIP/Family	34510	Venous Valve Transposition, Any Vein Donor	N						
IN	Medicaid/SCHIP/Family	3451F	Dyspnea screened, moderate or severe dyspne	R						
IN	Medicaid/SCHIP/Family	34520	Cross-Over Vein Graft To Venous System	N						
IN	Medicaid/SCHIP/Family	3452F	Dyspnea not screened (Pall Cr)	R						
IN	Medicaid/SCHIP/Family	34530	Saphenopopliteal Vein Anastomosis	N						
IN	Medicaid/SCHIP/Family	3455F	TB screening performed and results interprete	R						
IN	Medicaid/SCHIP/Family	34701	Endovascular repair of infrarenal aorta by depl	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34702	Endovascular repair of infrarenal aorta by depl	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34703	Endovascular repair of infrarenal aorta and/or il	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34704	Endovascular repair of infrarenal aorta and/or il	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34705	Endovascular repair of infrarenal aorta and/or il	Y	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34706	Endovascular repair of infrarenal aorta and/or il	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34707	Endovascular repair of iliac artery by deployme	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	34708	Endovascular repair of iliac artery by deployme	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	34709	Placement of extension prosthesis(es) distal to	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	3470F	Rheumatoid arthritis (RA) disease activity, low	R						
IN	Medicaid/SCHIP/Family	34710	Delayed placement of distal or proximal extens	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34711	Delayed placement of distal or proximal extens	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34712	Transcatheter delivery of enhanced fixation dev	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34713	Percutaneous access and closure of femoral art	N						
IN	Medicaid/SCHIP/Family	34714	Open femoral artery exposure with creation of	N						
IN	Medicaid/SCHIP/Family	34715	Open axillary/subclavian artery exposure for de	N	CG-SURG-86		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	34716	Open axillary/subclavian artery exposure with c	N						
IN	Medicaid/SCHIP/Family	34717	Endovascular repair of iliac artery at the time o	N	CG-SURG-86		This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	34718	Endovascular repair of iliac artery, not associa	N			This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family	3471F	Rheumatoid arthritis (RA) disease activity, mod	R						
IN	Medicaid/SCHIP/Family	3472F	Rheumatoid arthritis (RA) disease activity, high	R						
IN	Medicaid/SCHIP/Family	3475F	Disease prognosis for rheumatoid arthritis asse	R						

IN	Medicaid/SCHIP/Family	3476F	Disease prognosis for rheumatoid arthritis asse	R								
IN	Medicaid/SCHIP/Family	34808	Placement, Endovasc, Iliac Artery Occlusion De	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	34812	Open femoral artery exposure for delivery of er	N	CG-SURG-86			This service must be performed in an Inpatient setting.	MCG: ISC: W0084: Abdominal Aortic	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	34813	Placement, Fem-Fem Prosth Graft During Endov	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	34820	Open iliac artery exposure for delivery of endov	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	34830	Open Repair, Infrarenal Aortic Aneur/Dissec, &	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	34831	Open Repair, Infrarenal Aortic Aneur/Dissec & f	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	34832	Open Repair, Infrarenal Aortic Aneur/Dissec & f	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	34833	Open iliac artery exposure with creation of conu	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	34834	Open brachial artery exposure for delivery of er	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34839	Physician planning of a patient-specific fenestra	X	CG-SURG-86			Non covered but for pediatric me	None	None		None
IN	Medicaid/SCHIP/Family	34841	Endovascular repair of visceral aorta (eg, aneur	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34842	Endovascular repair of visceral aorta (eg, aneur	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34843	Endovascular repair of visceral aorta (eg, aneur	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34844	Endovascular repair of visceral aorta (eg, aneur	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34845	Endovascular repair of visceral aorta and infrar	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34846	Endovascular repair of visceral aorta and infrar	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34847	Endovascular repair of visceral aorta and infrar	N	CG-SURG-86			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	34848	Endovascular repair of visceral aorta and infrar	N	SURG.00054			This service must be performed in an Inpatient setting.	None	None		None
IN	Medicaid/SCHIP/Family	3490F	History of AIDS-defining condition (HIV)	R								
IN	Medicaid/SCHIP/Family	3491F	HIV indeterminate (infants of undetermined HIV)	R								
IN	Medicaid/SCHIP/Family	3492F	History of nadir CD4 cell count <350 cells/mm3	R								
IN	Medicaid/SCHIP/Family	3493F	No history of nadir CD4 cell count <350 cells/mi	R								
IN	Medicaid/SCHIP/Family	3494F	CD4 cell count <200 cells/mm3 (HIV)	R								
IN	Medicaid/SCHIP/Family	3495F	CD4 cell count 200-499 cells/mm3 (HIV)	R								
IN	Medicaid/SCHIP/Family	3496F	CD4 cell count equal or > 500 cells/mm3 (HIV)	R								
IN	Medicaid/SCHIP/Family	3497F	CD4 cell percentage < 15% (HIV)	R								
IN	Medicaid/SCHIP/Family	3498F	CD4 cell percentage equal or > 15% (HIV)	R								
IN	Medicaid/SCHIP/Family	35001	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35002	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35005	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	3500F	CD4+ cell count or CD4+ cell percentage docum	N								
IN	Medicaid/SCHIP/Family	35011	Repair Direct/False Aneurysm/Excision & Graft	N								
IN	Medicaid/SCHIP/Family	35013	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35021	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35022	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	3502F	HIV RNA viral load below limits of quantificati	R								
IN	Medicaid/SCHIP/Family	3503F	HIV RNA viral load not below limits of quantific	R								
IN	Medicaid/SCHIP/Family	35045	Repair Direct/False Aneurysm/Excision & Graft	N								
IN	Medicaid/SCHIP/Family	35081	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	35082	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	35091	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	35092	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	35102	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	35103	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5130 Aortic	None		None
IN	Medicaid/SCHIP/Family	3510F	Documentation that tuberculosis (TB) screening	R								
IN	Medicaid/SCHIP/Family	35111	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35112	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	3511F	Chlamydia and gonorrhea screenings documente	R								
IN	Medicaid/SCHIP/Family	35121	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35122	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	3512F	Syphilis screening documented as performed (f	R								
IN	Medicaid/SCHIP/Family	35131	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35132	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	3513F	Hepatitis B screening documented as performed	R								
IN	Medicaid/SCHIP/Family	35141	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	35142	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	3514F	Hepatitis C screening documented as performed	R								
IN	Medicaid/SCHIP/Family	35151	Repair Direct/False Aneurysm/Excision & Graft	N				This service must be performed in an Inpatient setting.				

IN	Medicaid/SCHIP/Family	35152	Repair Direct/False Aneurysm/Excision & Graft	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	3515F	Patient has documented immunity to Hepatitis	R							
IN	Medicaid/SCHIP/Family	3517F	Hepatitis B virus (HBV) status assessed and res	R							
IN	Medicaid/SCHIP/Family	35180	Repair, Congenital Arteriovenous Fistula; Head	N							
IN	Medicaid/SCHIP/Family	35182	Repair, Congenital Arteriovenous Fistula; Thora	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35184	Repair, Congenital Arteriovenous Fistula; Extre	N							
IN	Medicaid/SCHIP/Family	35188	Repair, Acquired/Traumatic Arteriovenous Fistu	N							
IN	Medicaid/SCHIP/Family	35189	Repair, Acquired/Traumatic Arteriovenous Fistu	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35190	Repair, Acquired/Traumatic Arteriovenous Fistu	N							
IN	Medicaid/SCHIP/Family	35201	Repair Blood Vessel, Direct; Neck	N							
IN	Medicaid/SCHIP/Family	35206	Repair Blood Vessel, Direct; Upper Extremity	N							
IN	Medicaid/SCHIP/Family	35207	Repair Blood Vessel, Direct; Hand, Finger	N							
IN	Medicaid/SCHIP/Family	3520F	Clostridium difficile testing performed (IBD)	R							
IN	Medicaid/SCHIP/Family	35211	Repair Blood Vessel, Direct; Intrathoracic, W/B	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35216	Repair Blood Vessel, Direct; Intrathoracic, W/O	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35221	Repair Blood Vessel, Direct; Intra-Abdominal	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35226	Repair Blood Vessel, Direct; Lower Extremity	N							
IN	Medicaid/SCHIP/Family	35231	Repair Blood Vessel W/Vein Graft; Neck	N							
IN	Medicaid/SCHIP/Family	35236	Repair Blood Vessel W/Vein Graft; Upper Extre	N							
IN	Medicaid/SCHIP/Family	35241	Repair Blood Vessel W/Vein Graft; Intrathoracic	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35246	Repair Blood Vessel W/Vein Graft; Intrathoracic	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35251	Repair Blood Vessel W/Vein Graft; Intra-Abdom	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35256	Repair Blood Vessel W/Vein Graft; Lower Extre	N							
IN	Medicaid/SCHIP/Family	35261	Repair Blood Vessel W/Graft Other Than Vein; I	N							
IN	Medicaid/SCHIP/Family	35266	Repair Blood Vessel W/Graft Other Than Vein; I	N							
IN	Medicaid/SCHIP/Family	35271	Repair Blood Vessel W/Graft Other Than Vein; I	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35276	Repair Blood Vessel W/Graft Other Than Vein; I	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35281	Repair Blood Vessel W/Graft Other Than Vein; I	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35286	Repair Blood Vessel W/Graft Other Than Vein; I	N							
IN	Medicaid/SCHIP/Family	35301	Thromboendarterectomy, including patch graft	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35302	Thromboendarterectomy, including patch graft	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35303	Thromboendarterectomy, including patch graft	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35304	Thromboendarterectomy, including patch graft	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35305	Thromboendarterectomy, including patch graft	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35306	Thromboendarterectomy, including patch graft	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35311	Thromboendarterectomy, W/Wo Patch Graft; S	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35321	Thromboendarterectomy, W/Wo Patch Graft; A	N							
IN	Medicaid/SCHIP/Family	35331	Thromboendarterectomy, W/Wo Patch Graft; A	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35341	Thromboendarterectomy, W/Wo Patch Graft; A	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35351	Thromboendarterectomy, W/Wo Patch Graft; II	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35355	Thromboendarterectomy, W/Wo Patch Graft; II	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35361	Thromboendarterectomy, W/Wo Patch Graft; C	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35363	Thromboendarterectomy, W/Wo Patch Graft; C	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35371	Thromboendarterectomy, W/Wo Patch Graft; C	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35372	Thromboendarterectomy, W/Wo Patch Graft; C	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35390	Reoperation, Carotid, Thromboendarterectomy	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35400	Angioscopy, Non-Coronary, During Therapeutic	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35500	Harvest Vein, Upper Extremity, One Segment, L	N							
IN	Medicaid/SCHIP/Family	35501	Bypass graft, with vein; common carotid-ipsilat	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35506	Bypass graft, with vein; carotid-subclavian or su	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35508	Bypass Graft, W/Vein; Carotid-Vertebral	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35509	Bypass graft, with vein; carotid-contralateral ca	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	3550F	Low risk for thromboembolism (AFIB)1	R							
IN	Medicaid/SCHIP/Family	35510	Bypass Graft, with Vein; Carotid-Brachial	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35511	Bypass Graft, W/Vein; Subclavian-Subclavian	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35512	Bypass Graft, with Vein; Subclavian-Brachial	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35515	Bypass Graft, W/Vein; Subclavian-Vertebral	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35516	Bypass Graft, W/Vein; Subclavian-Axillary	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	35518	Bypass Graft, W/Vein; Axillary-Axillary	N					This service must be performed in an Inpatient setting.		

IN	Medicaid/SCHIP/Family 3551F	Intermediate risk for thromboembolism (AFIB)1	R								
IN	Medicaid/SCHIP/Family 35521	Bypass Graft, W/Vein; Axillary-Femoral	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35522	Bypass Graft, with Vein; Axillary-Brachial	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35523	Bypass graft with vein; brachial-ulnar or radial	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35525	Bypass Graft, with Vein; Brachial-Brachial	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35526	Bypass graft, with vein; aortosubclavian, aortoiliac	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 3552F	High risk for thromboembolism (AFIB)1	R								
IN	Medicaid/SCHIP/Family 35531	Bypass Graft, W/Vein; Aortoceliac/Aortomesenteric	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35533	Bypass Graft, W/Vein; Axillary-Femoral-Femoral	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35535	Bypass graft, with vein; hepatorenal	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35536	Bypass Graft, W/Vein; Splenorenal	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35537	Bypass graft, with vein; aortoiliac	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35538	Bypass graft, with vein; aortobi-iliac	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35539	Bypass graft, with vein; aortofemoral	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35540	Bypass graft, with vein; aortobifemoral	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35556	Bypass Graft, W/Vein; Femoral-Popliteal	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35558	Bypass Graft, W/Vein; Femoral-Femoral	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 3555F	Patient had International Normalized Ratio (INR)	R								
IN	Medicaid/SCHIP/Family 35560	Bypass Graft, W/Vein; Aortorenal	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35563	Bypass Graft, W/Vein; Iliioiliac	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35565	Bypass Graft, W/Vein; Iliofemoral	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35566	Bypass Graft, W/Vein; Femoral-Ant Tibial/Post Tibial	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35571	Bypass Graft, W/Vein; Popliteal-Tibial, -Peroneal	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35572	Harvest, Femoropopliteal Vein, One Segment, Vein	N								
IN	Medicaid/SCHIP/Family 35583	In-Situ Vein Bypass; Femoral-Popliteal	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35585	In-Situ Vein Bypass; Femoral-Anterior Tibial, Popliteal	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35587	In-Situ Vein Bypass; Popliteal-Tibial, Peroneal	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35600	Harvest of upper extremity artery, one segment, vein	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35601	Bypass graft, with other than vein; common carotid	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35606	Bypass Graft, W/Other Than Vein; Carotid-Subclavian	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35612	Bypass Graft, W/Other Than Vein; Subclavian-Subclavian	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35616	Bypass Graft, W/Other Than Vein; Subclavian-Axillary	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35621	Bypass Graft, W/Other Than Vein; Axillary-Femoral	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35623	Bypass Graft, W/Other Than Vein; Axillary-Popliteal	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35626	Bypass graft, with other than vein; aortosubclavian	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35631	Bypass Graft, W/Other Than Vein; Aortoceliac, Mesenteric	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35632	Bypass graft, with other than vein; ilio-celiac	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35633	Bypass graft, with other than vein; ilio-mesenteric	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35634	Bypass graft, with other than vein; iliorenal	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35636	Bypass Graft, W/Other Than Vein; Splenorenal	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35637	Bypass graft, with other than vein; aortoiliac	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35638	Bypass graft, with other than vein; aortobi-iliac	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35642	Bypass Graft, W/Other Than Vein; Carotid-Vertebral	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35645	Bypass Graft, W/Other Than Vein; Subclavian-Vertebral	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35646	Bypass Graft, W/Other Than Vein; Aortobifemoral	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35647	Bypass Graft, W/Other Than Vein; Aortofemoral	N					This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5160 Aortofemoral	None	None
IN	Medicaid/SCHIP/Family 35650	Bypass Graft, W/Other Than Vein; Axillary-Axillary	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35654	Bypass Graft, W/Other Than Vein; Axillary-Femoral	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35656	Bypass Graft, W/Other Than Vein; Femoral-Popliteal	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35661	Bypass Graft, W/Other Than Vein; Femoral-Femoral	N					This service must be performed in an Inpatient setting.	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 35663	Bypass Graft, W/Other Than Vein; Iliioiliac	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35665	Bypass Graft, W/Other Than Vein; Iliofemoral	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35666	Bypass Graft, W/Other Than Vein; Femoral-Ant Tibial	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35671	Bypass Graft, W/Other Than Vein; Popliteal-Tibial	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35681	Bypass Graft; Composite/Prosthetic/Vein	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 35682	Bypass Graft; Autogenous Composite, 2 Segments	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35683	Bypass Graft; Autogenous Composite, 3+ Segments	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 35685	Placement, Vein Patch/Cuff, Distal Anastomosis	N								

IN	Medicaid/SCHIP/Family	35686	Creation, Distal Arteriovenous Fistula, Lower Ex	N						
IN	Medicaid/SCHIP/Family	35691	Transposition &/Or Reimplantation; Vertebral T	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35693	Transposition &/Or Reimplantation; Vertebral T	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35694	Transposition &/Or Reimplantation; Subclavian N						This service must be performed in None	None
IN	Medicaid/SCHIP/Family	35695	Transposition &/Or Reimplantation; Carotid To N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35697	Reimplantation, Visceral Artery To Infrarenal Ac	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35700	Reoperation, Femoral-Popliteal/Femoral/Other N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35701	Exploration, Not Followed, Surgical Repair, W/V N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35702	Exploration not followed by surgical repair, arte	N					This service must be performed in MCG: GRG: SG-CVS: Cardiovascular	None
IN	Medicaid/SCHIP/Family	35703	Exploration not followed by surgical repair, arte	N					This service must be performed in MCG: GRG: SG-CVS: Cardiovascular	None
IN	Medicaid/SCHIP/Family	3570F	Final report for bone scintigraphy study include	R						
IN	Medicaid/SCHIP/Family	3572F	Patient considered to be potentially at risk for	R						
IN	Medicaid/SCHIP/Family	3573F	Patient not considered to be potentially at risk	R						
IN	Medicaid/SCHIP/Family	35800	Exploration, Postoperative Hemorrhage, Throm	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35820	Exploration, Postoperative Hemorrhage, Throm	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35840	Exploration, Postoperative Hemorrhage, Throm	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35860	Exploration, Postoperative Hemorrhage, Throm	N						
IN	Medicaid/SCHIP/Family	35870	Repair, Graft-Enteric Fistula	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35875	Thrombectomy, Arterial/Venous Graft (Other T	N						
IN	Medicaid/SCHIP/Family	35876	Thrombectomy, Arterial/Venous Graft (Other T	N						
IN	Medicaid/SCHIP/Family	35879	Revision, Lower Extremity Artery Bypass W/O T	N				None	None	None
IN	Medicaid/SCHIP/Family	35881	Revision, Lower Extremity Artery Bypass W/O T	N				None	None	None
IN	Medicaid/SCHIP/Family	35883	Revision, femoral anastomosis of synthetic arte	N				None	None	None
IN	Medicaid/SCHIP/Family	35884	Revision, femoral anastomosis of synthetic arte	N				None	None	None
IN	Medicaid/SCHIP/Family	35901	Excision, Infected Graft; Neck	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35903	Excision, Infected Graft; Extremity	N						
IN	Medicaid/SCHIP/Family	35905	Excision, Infected Graft; Thorax	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	35907	Excision, Infected Graft; Abdomen	N					This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	36000	Introduction, Needle/Intracatheter, Vein	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	36002	Injection, (Thrombin) Percutaneous Treatment	N						
IN	Medicaid/SCHIP/Family	36005	Injection Proc, Extremity, Venography, W/Intro	N				None	None	None
IN	Medicaid/SCHIP/Family	36010	Introduction, Catheter, Superior/Inferior Vena C	N						
IN	Medicaid/SCHIP/Family	36011	Selective Catheter Placement, Venous System;	N						
IN	Medicaid/SCHIP/Family	36012	Selective Catheter Placement, Venous System;	N						
IN	Medicaid/SCHIP/Family	36013	Introduction, Catheter, Right Heart/Main Pulm	N						
IN	Medicaid/SCHIP/Family	36014	Selective Catheter Placement, Left/Right Pulm	N						
IN	Medicaid/SCHIP/Family	36015	Selective Catheter Placement, Segmental/Subs	N						
IN	Medicaid/SCHIP/Family	36100	Introduction, Needle/Intracatheter; Carotid/Ve	N						
IN	Medicaid/SCHIP/Family	36140	Introduction of needle or intracatheter, upper c	N						
IN	Medicaid/SCHIP/Family	36160	Introduction, Needle/Intracatheter; Aortic, Trar	N						
IN	Medicaid/SCHIP/Family	36200	Introduction Of Catheter, Aorta	N				None	None	None
IN	Medicaid/SCHIP/Family	36215	Selective Catheterization, Arterial; 1st Order Th	N						
IN	Medicaid/SCHIP/Family	36216	Selective Catheterization, Arterial; 2nd Order Tl	N						
IN	Medicaid/SCHIP/Family	36217	Selective Catheterization, Arterial; 3rd+ Order T	N						
IN	Medicaid/SCHIP/Family	36218	Selective Catheterization, Arterial; Add'l 2nd+ C	N						
IN	Medicaid/SCHIP/Family	36221	Non-selective catheter placement, thoracic aor	N				None	None	None
IN	Medicaid/SCHIP/Family	36222	Selective catheter placement, common carotid	N				None	None	None
IN	Medicaid/SCHIP/Family	36223	Selective catheter placement, common carotid	N				None	None	None
IN	Medicaid/SCHIP/Family	36224	Selective catheter placement, internal carotid a	N				None	None	None
IN	Medicaid/SCHIP/Family	36225	Selective catheter placement, subclavian or inn	N				None	None	None
IN	Medicaid/SCHIP/Family	36226	Selective catheter placement, vertebral artery,	N				None	None	None
IN	Medicaid/SCHIP/Family	36227	Selective catheter placement, external carotid	N						
IN	Medicaid/SCHIP/Family	36228	Selective catheter placement, each intracranial	N						
IN	Medicaid/SCHIP/Family	36245	Selective Catheter Placement, Arterial System;	N						
IN	Medicaid/SCHIP/Family	36246	Selective Catheter Placement, Arterial System;	N						
IN	Medicaid/SCHIP/Family	36247	Selective Catheter Placement, Arterial System;	N						
IN	Medicaid/SCHIP/Family	36248	Selective catheter placement, arterial system; e	N						
IN	Medicaid/SCHIP/Family	36251	Selective catheter placement (first-order), mair	N						
IN	Medicaid/SCHIP/Family	36252	Selective catheter placement (first-order), mair	N						

IN	Medicaid/SCHIP/Family 36253	Superselective catheter placement (one or mor	N							
IN	Medicaid/SCHIP/Family 36254	Superselective catheter placement (one or mor	N							
IN	Medicaid/SCHIP/Family 36260	Insertion, Implantable Intra-Arterial Infusion Pu	N	CG-SURG-79			None	None	None	
IN	Medicaid/SCHIP/Family 36261	Revision, Implanted Intra-Arterial Infusion Pum	N	CG-SURG-79			None	None	None	
IN	Medicaid/SCHIP/Family 36262	Removal, Implanted Intra-Arterial Infusion Pum	N				None	None	None	
IN	Medicaid/SCHIP/Family 36299	Unlisted Proc, Vascular Injection	N							
IN	Medicaid/SCHIP/Family 36400	Venipuncture, younger than age 3 years, neces	N							
IN	Medicaid/SCHIP/Family 36405	Venipuncture, younger than age 3 years, neces	N							
IN	Medicaid/SCHIP/Family 36406	Venipuncture, younger than age 3 years, neces	N							
IN	Medicaid/SCHIP/Family 36410	Venipuncture, age 3 years or older, necessitatir	N							
IN	Medicaid/SCHIP/Family 36415	Collection, Venous Blood, Venipuncture	N							
IN	Medicaid/SCHIP/Family 36416	Collection, Capillary Blood Specimen	N							
IN	Medicaid/SCHIP/Family 36420	Venipuncture, cutdown; younger than age 1 ye	N							
IN	Medicaid/SCHIP/Family 36425	Venipuncture, Cutdown; Age 1+	N							
IN	Medicaid/SCHIP/Family 36430	Transfusion, Blood/Blood Components	N				None	None	None	
IN	Medicaid/SCHIP/Family 36440	Push transfusion, blood, 2 years or younger	N				None	None	None	
IN	Medicaid/SCHIP/Family 36450	Exchange Transfusion, Blood; Newborn	N							
IN	Medicaid/SCHIP/Family 36455	Exchange Transfusion, Blood; Other Than Newb	N							
IN	Medicaid/SCHIP/Family 36456	Partial exchange transfusion, blood, plasma or c	N							
IN	Medicaid/SCHIP/Family 36460	Transfusion, Intrauterine, Fetal	N							
IN	Medicaid/SCHIP/Family 36465	Injection of non-compounded foam sclerosant	Y	SURG.00037			None	None	None	
IN	Medicaid/SCHIP/Family 36466	Injection of non-compounded foam sclerosant	Y	SURG.00037			None	None	None	
IN	Medicaid/SCHIP/Family 36468	Injection(s) of sclerosant for spider veins (telan)	X	ANC.00007, SURG.00037	Non covered but for pediatric me		None	None	None	
IN	Medicaid/SCHIP/Family 36470	Injection of sclerosant; single incompetent vein	Y	SURG.00037			MCG: GRG: SG-CVS: Cardiovascular	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 36471	Injection of sclerosant; multiple incompetent ve	Y	SURG.00037			MCG: GRG: SG-CVS: Cardiovascular	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 36473	Endovenous ablation therapy of incompetent v	Y	SURG.00037	This code requires mandatory M		None	None	None	
IN	Medicaid/SCHIP/Family 36474	Endovenous ablation therapy of incompetent v	Y	SURG.00037	This code requires mandatory M		None	None	None	
IN	Medicaid/SCHIP/Family 36475	Endovenous Ablation Therapy Of Incompetent	Y	SURG.00037	This code requires mandatory M		MCG: GRG: SG-CVS: Cardiovascular	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 36476	Endovenous ablation therapy of incompetent v	Y	SURG.00037	This code requires mandatory M		None	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 36478	Endovenous Ablation Therapy Of Incompetent	Y	SURG.00037	This code requires mandatory M		MCG: GRG: SG-CVS: Cardiovascular	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 36479	Endovenous ablation therapy of incompetent v	Y	SURG.00037	This code requires mandatory M		None	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 36481	Percutaneous portal vein catheterization by an	N							
IN	Medicaid/SCHIP/Family 36482	Endovenous ablation therapy of incompetent v	Y	SURG.00037			None	None	None	
IN	Medicaid/SCHIP/Family 36483	Endovenous ablation therapy of incompetent v	Y	SURG.00037			None	None	None	
IN	Medicaid/SCHIP/Family 36500	Venous Catheterization, Selective Organ Blood	N							
IN	Medicaid/SCHIP/Family 3650F	Electroencephalogram (EEG) ordered, reviewe	R							
IN	Medicaid/SCHIP/Family 36510	Catheterization, Umbilical Vein, Dx/Therapy, Ne	N							
IN	Medicaid/SCHIP/Family 36511	Therapeutic Apheresis; White Blood Cells	N	CG-MED-68			None	None	None	
IN	Medicaid/SCHIP/Family 36512	Therapeutic Apheresis; Red Blood Cells	N	CG-MED-68			None	None	None	
IN	Medicaid/SCHIP/Family 36513	Therapeutic Apheresis; Platelets	N	CG-MED-68			None	None	None	
IN	Medicaid/SCHIP/Family 36514	Therapeutic Apheresis; Plasma Pheresis	N	CG-MED-68			None	None	None	
IN	Medicaid/SCHIP/Family 36516	Therapeutic apheresis; with extracorporeal imn	N	CG-MED-68			None	None	None	
IN	Medicaid/SCHIP/Family 36522	Photopheresis, Extracorporeal	N							
IN	Medicaid/SCHIP/Family 36555	Insertion of non-tunneled centrally inserted ce	N							
IN	Medicaid/SCHIP/Family 36556	Insertion of Non-Tunneled Centrally Inserted Ce	N							
IN	Medicaid/SCHIP/Family 36557	Insertion of tunneled centrally inserted central	N							
IN	Medicaid/SCHIP/Family 36558	Insertion of Non-Tunneled Centrally Inserted Ce	N							
IN	Medicaid/SCHIP/Family 36560	Insertion of tunneled centrally inserted central	N							
IN	Medicaid/SCHIP/Family 36561	Insertion of Tunneled Centrally Inserted Centra	N							
IN	Medicaid/SCHIP/Family 36563	Insertion of Tunneled Centrally Inserted Centra	N	CG-SURG-79			None	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 36565	Insertion of Tunneled Centrally Inserted Centra	N							
IN	Medicaid/SCHIP/Family 36566	Insertion of Tunneled Centrally Inserted Centra	N							
IN	Medicaid/SCHIP/Family 36568	Insertion of peripherally inserted central venou	N							
IN	Medicaid/SCHIP/Family 36569	Insertion of peripherally inserted central venou	N							
IN	Medicaid/SCHIP/Family 36570	Insertion of peripherally inserted central venou	N							
IN	Medicaid/SCHIP/Family 36571	Insertion of Peripherally Inserted Central Venou	N							
IN	Medicaid/SCHIP/Family 36572	Insertion of peripherally inserted central venou	N							
IN	Medicaid/SCHIP/Family 36573	Insertion of peripherally inserted central venou	N							
IN	Medicaid/SCHIP/Family 36575	Repair of Tunneled or Non-Tunneled Central Ve	N							

IN	Medicaid/SCHIP/Family	36576	Repair of Central Venous Access Device, with Si	N							
IN	Medicaid/SCHIP/Family	36578	Replacement, Catheter Only, of Central Venous	N							
IN	Medicaid/SCHIP/Family	36580	Replacement, Complete, of a Non-Tunneled Cen	N							
IN	Medicaid/SCHIP/Family	36581	Replacement, Complete, of a Tunneled Centrall	N							
IN	Medicaid/SCHIP/Family	36582	Replacement, Complete, of a Tunneled Centrall	N							
IN	Medicaid/SCHIP/Family	36583	Replacement, Complete, of a Tunneled Centrall	N	CG-SURG-79			None	None	None	
IN	Medicaid/SCHIP/Family	36584	Replacement, complete, of a peripherally insert	N							
IN	Medicaid/SCHIP/Family	36585	Replacement, Complete, of a Peripherally Inser	N							
IN	Medicaid/SCHIP/Family	36589	Removal of Tunneled Central Venous Catheter,	N							
IN	Medicaid/SCHIP/Family	36590	Removal of Tunneled Central Venous Access De	N							
IN	Medicaid/SCHIP/Family	36591	Collection of blood specimen from a complete	N							
IN	Medicaid/SCHIP/Family	36592	Collection of blood specimen using established	N							
IN	Medicaid/SCHIP/Family	36593	Declotting by thrombolytic agent of implanted	N							
IN	Medicaid/SCHIP/Family	36595	Mechanical Removal of Pericath Obstructive M	N							
IN	Medicaid/SCHIP/Family	36596	Mechanical Removal of Intraluminal (Intracathe	N							
IN	Medicaid/SCHIP/Family	36597	Repositioning of Previously Placed Central Venc	N							
IN	Medicaid/SCHIP/Family	36598	Contrast injection(s) for radiologic evaluation o	N							
IN	Medicaid/SCHIP/Family	36600	Arterial Puncture, Withdrawal, Blood, Dx	N							
IN	Medicaid/SCHIP/Family	36620	Arterial Catheterization/Cannulation, Monitorir	N							
IN	Medicaid/SCHIP/Family	36625	Arterial Catheterization/Cannulation, Monitorir	N							
IN	Medicaid/SCHIP/Family	36640	Arterial Catheterization, Prolonged Infusion The	N							
IN	Medicaid/SCHIP/Family	36660	Catheterization, umbilical artery, newborn, for	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	36680	Placement, Needle, Intraosseous Infusion	N							
IN	Medicaid/SCHIP/Family	36800	Insertion, Cannula, Hemodialysis (Sep Proc); Ve	N							
IN	Medicaid/SCHIP/Family	36810	Insertion, Cannula, Hemodialysis (Sep Proc); Av	N							
IN	Medicaid/SCHIP/Family	36815	Insertion, Cannula, Hemodialysis (Sep Proc); Av	N							
IN	Medicaid/SCHIP/Family	36818	Arteriovenous Anastomosis, Open; By Upper Ar	N							
IN	Medicaid/SCHIP/Family	36819	Arteriovenous Anastomosis, Open; By Upper Ar	N							
IN	Medicaid/SCHIP/Family	36820	Arteriovenous Anastomosis, Open; Forearm Ve	N							
IN	Medicaid/SCHIP/Family	36821	Arteriovenous Anastomosis, Open; Direct, Any	N							
IN	Medicaid/SCHIP/Family	36823	Insert, Cannula, Isolated Extracorporeal Circula	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	36825	Creation, Av Fistula, Non-Direct (Sep Proc); Auti	N							
IN	Medicaid/SCHIP/Family	36830	Creation, Av Fistula, Non-Direct (Sep Proc); Non	N							
IN	Medicaid/SCHIP/Family	36831	Thrombectomy, Open, Av Fistula, W/O Revisio	N							
IN	Medicaid/SCHIP/Family	36832	Revision, Open, Av Fistula; W/O Thrombectomy	N							
IN	Medicaid/SCHIP/Family	36833	Revision, Open, Av Fistula; W/Thrombectomy, /	N							
IN	Medicaid/SCHIP/Family	36835	Insertion, Thomas Shunt (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	36838	Distal Revascularization and Interval Ligation (D	N							
IN	Medicaid/SCHIP/Family	36860	External Cannula Declotting (Sep Proc); W/O Ba	N							
IN	Medicaid/SCHIP/Family	36861	External Cannula Declotting (Sep Proc); W/Ballc	N							
IN	Medicaid/SCHIP/Family	36901	Introduction of needle(s) and/or catheter(s), di	Y	CG-SURG-93			None	None	None	
IN	Medicaid/SCHIP/Family	36902	Introduction of needle(s) and/or catheter(s), di	Y	CG-THER-RAD-07, CG-SURG-93			None	None	None	
IN	Medicaid/SCHIP/Family	36903	Introduction of needle(s) and/or catheter(s), di	Y	CG-SURG-93			None	None	None	
IN	Medicaid/SCHIP/Family	36904	Percutaneous transluminal mechanical thrombi	N							
IN	Medicaid/SCHIP/Family	36905	Percutaneous transluminal mechanical thrombi	Y	CG-SURG-93			None	None	None	
IN	Medicaid/SCHIP/Family	36906	Percutaneous transluminal mechanical thrombi	Y	CG-SURG-93			None	None	None	
IN	Medicaid/SCHIP/Family	36907	Transluminal balloon angioplasty, central dialys	Y	CG-SURG-93			None	None	None	
IN	Medicaid/SCHIP/Family	36908	Transcatheter placement of intravascular stent	Y	CG-SURG-93			None	None	None	
IN	Medicaid/SCHIP/Family	36909	Dialysis circuit permanent vascular embolizatio	N							
IN	Medicaid/SCHIP/Family	3700F	Psychiatric disorders or disturbances assessed (	R							
IN	Medicaid/SCHIP/Family	37140	Venous Anastomosis, Open; Portocaval	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	37145	Venous Anastomosis, Open; Renoportal	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	37160	Venous Anastomosis, Open; Cavalmesenteric	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	37180	Venous Anastomosis, Open; Splenorenal, Proxim	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	37181	Venous Anastomosis, Open; Splenorenal, Distal	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	37182	Insertion, Transvenous Intrahepatic Portosyste	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	37183	Revision, Transvenous Intrahepatic Portosysten	N							
IN	Medicaid/SCHIP/Family	37184	Primary percutaneous transluminal mechanical	N				MCG: GRG: SG-CVS: Cardiovascular	None	None	
IN	Medicaid/SCHIP/Family	37185	Primary percutaneous transluminal mechanical	N				MCG: GRG: SG-CVS: Cardiovascular	None	None	

IN	Medicaid/SCHIP/Family 37186	Secondary percutaneous transluminal thrombe	N					MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37187	Percutaneous transluminal mechanical thrombi	N							
IN	Medicaid/SCHIP/Family 37188	Percutaneous transluminal mechanical thrombi	N							
IN	Medicaid/SCHIP/Family 37191	Insertion of intravascular vena cava filter, endo	N	CG-SURG-59				None	None	None
IN	Medicaid/SCHIP/Family 37192	Repositioning of intravascular vena cava filter, €	N	CG-SURG-59				None	None	None
IN	Medicaid/SCHIP/Family 37193	Retrieval (removal) of intravascular vena cava f	N	CG-SURG-59				None	None	None
IN	Medicaid/SCHIP/Family 37195	Thrombolysis, Cerebral, IV Infusion	N					None	None	None
IN	Medicaid/SCHIP/Family 37197	Transcatheter retrieval, percutaneous, of intrav	N							
IN	Medicaid/SCHIP/Family 37200	Transcatheter Bx	N							
IN	Medicaid/SCHIP/Family 3720F	Cognitive impairment or dysfunction assessed (R								
IN	Medicaid/SCHIP/Family 37211	Transcatheter therapy, arterial infusion for thro	N							
IN	Medicaid/SCHIP/Family 37212	Transcatheter therapy, venous infusion for thro	N							
IN	Medicaid/SCHIP/Family 37213	Transcatheter therapy, arterial or venous infusi	N							
IN	Medicaid/SCHIP/Family 37214	Transcatheter therapy, arterial or venous infusi	N							
IN	Medicaid/SCHIP/Family 37215	Transcatheter Placement Of Intravascular Stent	N	CG-SURG-76			This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37216	Transcatheter Placement Of Intravascular Stent	X	CG-SURG-76			Non covered but for pediatric me	MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37217	Transcatheter placement of intravascular stent	N				This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 37218	Transcatheter placement of intravascular stent	N				This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family 37220	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37221	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37222	Revascularization, endovascular, open or percu	N	CG-SURG-49				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37223	Revascularization, endovascular, open or percu	N	CG-SURG-49				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37224	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37225	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37226	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37227	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37228	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37229	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37230	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37231	Revascularization, endovascular, open or percu	Y	CG-SURG-49				MCG ISC ORG Percutaneous Revasc	None	None
IN	Medicaid/SCHIP/Family 37232	Revascularization, endovascular, open or percu	N	CG-SURG-49				None	None	None
IN	Medicaid/SCHIP/Family 37233	Revascularization, endovascular, open or percu	N	CG-SURG-49				None	None	None
IN	Medicaid/SCHIP/Family 37234	Revascularization, endovascular, open or percu	N	CG-SURG-49				None	None	None
IN	Medicaid/SCHIP/Family 37235	Revascularization, endovascular, open or percu	N	CG-SURG-49				None	None	None
IN	Medicaid/SCHIP/Family 37236	Transcatheter placement of an intravascular ste	N					None	None	None
IN	Medicaid/SCHIP/Family 37237	Transcatheter placement of an intravascular ste	N					None	None	None
IN	Medicaid/SCHIP/Family 37238	Transcatheter placement of an intravascular ste	N	CG-SURG-106				None	None	None
IN	Medicaid/SCHIP/Family 37239	Transcatheter placement of an intravascular ste	N	CG-SURG-106				None	None	None
IN	Medicaid/SCHIP/Family 37241	Vascular embolization or occlusion, inclusive of	N	SURG.00037, SURG.00062				None	None	None
IN	Medicaid/SCHIP/Family 37242	Vascular embolization or occlusion, inclusive of	N	CG-SURG-83				None	None	None
IN	Medicaid/SCHIP/Family 37243	Vascular embolization or occlusion, inclusive of	Y	RAD.00059, CG-SURG-28, CG-SURG-78, CG-SURG-107				MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37244	Vascular embolization or occlusion, inclusive of	N	CG-SURG-28				None	None	None
IN	Medicaid/SCHIP/Family 37246	Transluminal balloon angioplasty (except lower	N	CG-SURG-76				None	None	None
IN	Medicaid/SCHIP/Family 37247	Transluminal balloon angioplasty (except lower	N							
IN	Medicaid/SCHIP/Family 37248	Transluminal balloon angioplasty (except dialys	N	CG-SURG-106				None	None	None
IN	Medicaid/SCHIP/Family 37249	Transluminal balloon angioplasty (except dialys	N	CG-SURG-106				None	None	None
IN	Medicaid/SCHIP/Family 37252	Intravascular ultrasound (noncoronary vessel)	c							
IN	Medicaid/SCHIP/Family 37253	Intravascular ultrasound (noncoronary vessel)	c							
IN	Medicaid/SCHIP/Family 3725F	Screening For Depression Performed (Dem)	R							
IN	Medicaid/SCHIP/Family 37500	Vascular Endoscopy, Surgical, W/Ligation, Perfo	N					MCG: GRG: SG-CVS: Cardiovascular	None	None
IN	Medicaid/SCHIP/Family 37501	Unlisted Vascular Endoscopy Proc	N							
IN	Medicaid/SCHIP/Family 3750F	Patient not receiving dose of corticosteroids gra	R							
IN	Medicaid/SCHIP/Family 3751F	Electrodiagnostic studies for distal symmetric p	R							
IN	Medicaid/SCHIP/Family 3752F	Electrodiagnostic studies for distal symmetric p	R							
IN	Medicaid/SCHIP/Family 3753F	Patient has clear clinical symptoms and signs th	R							
IN	Medicaid/SCHIP/Family 3754F	Screening tests for diabetes mellitus reviewed,	R							
IN	Medicaid/SCHIP/Family 3755F	Cognitive and behavioral impairment screening	R							
IN	Medicaid/SCHIP/Family 37565	Ligation, Int Jugular Vein	N							
IN	Medicaid/SCHIP/Family 3756F	Patient has pseudobulbar affect, sialorrhoea, or	R							

IN	Medicaid/SCHIP/Family	3757F	Patient does not have pseudobulbar affect, sial	R											
IN	Medicaid/SCHIP/Family	3758F	Patient referred for pulmonary function testing	R											
IN	Medicaid/SCHIP/Family	3759F	Patient screened for dysphagia, weight loss, an	R											
IN	Medicaid/SCHIP/Family	37600	Ligation; Ext Carotid Artery	N											
IN	Medicaid/SCHIP/Family	37605	Ligation; Int/Common Carotid Artery	N											
IN	Medicaid/SCHIP/Family	37606	Ligation; Int/Common Carotid Artery, W/Gradu	N											
IN	Medicaid/SCHIP/Family	37607	Ligation/Banding, Angioaccess Arteriovenous Fi	N											
IN	Medicaid/SCHIP/Family	37609	Ligation/Bx, Temporal Artery	N											
IN	Medicaid/SCHIP/Family	3760F	Patient exhibits dysphagia, weight loss, or impa	R											
IN	Medicaid/SCHIP/Family	37615	Ligation, Major Artery; Neck	N											
IN	Medicaid/SCHIP/Family	37616	Ligation, Major Artery; Chest	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	37617	Ligation, Major Artery; Abdomen	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	37618	Ligation, Major Artery; Extremity	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	37619	Ligation Of Inferior Vena Cava	N											
IN	Medicaid/SCHIP/Family	3761F	Patient does not exhibit dysphagia, weight loss,	R											
IN	Medicaid/SCHIP/Family	3762F	Patient is dysarthric (ALS)	R											
IN	Medicaid/SCHIP/Family	3763F	Patient is not dysarthric (ALS)	R											
IN	Medicaid/SCHIP/Family	37650	Ligation of femoral vein	N											
IN	Medicaid/SCHIP/Family	37660	Ligation of common iliac vein	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	37700	Ligation & Division, Long Saphenous Vein, Saph	N											MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	37718	Ligation, division, and stripping, short saphenou	N											None
IN	Medicaid/SCHIP/Family	37722	Ligation, division, and stripping, long (greater) s	N											MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	37735	Ligatn/Divisn/Strpg, Lng/Shrt Saphenous Veins	N											None
IN	Medicaid/SCHIP/Family	3775F	Adenoma(s) or other neoplasm detected during	R											None
IN	Medicaid/SCHIP/Family	37760	Ligation of perforator veins, subfascial, radical	N											MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	37761	Ligation of perforator vein(s), subfascial, open, i	N											MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	37765	Stab phlebectomy of varicose veins, 1 extremity	N											MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	37766	Stab phlebectomy of varicose veins, 1 extremity	N											MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	3776F	Adenoma(s) or other neoplasm not detected du	R											None
IN	Medicaid/SCHIP/Family	37780	Ligation & Division, Short Saphenous Vein, Saph	N											MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	37785	Ligation/Division/Excision, Recurrent Varicose \	N											None
IN	Medicaid/SCHIP/Family	37788	Penile Revascularization, Artery, W/Wo Vein Gr	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	37790	Penile Venous Occlusive Proc	N											
IN	Medicaid/SCHIP/Family	37799	Unlisted Proc, Vascular Surgery	N				MED.00102, SURG.00037, SURG.00146							MCG: GRG: SG-CVS: Cardiovascular
IN	Medicaid/SCHIP/Family	38100	Splenectomy; Total (Sep Proc)	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	38101	Splenectomy; Partial (Sep Proc)	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	38102	Splenectomy; Total, En Bloc, Extensive Disease,	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	38115	Repair, Ruptured Spleen (Splenorrhaphy) W/Wo	N											This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	38120	Laparoscopy, Surgical, Splenectomy	N											None
IN	Medicaid/SCHIP/Family	38129	Unlisted Laparoscopy Proc, Spleen	N											None
IN	Medicaid/SCHIP/Family	38200	Injection Proc, Splenoportography	N											
IN	Medicaid/SCHIP/Family	38204	Management, Recipient Hematopoietic Progeni	X				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.							Non covered but for pediatric me
IN	Medicaid/SCHIP/Family	38205	Blood-Derived Hematopoietic Progenitor Cell H	Y				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.000							MCG: GRG: A-MPC: Minor Procedur
IN	Medicaid/SCHIP/Family	38206	Blood-Derived Hematopoietic Progenitor Cell H	Y				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.000							MCG: GRG: A-MPC: Minor Procedur
IN	Medicaid/SCHIP/Family	38207	Transplant Preparation, Hematopoietic Progeni	X				TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.							Non covered but for pediatric me
IN	Medicaid/SCHIP/Family	38208	Transplant preparation of hematopoietic proge	X				TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.							None
IN	Medicaid/SCHIP/Family	38209	Transplant preparation of hematopoietic proge	X				TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00027, TRANS.							None
IN	Medicaid/SCHIP/Family	38210	Transplant Prep, Hematopoietic Progenitor Cell	X				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.							None
IN	Medicaid/SCHIP/Family	38211	Transplant Preparation, Hematopoietic Progeni	X				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.							None
IN	Medicaid/SCHIP/Family	38212	Transplant Preparation, Hematopoietic Progeni	X				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.							None
IN	Medicaid/SCHIP/Family	38213	Transplant Preparation, Hematopoietic Progeni	X				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.							None
IN	Medicaid/SCHIP/Family	38214	Transplant Preparation, Hematopoietic Progeni	X				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.							None
IN	Medicaid/SCHIP/Family	38215	Transplant Prep, Hematoiepotic Progenitor Cell	X				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.							None
IN	Medicaid/SCHIP/Family	38220	Diagnostic bone marrow; aspiration(s)	N											
IN	Medicaid/SCHIP/Family	38221	Diagnostic bone marrow; biopsy(ies)	N											
IN	Medicaid/SCHIP/Family	38222	Diagnostic bone marrow; biopsy(ies) and aspira	N											
IN	Medicaid/SCHIP/Family	38230	Bone marrow harvesting for transplantation; al	Y				TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.000							MCG: GRG: PG-ONC: Medical Oncol
IN	Medicaid/SCHIP/Family	38232	Bone Marrow Harvesting For Transplantation; /Y	Y				TRANS.00023, TRANS.00024, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00034, TRANS.000							MCG: GRG: PG-ONC: Medical Oncol
IN	Medicaid/SCHIP/Family	38240	Hematopoietic progenitor cell (HPC); allogeneic	Y				TRANS.00016, TRANS.00023, TRANS.00024, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.000							MCG: GRG: PG-ONC: Medical Oncol

IN	Medicaid/SCHIP/Family	38241	Hematopoietic progenitor cell (HPC); autologou	Y	TRANS.00023, TRANS.00027, TRANS.00028, TRANS.00029, TRANS.00030, TRANS.00031, TRANS.000	MCG: GRG: PG-ONC: Medical Oncol	None	None	
IN	Medicaid/SCHIP/Family	38242	Allogeneic lymphocyte infusions	Y	CG-TRANS-03	MCG: GRG: PG-ONC: Medical Oncol	None	None	
IN	Medicaid/SCHIP/Family	38243	Hematopoietic progenitor cell (HPC); HPC boost	Y	TRANS.00024, TRANS.00030, TRANS.00027, TRANS.00031, TRANS.00034, TRANS.00028, TRANS.000	None	None	None	
IN	Medicaid/SCHIP/Family	38300	Drainage, Lymph Node Abscess/Lymphadenitis;	N					
IN	Medicaid/SCHIP/Family	38305	Drainage, Lymph Node Abscess/Lymphadenitis;	N					
IN	Medicaid/SCHIP/Family	38308	Lymphangiectomy/Other Operations On Lymph	N					
IN	Medicaid/SCHIP/Family	38380	Suture &/Or Ligation, Thoracic Duct; Cervical A	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38381	Suture &/Or Ligation, Thoracic Duct; Thoracic A	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38382	Suture &/Or Ligation, Thoracic Duct; Abdomina	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38500	Bx/Excision, Lymph Node(S); Superficial	N			None	None	None
IN	Medicaid/SCHIP/Family	38505	Bx/Excision, Lymph Node(S); Needle, Superficia	N			None	None	None
IN	Medicaid/SCHIP/Family	38510	Bx/Excision, Lymph Node(S); Open, Deep Cervic	N			None	None	None
IN	Medicaid/SCHIP/Family	38520	Bx/Excision, Lymph Node(S); Open, Deep Cervic	N			None	None	None
IN	Medicaid/SCHIP/Family	38525	Bx/Excision, Lymph Node(S); Open, Deep Axilla	N			None	None	None
IN	Medicaid/SCHIP/Family	38530	Bx/Excision, Lymph Node(S); Int Mammmary Nod	N			None	None	None
IN	Medicaid/SCHIP/Family	38531	Biopsy or excision of lymph node(s); open, ingu	N					
IN	Medicaid/SCHIP/Family	38542	Dissection, Deep Jugular Node(S)	N			None	None	None
IN	Medicaid/SCHIP/Family	38550	Excision, Cystic Hygroma, Axillary/Cervical; W/C	N					
IN	Medicaid/SCHIP/Family	38555	Excision, Cystic Hygroma, Axillary/Cervical; W/I	N					
IN	Medicaid/SCHIP/Family	38562	Limited Lymphadenectomy, Staging (Sep Proc);	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38564	Limited Lymphadenectomy, Staging (Sep Proc);	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38570	Laparoscopy, Surgical; W/Retroperitoneal Lymf	N					
IN	Medicaid/SCHIP/Family	38571	Laparoscopy, Surgical; W/Bilat Total Pelvic Lym	N					
IN	Medicaid/SCHIP/Family	38572	Laparoscopy, Surgical; W/Bilat Total Pelvic Lym	N					
IN	Medicaid/SCHIP/Family	38573	Laparoscopy, surgical; with bilateral total pelvic	N					
IN	Medicaid/SCHIP/Family	38589	Laparoscopy, Lymphatic System, Unlisted Proc.	N					
IN	Medicaid/SCHIP/Family	38700	Suprahyoid Lymphadenectomy	N			None	None	None
IN	Medicaid/SCHIP/Family	38720	Cervical Lymphadenectomy (Complete)	N			None	None	None
IN	Medicaid/SCHIP/Family	38724	Cervical Lymphadenectomy (Modified Radical N	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38740	Axillary Lymphadenectomy; Superficial	N					
IN	Medicaid/SCHIP/Family	38745	Axillary Lymphadenectomy; Complete	N					
IN	Medicaid/SCHIP/Family	38746	horacic lymphadenectomy by thoracotomy, me	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38747	Abd Lymphadenec, Regional, W/Celiac, Gastric,	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38760	Inguinofemoral lymphadenectomy, superficial,	N					
IN	Medicaid/SCHIP/Family	38765	Inguinofemoral Lymphadenctmy, Superficial W/P	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38770	Pelvic Lymphadenectomy, W/Ext Iliac/Hypogas	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38780	Retroperitoneal Transabdominal Lymphadenec	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	38790	Injection Proc; Lymphangiography	N					
IN	Medicaid/SCHIP/Family	38792	Injection procedure; radioactive tracer for ident	N					
IN	Medicaid/SCHIP/Family	38794	Cannulation, Thoracic Duct	N					
IN	Medicaid/SCHIP/Family	38900	Intraoperative identification (eg, mapping) of se	N					
IN	Medicaid/SCHIP/Family	38999	Unlisted Proc, Hemic/Lymphatic System	N	SURG.00154, TRANS.00035, TRANS.00036		None	None	None
IN	Medicaid/SCHIP/Family	39000	Mediastinotomy W/Exploration, Drainage & Re	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39010	Mediastinotomy W/Exploration, Drainage & Re	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39200	Resection of mediastinal tumor	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39220	Resection of mediastinal tumor	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39401	Mediastinoscopy; includes biopsy(ies) of media	N					
IN	Medicaid/SCHIP/Family	39402	Mediastinoscopy; with lymph node biopsy(ies)	N					
IN	Medicaid/SCHIP/Family	39499	Unlisted Proc, Mediastinum	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39501	Repair, Laceration, Diaphragm, Any Approach	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39503	Repair, Neonatal Diaphragmatic Hernia, W/Wo	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39540	Repair, Diaphragmatic Hernia (Other Than Neo	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39541	Repair, Diaphragmatic Hernia (Other Than Neo	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39545	Imbrication, Diaphragm, Eventration, Transthor	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39560	Resection, Diaphragm; W/Simple Repair	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39561	Resection, Diaphragm; W/Complex Repair	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	39599	Unlisted Proc, Diaphragm	N			This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	4000F	Tobacco use cessation intervention, counseling	R					
IN	Medicaid/SCHIP/Family	4001F	Tobacco use cessation intervention, pharmacol	R					

IN	Medicaid/SCHIP/Family 40720	Plastic Repair, Cleft Lip/Nasal Deformity; Second	N					None	None	None
IN	Medicaid/SCHIP/Family 4073F	Oral antiplatelet therapy prescribed at discharge	R							
IN	Medicaid/SCHIP/Family 4075F	Anticoagulant therapy prescribed at discharge (	R							
IN	Medicaid/SCHIP/Family 40761	Plastic Repair, Cleft Lip/Nasal Deformity; W/Crc	N					None	None	None
IN	Medicaid/SCHIP/Family 4077F	Documentation that tissue plasminogen activat	R							
IN	Medicaid/SCHIP/Family 40799	Unlisted Proc, Lips	N							
IN	Medicaid/SCHIP/Family 4079F	Documentation that rehabilitation services wer	R							
IN	Medicaid/SCHIP/Family 40800	Drainage, Abscess, Cyst, Hematoma, Vestibule,	N							
IN	Medicaid/SCHIP/Family 40801	Drainage, Abscess, Cyst, Hematoma, Vestibule,	N							
IN	Medicaid/SCHIP/Family 40804	Removal, Embedded Fb, Vestibule, Mouth; Sim	N							
IN	Medicaid/SCHIP/Family 40805	Removal, Embedded Fb, Vestibule, Mouth; Cor	N							
IN	Medicaid/SCHIP/Family 40806	Incision, Labial Frenum (Frenotomy)	N							
IN	Medicaid/SCHIP/Family 40808	Bx, Vestibule, Mouth	N							
IN	Medicaid/SCHIP/Family 40810	Excision, Lesion, Mucosa & Submucosa, Vestibu	N							
IN	Medicaid/SCHIP/Family 40812	Excision, Lesion, Mucosa & Submucosa, Vestibu	N							
IN	Medicaid/SCHIP/Family 40814	Excision, Lesion, Mucosa & Submucosa, Vestibu	N							
IN	Medicaid/SCHIP/Family 40816	Excision, Lesion, Mucosa & Submucosa, Vestibu	N							
IN	Medicaid/SCHIP/Family 40818	Excision, Mucosa, Vestibule, Mouth As Donor G	N							
IN	Medicaid/SCHIP/Family 40819	Excision, Frenum, Labial/Buccal (Frenumectomy)	N							
IN	Medicaid/SCHIP/Family 40820	Destruction, Lesion/Scar, Mouth, Physical Meth	N							
IN	Medicaid/SCHIP/Family 40830	Closure, Laceration, Vestibule, Mouth; 2.5 Cm/	N							
IN	Medicaid/SCHIP/Family 40831	Closure, Laceration, Vestibule, Mouth; > 2.5 Cm	N							
IN	Medicaid/SCHIP/Family 40840	Vestibuloplasty; Anterior	N							
IN	Medicaid/SCHIP/Family 40842	Vestibuloplasty; Posterior, Unilat	N							
IN	Medicaid/SCHIP/Family 40843	Vestibuloplasty; Posterior, Bilat	N							
IN	Medicaid/SCHIP/Family 40844	Vestibuloplasty; Entire Arch	N							
IN	Medicaid/SCHIP/Family 40845	Vestibuloplasty; Complex (W/Ridge Extension, I	N							
IN	Medicaid/SCHIP/Family 4084F	Aspirin received within 24 hours before emerg	R							
IN	Medicaid/SCHIP/Family 4086F	Aspirin Or Clopidogrel Prescribed Or Currently E	R							
IN	Medicaid/SCHIP/Family 40899	Unlisted Proc, Vestibule, Mouth	N	CG-LAB-12				None	None	None
IN	Medicaid/SCHIP/Family 4090F	Patient receiving erythropoietin therapy (HEM)	R							
IN	Medicaid/SCHIP/Family 4095F	Patient not receiving erythropoietin therapy (H	R							
IN	Medicaid/SCHIP/Family 41000	Intraoral Incision & Drainage, Abscess/Cyst/He	N					None	None	None
IN	Medicaid/SCHIP/Family 41005	Intraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 41006	Intraoral Incision & Drain, Abscess/Cyst/Hemat	N							
IN	Medicaid/SCHIP/Family 41007	Intraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 41008	Intraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 41009	Intraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 4100F	Bisphosphonate therapy, intravenous, ordered	R							
IN	Medicaid/SCHIP/Family 41010	Incision, Lingual Frenum (Frenotomy)	N							
IN	Medicaid/SCHIP/Family 41015	Extraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 41016	Extraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 41017	Extraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 41018	Extraoral Incision & Drainage, Abscess/Cyst/He	N							
IN	Medicaid/SCHIP/Family 41019	Placement of needles, catheters, or other devic	Y		AIM			AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 41100	Bx, Tongue; Anterior Two-Thirds	N							
IN	Medicaid/SCHIP/Family 41105	Bx, Tongue; Posterior One-Third	N							
IN	Medicaid/SCHIP/Family 41108	Bx, Mouth, Floor	N							
IN	Medicaid/SCHIP/Family 4110F	Internal mammary artery graft performed for p	R							
IN	Medicaid/SCHIP/Family 41110	Excision, Lesion, Tongue W/O Closure	N							
IN	Medicaid/SCHIP/Family 41112	Excision, Lesion, Tongue W/Closure; Anterior T	N							
IN	Medicaid/SCHIP/Family 41113	Excision, Lesion, Tongue W/Closure; Posterior C	N							
IN	Medicaid/SCHIP/Family 41114	Excision, Lesion, Tongue W/Closure; W/Local T	N							
IN	Medicaid/SCHIP/Family 41115	Excision, Lingual Frenum (Frenectomy)	N							
IN	Medicaid/SCHIP/Family 41116	Excision, Lesion, Mouth Floor	N							
IN	Medicaid/SCHIP/Family 41120	Glossectomy; < One-Half Tongue	N					None	None	None
IN	Medicaid/SCHIP/Family 41130	Glossectomy; Hemiglossectomy	N					This service must be performed in an inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 41135	Glossectomy; Partial, W/Unilat Radical Neck Dis	N					This service must be performed in an inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 41140	Glossectomy; Complete/Total, W/Wo Tracheos	N					This service must be performed in an inpatient setting.	None	None

IN	Medicaid/SCHIP/Family	41145	Glossectomy; Complete/Total, W/Wo Tracheos	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	41150	Glossectomy; Composite Proc, W/Mouth Floor	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	41153	Glossectomy; Composite Proc, W/Mouth Floor	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	41155	Glossectomy; Composite Proc, W/Mouth Floor	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	4115F	Beta blocker administered within 24 hours prio	R								
IN	Medicaid/SCHIP/Family	4120F	Antibiotic prescribed or dispensed (URI, PHAR)	R								
IN	Medicaid/SCHIP/Family	4124F	Antibiotic neither prescribed nor dispensed (UR	R								
IN	Medicaid/SCHIP/Family	41250	Repair, Laceration 2.5 Cm/;< Mouth Floor, &/O	N								
IN	Medicaid/SCHIP/Family	41251	Repair, Laceration 2.5 Cm/;<; Posterior One-Thir	N								
IN	Medicaid/SCHIP/Family	41252	Repair, Laceration, Tongue, Mouth Floor, > 2.6	N								
IN	Medicaid/SCHIP/Family	4130F	Topical preparations (including OTC) prescribed	R								
IN	Medicaid/SCHIP/Family	4131F	Systemic antimicrobial therapy prescribed (AOE	R								
IN	Medicaid/SCHIP/Family	4132F	Systemic antimicrobial therapy not prescribed (	R								
IN	Medicaid/SCHIP/Family	4133F	Antihistamines or decongestants prescribed or	R								
IN	Medicaid/SCHIP/Family	4134F	Antihistamines or decongestants neither prescr	R								
IN	Medicaid/SCHIP/Family	4135F	Systemic corticosteroids prescribed (OME)	R								
IN	Medicaid/SCHIP/Family	4136F	Systemic corticosteroids not prescribed (OME)	R								
IN	Medicaid/SCHIP/Family	4140F	Inhaled Corticosteroids Prescribed (Asthma)	R								
IN	Medicaid/SCHIP/Family	4142F	Corticosteroid sparing therapy prescribed (IBD)	R								
IN	Medicaid/SCHIP/Family	4144F	Alternative Long-Term Control Medication Pres	R								
IN	Medicaid/SCHIP/Family	4145F	Two Or More Anti-Hypertensive Agents Prescri	R								
IN	Medicaid/SCHIP/Family	4148F	Hepatitis A vaccine injection administered or pr	R								
IN	Medicaid/SCHIP/Family	4149F	Hepatitis B vaccine injection administered or pr	R								
IN	Medicaid/SCHIP/Family	4150F	Patient receiving antiviral treatment for Hepati	R								
IN	Medicaid/SCHIP/Family	41510	Suture, Tongue To Lip, Micrognathia	N								
IN	Medicaid/SCHIP/Family	41512	Tongue base suspension, permanent suture tec	Y		SURG.00129			None		None	None
IN	Medicaid/SCHIP/Family	4151F	Patient did not start or is not receiving antivir	R								
IN	Medicaid/SCHIP/Family	41520	Frenoplasty	N								
IN	Medicaid/SCHIP/Family	41530	Submucosal ablation of the tongue base, radiof	Y		SURG.00129			None		None	None
IN	Medicaid/SCHIP/Family	4153F	Combination peginterferon and ribavirin therap	R								
IN	Medicaid/SCHIP/Family	4155F	Hepatitis A vaccine series previously received (f	R								
IN	Medicaid/SCHIP/Family	4157F	Hepatitis B vaccine series previously received (f	R								
IN	Medicaid/SCHIP/Family	4158F	Patient counseled about risks of alcohol use (Hf	R								
IN	Medicaid/SCHIP/Family	41599	Unlisted Proc, Tongue, Mouth Floor	N								
IN	Medicaid/SCHIP/Family	4159F	Counseling regarding contraception received pr	R								
IN	Medicaid/SCHIP/Family	4163F	Patient counseling at a minimum on all of the fr	R								
IN	Medicaid/SCHIP/Family	4164F	Adjuvant (i.e., in combination with external bea	R								
IN	Medicaid/SCHIP/Family	4165F	Three-dimensional conformal radiotherapy (3D	R								
IN	Medicaid/SCHIP/Family	4167F	Head of bed elevation (30-45 degrees) on first v	R								
IN	Medicaid/SCHIP/Family	4168F	Patient receiving care in the intensive care unit	R								
IN	Medicaid/SCHIP/Family	4169F	Patient either not receiving care in the intensiv	R								
IN	Medicaid/SCHIP/Family	4171F	Patient receiving Erythropoiesis-Stimulation Ag	R								
IN	Medicaid/SCHIP/Family	4172F	Patient not receiving Erythropoiesis-Stimulatio	R								
IN	Medicaid/SCHIP/Family	4174F	Counseling about the potential impact of glaucu	R								
IN	Medicaid/SCHIP/Family	4175F	Best-corrected visual acuity of 20/40 or better (	R								
IN	Medicaid/SCHIP/Family	4176F	Counseling about value of protection from UV li	R								
IN	Medicaid/SCHIP/Family	4177F	Counseling about the benefits and/or risks of th	R								
IN	Medicaid/SCHIP/Family	4178F	Anti-D immune globulin received between 26 a	R								
IN	Medicaid/SCHIP/Family	4179F	Tamoxifen or aromatase inhibitor (AI) prescribe	R								
IN	Medicaid/SCHIP/Family	41800	Drainage, Abscess, Cyst, Hematoma, Dentoalve	N								
IN	Medicaid/SCHIP/Family	41805	Removal, Embedded Fb, Dentoalveolar Structur	N								
IN	Medicaid/SCHIP/Family	41806	Removal, Embedded Fb, Dentoalveolar Structur	N								
IN	Medicaid/SCHIP/Family	4180F	Adjuvant chemotherapy referred, prescribed, o	R								
IN	Medicaid/SCHIP/Family	4181F	Conformal radiation therapy received (ONC)	R								
IN	Medicaid/SCHIP/Family	41820	Gingivectomy, Excision Gingiva, Each Quadrant	N								
IN	Medicaid/SCHIP/Family	41821	Operculectomy, Excision Pericoronal Tissues	N								
IN	Medicaid/SCHIP/Family	41822	Excision, Fibrous Tuberosities, Dentoalveolar St	N								
IN	Medicaid/SCHIP/Family	41823	Excision, Osseous Tuberosities, Dentoalveolar S	N								
IN	Medicaid/SCHIP/Family	41825	Excision, Lesion/Tumor (Except Listed Above), I	N								

IN	Medicaid/SCHIP/Family	41826	Excision, Lesion/Tumor (Except Listed Above), C	N								
IN	Medicaid/SCHIP/Family	41827	Excision, Lesion/Tumor (Except Listed Above), C	N								
IN	Medicaid/SCHIP/Family	41828	Excision, Hyperplastic Alveolar Mucosa, Each Q	N								
IN	Medicaid/SCHIP/Family	4182F	Conformal radiation therapy not received (NM)	R								
IN	Medicaid/SCHIP/Family	41830	Alveolectomy, W/Curettage, Osteitis/Sequestre	N								
IN	Medicaid/SCHIP/Family	41850	Destruction, Lesion (Except Excision), Dentoalve	N								
IN	Medicaid/SCHIP/Family	4185F	Continuous (12-months) therapy with proton p	R								
IN	Medicaid/SCHIP/Family	4186F	No continuous (12-months) therapy with either	R								
IN	Medicaid/SCHIP/Family	41870	Periodontal Mucosal Grafting	N								
IN	Medicaid/SCHIP/Family	41872	Gingivoplasty, Each Quadrant (Specify)	N								
IN	Medicaid/SCHIP/Family	41874	Alveoloplasty, Each Quadrant (Specify)	N								
IN	Medicaid/SCHIP/Family	4187F	Disease modifying anti-rheumatic drug therapy	R								
IN	Medicaid/SCHIP/Family	4188F	Appropriate angiotensin converting enzyme (AC	R								
IN	Medicaid/SCHIP/Family	41899	Unlisted Proc, Dentoalveolar Structures	N	CG-MED-41	DentaQuest		MCG: GRG: SG-HNS: Head and Neck	None		None	
IN	Medicaid/SCHIP/Family	4189F	Appropriate digoxin therapeutic monitoring tes	R								
IN	Medicaid/SCHIP/Family	4190F	Appropriate diuretic therapeutic monitoring tes	R								
IN	Medicaid/SCHIP/Family	4191F	Appropriate anticonvulsant therapeutic monito	R								
IN	Medicaid/SCHIP/Family	4192F	Patient not receiving glucocorticoid therapy (R)	R								
IN	Medicaid/SCHIP/Family	4193F	Patient receiving <10 mg daily prednisone (or e	R								
IN	Medicaid/SCHIP/Family	4194F	Patient receiving equal or >10 mg daily prednisi	R								
IN	Medicaid/SCHIP/Family	4195F	Patient receiving first-time biologic disease mo	R								
IN	Medicaid/SCHIP/Family	4196F	Patient not receiving first-time biologic disease	R								
IN	Medicaid/SCHIP/Family	42000	Drainage, Abscess, Palate, Uvula	N								
IN	Medicaid/SCHIP/Family	4200F	External beam radiotherapy as primary therapy	R								
IN	Medicaid/SCHIP/Family	4201F	External beam radiotherapy with or without no	R								
IN	Medicaid/SCHIP/Family	42100	Bx, Palate, Uvula	N								
IN	Medicaid/SCHIP/Family	42104	Excision, Lesion, Palate, Uvula; W/O Closure	N								
IN	Medicaid/SCHIP/Family	42106	Excision, Lesion, Palate, Uvula; W/Simple Prima	N								
IN	Medicaid/SCHIP/Family	42107	Excision, Lesion, Palate, Uvula; W/Local Flap Clc	N								
IN	Medicaid/SCHIP/Family	4210F	Angiotensin converting enzyme (ACE) or angiot	R								
IN	Medicaid/SCHIP/Family	42120	Resection, Palate/Extensive Resection, Lesion	N								
IN	Medicaid/SCHIP/Family	42140	Uvulectomy, Excision, Uvula	N								
IN	Medicaid/SCHIP/Family	42145	Palatopharyngoplasty	Y	SURG.00129, MED.00002			MCG: GRG: SG-HNS: Head and Neck	None		CMS Guidelines	
IN	Medicaid/SCHIP/Family	42160	Destruction, Lesion, Palate/Uvula (Thermal, Cry	N								
IN	Medicaid/SCHIP/Family	42180	Repair, Laceration, Palate; Up To 2 Cm	N								
IN	Medicaid/SCHIP/Family	42182	Repair, Laceration, Palate; > 2 Cm/Complex	N								
IN	Medicaid/SCHIP/Family	42200	Palatoplasty, Cleft Palate, Soft &/Or Hard Palate	N				None	None		None	
IN	Medicaid/SCHIP/Family	42205	Palatoplasty, Cleft Palate, W/Closure, Alveolar	N				None	None		None	
IN	Medicaid/SCHIP/Family	4220F	Digoxin medication therapy for 6 months or mc	R								
IN	Medicaid/SCHIP/Family	42210	Palatoplasty, Cleft Palate, W/Closure, Alveolar	N				None	None		None	
IN	Medicaid/SCHIP/Family	42215	Palatoplasty, Cleft Palate; Major Revision	N								
IN	Medicaid/SCHIP/Family	4221F	Diuretic medication therapy for 6 months or mc	R								
IN	Medicaid/SCHIP/Family	42220	Palatoplasty, Cleft Palate; Secondary Lengtheni	N				None	None		None	
IN	Medicaid/SCHIP/Family	42225	Palatoplasty, Cleft Palate; Attachment Pharyng	N				None	None		None	
IN	Medicaid/SCHIP/Family	42226	Lengthening, Palate, & Pharyngeal Flap	N								
IN	Medicaid/SCHIP/Family	42227	Lengthening, Palate, W/Island Flap	N								
IN	Medicaid/SCHIP/Family	42235	Repair, Anterior Palate, W/Vomer Flap	N								
IN	Medicaid/SCHIP/Family	42260	Repair, Nasolabial Fistula	N								
IN	Medicaid/SCHIP/Family	42280	Maxillary Impression, Palatal Prosthesis	N								
IN	Medicaid/SCHIP/Family	42281	Insertion, Pin-Retained Palatal Prosthesis	N								
IN	Medicaid/SCHIP/Family	42299	Unlisted Proc, Palate, Uvula	N				None	None		None	
IN	Medicaid/SCHIP/Family	42300	Drainage, Abscess; Parotid, Simple	N								
IN	Medicaid/SCHIP/Family	42305	Drainage, Abscess; Parotid, Complicated	N								
IN	Medicaid/SCHIP/Family	4230F	Anticonvulsant medication therapy for 6 month	R								
IN	Medicaid/SCHIP/Family	42310	Drainage, Abscess; Submaxillary/Sublingual, Int	N								
IN	Medicaid/SCHIP/Family	42320	Drainage, Abscess; Submaxillary, Ext	N								
IN	Medicaid/SCHIP/Family	42330	Sialolithotomy; Submandibular (Submaxillary),	N								
IN	Medicaid/SCHIP/Family	42335	Sialolithotomy; Submandibular (Submaxillary),	N								
IN	Medicaid/SCHIP/Family	42340	Sialolithotomy; Parotid, Extraoral/Complicated	N								

IN	Medicaid/SCHIP/Family	42400	Bx, Salivary Gland; Needle	N							
IN	Medicaid/SCHIP/Family	42405	Bx, Salivary Gland; Incisional	N							
IN	Medicaid/SCHIP/Family	42408	Excision, Sublingual Salivary Cyst (Ranula)	N							
IN	Medicaid/SCHIP/Family	42409	Marsupialization, Sublingual Salivary Cyst (Ranula)	N							
IN	Medicaid/SCHIP/Family	4240F	Instruction in therapeutic exercise with follow-up	R							
IN	Medicaid/SCHIP/Family	42410	Excision, Parotid Tumor/Parotid Gland; Lateral Incision	N							
IN	Medicaid/SCHIP/Family	42415	Excision, Parotid Tumor/Parotid Gland; Lateral Incision	N							
IN	Medicaid/SCHIP/Family	42420	Excision, Parotid Tumor/Parotid Gland; Total, With	N							
IN	Medicaid/SCHIP/Family	42425	Excision, Parotid Tumor/Parotid Gland; Total, Excision	N							
IN	Medicaid/SCHIP/Family	42426	Excision, Parotid Tumor/Parotid Gland; Total, With	N							
IN	Medicaid/SCHIP/Family	4242F	Counseling for supervised exercise program procedure	R				This service must be performed in	None	None	None
IN	Medicaid/SCHIP/Family	42440	Excision, Submandibular (Submaxillary) Gland	N							
IN	Medicaid/SCHIP/Family	42450	Excision, Sublingual Gland	N							
IN	Medicaid/SCHIP/Family	4245F	Patient counseled during the initial visit to maintain	R							
IN	Medicaid/SCHIP/Family	4248F	Patient counseled during the initial visit for an exercise	R							
IN	Medicaid/SCHIP/Family	42500	Plastic Repair, Salivary Duct, Sialodochoplasty; Intraoral	N							
IN	Medicaid/SCHIP/Family	42505	Plastic Repair, Salivary Duct, Sialodochoplasty; Intraoral	N							
IN	Medicaid/SCHIP/Family	42507	Parotid Duct Diversion, Bilateral	N							
IN	Medicaid/SCHIP/Family	42509	Parotid Duct Diversion, Bilateral; W/Excision, Both Sides	N							
IN	Medicaid/SCHIP/Family	4250F	Active warming used intraoperatively for the procedure	R							
IN	Medicaid/SCHIP/Family	42510	Parotid Duct Diversion, Bilateral; W/Ligation, Both Sides	N							
IN	Medicaid/SCHIP/Family	42550	Injection Proc, Sialography	N							
IN	Medicaid/SCHIP/Family	4255F	Duration of general or neuraxial anesthesia 60 minutes or less	R							
IN	Medicaid/SCHIP/Family	4256F	Duration of general or neuraxial anesthesia less than 60 minutes	R							
IN	Medicaid/SCHIP/Family	42600	Closure Salivary Fistula	N							
IN	Medicaid/SCHIP/Family	4260F	Wound surface culture technique used (CWC)	R							
IN	Medicaid/SCHIP/Family	4261F	Technique other than surface culture of the wound	R							
IN	Medicaid/SCHIP/Family	42650	Dilation Salivary Duct	N							
IN	Medicaid/SCHIP/Family	4265F	Use of wet to dry dressings prescribed or recommended	R							
IN	Medicaid/SCHIP/Family	42660	Dilation & Catheterization, Salivary Duct, With/Without	N							
IN	Medicaid/SCHIP/Family	42665	Ligation Salivary Duct, Intraoral	N							
IN	Medicaid/SCHIP/Family	4266F	Use of wet to dry dressings neither prescribed or recommended	R							
IN	Medicaid/SCHIP/Family	4267F	Compression therapy prescribed (CWC)	R							
IN	Medicaid/SCHIP/Family	4268F	Patient education regarding the need for long term	R							
IN	Medicaid/SCHIP/Family	42699	Unlisted Proc, Salivary Glands/Ducts	N							
IN	Medicaid/SCHIP/Family	4269F	Appropriate method of offloading (pressure relief)	R							
IN	Medicaid/SCHIP/Family	42700	Incision & Drainage Abscess; Peritonsillar	N							
IN	Medicaid/SCHIP/Family	4270F	Patient receiving potent antiretroviral therapy for	R							
IN	Medicaid/SCHIP/Family	4271F	Patient receiving potent antiretroviral therapy for	R							
IN	Medicaid/SCHIP/Family	42720	Incision & Drainage Abscess; Retropharyngeal/Intraoral	N							
IN	Medicaid/SCHIP/Family	42725	Incision & Drainage Abscess; Retropharyngeal/Intraoral	N							
IN	Medicaid/SCHIP/Family	4274F	Influenza immunization administered or previously	R							
IN	Medicaid/SCHIP/Family	4276F	Potent antiretroviral therapy prescribed (HIV)	R							
IN	Medicaid/SCHIP/Family	4279F	Pneumocystis jiroveci pneumonia prophylaxis procedure	R							
IN	Medicaid/SCHIP/Family	42800	Bx; Oropharynx	N							
IN	Medicaid/SCHIP/Family	42804	Bx; Nasopharynx, Visible Lesion, Simple	N							
IN	Medicaid/SCHIP/Family	42806	Bx; Nasopharynx, Survey, Unknown Primary Lesion	N							
IN	Medicaid/SCHIP/Family	42808	Excision/Destruction, Lesion, Pharynx, Any Method	N							
IN	Medicaid/SCHIP/Family	42809	Removal, Fb, Pharynx	N							
IN	Medicaid/SCHIP/Family	4280F	Pneumocystis jiroveci pneumonia prophylaxis procedure	R							
IN	Medicaid/SCHIP/Family	42810	Excision, Branchial Cleft Cyst/Vestige, Confined	N							
IN	Medicaid/SCHIP/Family	42815	Excision, Branchial Cleft Cyst/Vestige/Fistula, External	N							
IN	Medicaid/SCHIP/Family	42820	Tonsillectomy and adenoidectomy; younger than age 12+	N		CG-SURG-30			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	42821	Tonsillectomy & Adenoidectomy; Age 12+	N		CG-SURG-30			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	42825	Tonsillectomy, primary or secondary; younger than age 12+	N		CG-SURG-30			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	42826	Tonsillectomy, Primary/Secondary; Age 12+	N		CG-SURG-30			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	42830	Adenoidectomy, primary; under age 12	N		CG-SURG-36			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	42831	Adenoidectomy, Primary; Age 12+	N		CG-SURG-36			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	42835	Adenoidectomy, secondary; younger than age 12+	N		CG-SURG-36			MCG: GRG: SG-HNS: Head and Neck	None	None

IN	Medicaid/SCHIP/Family	42836	Adenoidectomy, Secondary; Age 12+	N	CG-SURG-36			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	42842	Radical Resection, Tonsil, Tonsillar Pillars, &/Or	N						
IN	Medicaid/SCHIP/Family	42844	Radical Resection, Tonsil, Tonsillar Pillars, &/Or	N						
IN	Medicaid/SCHIP/Family	42845	Radical Resection, Tonsil, Tonsillar Pillars, &/Or	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	42860	Excision, Tonsil Tags	N						
IN	Medicaid/SCHIP/Family	42870	Excision/Destruction Lingual Tonsil, Any Metho	N				None	None	None
IN	Medicaid/SCHIP/Family	42890	Limited Pharyngectomy	N						
IN	Medicaid/SCHIP/Family	42892	Resection, Lateral Pharyngeal Wall/Pyiform Sir	N						
IN	Medicaid/SCHIP/Family	42894	Resection of pharyngeal wall requiring closure	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	42900	Suture Pharynx, Wound/Injury	N						
IN	Medicaid/SCHIP/Family	4290F	Patient screened for injection drug use (HIV)5	R						
IN	Medicaid/SCHIP/Family	4293F	Patient screened for high-risk sexual behavior (	R						
IN	Medicaid/SCHIP/Family	42950	Pharyngoplasty (Plastic/Reconstructive Operati	N						
IN	Medicaid/SCHIP/Family	42953	Pharyngoesophageal Repair	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	42955	Pharyngostomy (Fistulization, Pharynx, Ext, Fee	N						
IN	Medicaid/SCHIP/Family	42960	Control Oropharyngeal Hemorrhage; Simple	N						
IN	Medicaid/SCHIP/Family	42961	Control Oropharyngeal Hemorrhage; Complicat	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	42962	Control Oropharyngeal Hemorrhage; W/Seco	N						
IN	Medicaid/SCHIP/Family	42970	Control Nasopharyngeal Hemorrhage; Simple, \	N						
IN	Medicaid/SCHIP/Family	42971	Control Nasopharyngeal Hemorrhage; Complic	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	42972	Control Nasopharyngeal Hemorrhage; W/Seco	N						
IN	Medicaid/SCHIP/Family	42999	Unlisted Proc, Pharynx/Adenoids/Tonsils	N						
IN	Medicaid/SCHIP/Family	4300F	Patient receiving warfarin therapy for nonvalu	R						
IN	Medicaid/SCHIP/Family	4301F	Patient not receiving warfarin therapy for nonv	R						
IN	Medicaid/SCHIP/Family	43020	Esophagotomy, Cervical Approach, W/Removal	N						
IN	Medicaid/SCHIP/Family	43030	Cricopharyngeal Myotomy	N				None	None	None
IN	Medicaid/SCHIP/Family	43045	Esophagotomy, Thoracic Approach, W/ Remov	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	4305F	Patient education regarding appropriate foot c	R						
IN	Medicaid/SCHIP/Family	4306F	Patient counseled regarding psychosocial AND	R						
IN	Medicaid/SCHIP/Family	43100	Excision, Lesion, Esophagus, W/Primary Repair;	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	43101	Excision, Lesion, Esophagus, W/Primary Repair;	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	43107	Total/Near Total Esophagectomy, W/O Thoracc	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43108	Total/Near Total Esophagectomy, W/O Thoracc	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43112	Total or near total esophagectomy, with thorac	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43113	Total/Near Total Esophagectomy, W/Thoracoto	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43116	PartI Esophagectomy, Cervical W/Free Intestine	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43117	PartI Esophagectomy, Distal Two Thrds, W/Thoi	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43118	PartI Esophagectmy, Distal Two Thrds, W/Thorac	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43121	PartI Esophagectomy, Distal Two Thrds, W/Thoi	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43122	PartI Esophagectomy, Thoracoabdominal/Abdo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43123	PartI Esophagectomy, Thoracoabdominal/Abdo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43124	Total/PartI Esophagectomy, W/O Reconstructi	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	43130	Diverticulectomy, Hypopharynx/Esophagus, W/	N						
IN	Medicaid/SCHIP/Family	43135	Diverticulectomy, Hypopharynx/Esophagus, W/	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	43180	Esophagoscopy, rigid, transoral with diverticula	N				None	None	None
IN	Medicaid/SCHIP/Family	43191	Esophagoscopy, rigid, transoral; diagnostic, incl	N	CG-LAB-12			None	None	None
IN	Medicaid/SCHIP/Family	43192	Esophagoscopy, rigid, transoral; with directed s	N	SURG.00047			None	None	None
IN	Medicaid/SCHIP/Family	43193	Esophagoscopy, rigid, transoral; with biopsy, sir	N				None	None	None
IN	Medicaid/SCHIP/Family	43194	Esophagoscopy, rigid, transoral; with removal o	N				None	None	None
IN	Medicaid/SCHIP/Family	43195	Esophagoscopy, rigid, transoral; with balloon di	N				None	None	None
IN	Medicaid/SCHIP/Family	43196	Esophagoscopy, rigid, transoral; with insertion c	N				None	None	None
IN	Medicaid/SCHIP/Family	43197	Esophagoscopy, flexible, transnasal; diagnostic,	N				None	None	None
IN	Medicaid/SCHIP/Family	43198	Esophagoscopy, flexible, transnasal; with biops	N				None	None	None
IN	Medicaid/SCHIP/Family	43200	Esophagoscopy, flexible, transoral; diagnostic, i	N				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43201	Esophagoscopy, flexible, transoral; with directe	Y	SURG.00047			MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43202	Esophagoscopy, flexible, transoral; with biopsy,	N				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43204	Esophagoscopy, flexible, transoral; with injecti	N				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43205	Esophagoscopy, flexible, transoral; with band liq	N				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43206	Esophagoscopy, flexible, transoral; with optical	X	MED.00077			Non covered but for pediatric me	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	4320F	Patient counseled regarding psychosocial AND	R								
IN	Medicaid/SCHIP/Family	43210	Esophagogastroduodenoscopy, flexible, transor	X		SURG.00047			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	43211	Esophagoscopy, flexible, transoral; with endosc	N						None	None	None
IN	Medicaid/SCHIP/Family	43212	Esophagoscopy, flexible, transoral; with placem	N						None	None	None
IN	Medicaid/SCHIP/Family	43213	Esophagoscopy, flexible, transoral; with dilator	N						None	None	None
IN	Medicaid/SCHIP/Family	43214	Esophagoscopy, flexible, transoral; with dilator	N						None	None	None
IN	Medicaid/SCHIP/Family	43215	Esophagoscopy, flexible, transoral; with remov	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43216	Esophagoscopy, flexible, transoral; with remov	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43217	Esophagoscopy, flexible, transoral; with remov	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43220	Esophagoscopy, flexible, transoral; with transer	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43226	Esophagoscopy, flexible, transoral; with inserti	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43227	Esophagoscopy, flexible, transoral; with control	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43229	Esophagoscopy, flexible, transoral; with ablatio	N		CG-SURG-101				None	None	None
IN	Medicaid/SCHIP/Family	4322F	Caregiver Provided With Education And Referre	R								
IN	Medicaid/SCHIP/Family	43231	Esophagoscopy, flexible, transoral; with endosc	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43232	Esophagoscopy, flexible, transoral; with transer	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43233	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				None	None	None
IN	Medicaid/SCHIP/Family	43235	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43236	Esophagogastroduodenoscopy, flexible, transor	Y		CG-MED-59, SURG.00047				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43237	Esophagogastroduodenoscopy, flexible, transor	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43238	Esophagogastroduodenoscopy, flexible, transor	Y						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43239	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43240	Esophagogastroduodenoscopy, flexible, transor	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43241	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43242	Esophagogastroduodenoscopy, flexible, transor	Y						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43243	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43244	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43245	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43246	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43247	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43248	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43249	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	4324F	Patient (or caregiver) queried about Parkinson's	R								
IN	Medicaid/SCHIP/Family	43250	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43251	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43252	Esophagogastroduodenoscopy, flexible, transor	X		MED.00077			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	43253	Esophagogastroduodenoscopy, flexible, transor	Y								
IN	Medicaid/SCHIP/Family	43254	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				None	None	None
IN	Medicaid/SCHIP/Family	43255	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				MCG RFC(Post Acute)M-5180 Gastr	None	None
IN	Medicaid/SCHIP/Family	43257	Esophagogastroduodenoscopy, flexible, transor	Y		SURG.00047				None	None	None
IN	Medicaid/SCHIP/Family	43259	Esophagogastroduodenoscopy, flexible, transor	N						MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	4325F	Medical and surgical treatment options review	R								
IN	Medicaid/SCHIP/Family	43260	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43261	Endoscopic Retrograde Cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43262	Endoscopic Retrograde Cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43263	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43264	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43265	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43266	Esophagogastroduodenoscopy, flexible, transor	N		CG-MED-59				None	None	None
IN	Medicaid/SCHIP/Family	4326F	Patient (or caregiver) queried about symptoms	R								
IN	Medicaid/SCHIP/Family	43270	Esophagogastroduodenoscopy, flexible, transor	Y		CG-MED-59, CG-SURG-101				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43273	Endoscopic cannulation of papilla with direct vi	N								
IN	Medicaid/SCHIP/Family	43274	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43275	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43276	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43277	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43278	Endoscopic retrograde cholangiopancreatograp	N								
IN	Medicaid/SCHIP/Family	43279	Laparoscopy, surgical, esophagomyotomy (Hell	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43280	Laparoscopy, Surgical, Esophagogastric Fundop	N		CG-SURG-92				None	None	None

IN	Medicaid/SCHIP/Family	43281	Laparoscopy, surgical, repair of paraesophageal	N	CG-SURG-92			None	None	None
IN	Medicaid/SCHIP/Family	43282	Laparoscopy, surgical, repair of paraesophageal	N	CG-SURG-92			None	None	None
IN	Medicaid/SCHIP/Family	43283	Laparoscopy, surgical, esophageal lengthening	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43284	Laparoscopy, surgical, esophageal sphincter aug	N	SURG.00131			None	None	None
IN	Medicaid/SCHIP/Family	43285	Removal of esophageal sphincter augmentator	N	SURG.00131			None	None	None
IN	Medicaid/SCHIP/Family	43286	Esophagectomy, total or near total, with laparo	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43287	Esophagectomy, distal two-thirds, with laparos	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43288	Esophagectomy, total or near total, with thorac	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43289	Unlisted Proc, Laparoscopy, Esophagus	N						
IN	Medicaid/SCHIP/Family	4328F	Patient (or caregiver) queried about sleep distu	R						
IN	Medicaid/SCHIP/Family	43300	Esophagoplasty, Cervical Approach; W/O Repai	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43305	Esophagoplasty, Cervical Approach; W/Repair,	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	4330F	Counseling about epilepsy specific safety issues	R						
IN	Medicaid/SCHIP/Family	43310	Esophagoplasty, Thoracic Approach; W/O Repai	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43312	Esophagoplasty, Thoracic Approach; W/Repair,	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43313	Esophagoplasty Congenital Defect, Thoracic Ap	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43314	Esophagoplasty Congenital Defect, Thoracic Ap	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43320	Esophagogastrostomy, W/Wo Vagotomy & Pyl	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43325	Esophagogastric fundoplasty; with fundic patch	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43327	Esophagogastric fundoplasty partial or complet	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43328	Esophagogastric fundoplasty partial or complet	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43330	Esophagomyotomy; Abdominal Approach	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43331	Esophagomyotomy; Thoracic Approach	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43332	Repair, paraesophageal hiatal hernia (including	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43333	Repair, paraesophageal hiatal hernia (including	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43334	Repair, paraesophageal hiatal hernia (including	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43335	Repair, paraesophageal hiatal hernia (including	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43336	Repair, paraesophageal hiatal hernia, (including	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43337	Repair, paraesophageal hiatal hernia, (including	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43338	Esophageal lengthening procedure (eg, Collis g	N	CG-SURG-92		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43340	Esophagojejunostomy (Without Total Gastrect	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43341	Esophagojejunostomy (Without Total Gastrect	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43351	Esophagostomy, Fistulization, Esophagus, Ext; T	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43352	Esophagostomy, Fistulization, Esophagus, Ext; C	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43360	Gi Reconstruction, Prior Esophagectomy; W/Stc	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43361	Gi Reconstruction, Prior Esophagectomy; W/Co	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43400	Ligation, Direct, Esophageal Varices	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43405	Ligation/Stapling At Gastroesophageal Junction	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	4340F	Counseling for women of childbearing potential	R						
IN	Medicaid/SCHIP/Family	43410	Suture, Esophageal Wound/Injury; Cervical App	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43415	Suture, Esophageal Wound/Injury; Transthorac	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43420	Closure, Esophagostomy/Fistula; Cervical Appr	N						
IN	Medicaid/SCHIP/Family	43425	Closure, Esophagostomy/Fistula; Transthoracic	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43450	Dilation, Esophagus, Unguided Sound/Bougie, S	N						
IN	Medicaid/SCHIP/Family	43453	Dilation, Esophagus, Over Guide Wire	N						
IN	Medicaid/SCHIP/Family	43460	Esophagogastric Tamponade, W/Balloon	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43496	Free Jejunum Transfer W/Microvascular Anast	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43499	Unlisted Proc, Esophagus	Y	MED.00077, SURG.00047,	AIM Therapy1		AIM: Radiation Oncology; MCG: ISC	None	None
IN	Medicaid/SCHIP/Family	43500	Gastrotomy; W/Exploration/Fb Removal	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43501	Gastrotomy; W/Suture Repair, Bleeding Ulcer	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43502	Gastrotomy; W/Suture Repair, Pre-Existing Eso	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	4350F	Counseling Provided On Symptom Managemen	R						
IN	Medicaid/SCHIP/Family	43510	Gastrotomy; W/Esophageal Dilation/Insertion F	N						
IN	Medicaid/SCHIP/Family	43520	Pyloromyotomy, Cutting, Pyloric Muscle	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43605	Biopsy of stomach, by laparotomy	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43610	Excision, Local; Ulcer/Benign Tumor, Stomach	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43611	Excision, Local; Malignant Tumor, Stomach	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43620	Gastrectomy, Total; W/Esophagoenterostomy	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43621	Gastrectomy, Total; W/Roux-En-Y Reconstructi	N			This service must be performed in an Inpatient setting.			

IN	Medicaid/SCHIP/Family	43622	Gastrectomy, Total; W/Formation, Intestinal P	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43631	Gastrectomy, Partial, Distal; W/Gastroduodeno	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43632	Gastrectomy, Partial, Distal; W/Gastrojejunost	N	CG-SURG-83			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43633	Gastrectomy, Partial, Distal; W/Roux-En-Y Reco	N	CG-SURG-83			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43634	Gastrectomy, Partial, Distal; W/Formation, Inte	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43635	Vagotomy W/Partial Distal Gastrectomy	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43640	Vagotomy W/Pyloroplasty, W/Wo Gastrostomy	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43641	Vagotomy W/Pyloroplasty, W/Wo Gastrostomy	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43644	Laparoscopy, Surg, Gastric Restrictive Procedur	N	CG-SURG-83			This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5512 Gastric	None	None
IN	Medicaid/SCHIP/Family	43645	Laparoscopy, Surgical, Gastric Restrictive Proce	N	CG-SURG-83			This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5512 Gastric	None	None
IN	Medicaid/SCHIP/Family	43647	Laparoscopy, surgical; implantation or replacen	Y	CG-SURG-70				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43648	Laparoscopy, surgical; revision or removal of ga	N	CG-SURG-70				None	None	None
IN	Medicaid/SCHIP/Family	43651	Laparoscopy, Surgical; Transection, Vagus Nervi	N							
IN	Medicaid/SCHIP/Family	43652	Laparoscopy, Surgical; Transection, Vagus Nervi	N							
IN	Medicaid/SCHIP/Family	43653	Laparoscopy, Surgical; Gastrostomy, W/O Cons	N							
IN	Medicaid/SCHIP/Family	43659	Unlisted Proc, Laparoscopy, Stomach	N	CG-SURG-83, CG-SURG-70				None	None	None
IN	Medicaid/SCHIP/Family	43752	Naso-/Oro-Gastric Tube Placement, Requiring P	N							
IN	Medicaid/SCHIP/Family	43753	Gastric intubation and aspiration(s) therapeutic	N							
IN	Medicaid/SCHIP/Family	43754	Gastric intubation and aspiration, diagnostic; sil	N							
IN	Medicaid/SCHIP/Family	43755	Gastric intubation and aspiration, diagnostic; cc	N							
IN	Medicaid/SCHIP/Family	43756	Duodenal intubation and aspiration, diagnostic,	N							
IN	Medicaid/SCHIP/Family	43757	Duodenal intubation and aspiration, diagnostic,	N							
IN	Medicaid/SCHIP/Family	43761	Repositioning of a naso- or oro-gastric feeding t	N							
IN	Medicaid/SCHIP/Family	43762	Replacement of gastrostomy tube, percutaneous	N							
IN	Medicaid/SCHIP/Family	43763	Replacement of gastrostomy tube, percutaneous	N							
IN	Medicaid/SCHIP/Family	43770	Laparoscopy, surgical, gastric restrictive proced	N	CG-SURG-83				MCG RFC(Post Acute)S-5512 Gastric	None	None
IN	Medicaid/SCHIP/Family	43771	Laparoscopy, surgical, gastric restrictive proced	N	CG-SURG-83			This service must be performed in an Inpatient setting.	MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43772	Laparoscopy, surgical, gastric restrictive proced	Y	CG-SURG-83				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43773	Laparoscopy, surgical, gastric restrictive proced	N	CG-SURG-83				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43774	Laparoscopy, surgical, gastric restrictive proced	N	CG-SURG-83				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43775	Laparoscopy, surgical, gastric restrictive proced	N	SURG.00024, CG-SURG-83			This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5512 Gastric	None	None
IN	Medicaid/SCHIP/Family	43800	Pyloroplasty	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43810	Gastroduodenostomy	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43820	Gastrojejunostomy; W/O Vagotomy	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43825	Gastrojejunostomy; W/Vagotomy, Any Type	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43830	Gastrostomy, Open; W/O Construction, Gastric	N							
IN	Medicaid/SCHIP/Family	43831	Gastrostomy, Open; Neonatal, For Feeding	N							
IN	Medicaid/SCHIP/Family	43832	Gastrostomy, Open; W/Construction, Gastric Ti	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43840	Gastrorrhaphy, Suture, Perforated Duodenal/G	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43842	Gastric Restrictive Proc, W/O Gastric Bypass, M	Y	CG-SURG-83				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43843	Gastric Restrictive Proc, W/O Gastric Bypass, M	N	CG-SURG-83			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43845	Gastric Stapling Morbid Obesity	Y	CG-SURG-83			This service must be performed in an Inpatient setting.	MCG: ISC: S-512: Gastric Restrictive	None	None
IN	Medicaid/SCHIP/Family	43846	Gastric Restrictive Procedure, W/Gastric Bypass,	N	CG-SURG-83			This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5512 Gastric	None	None
IN	Medicaid/SCHIP/Family	43847	Gastric Restrictive Proc, W/Gastric Bypass, Mor	N	CG-SURG-83			This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-5512 Gastric	None	None
IN	Medicaid/SCHIP/Family	43848	Revision, open, of gastric restrictive procedure	N	CG-SURG-83			This service must be performed in an Inpatient setting.	MCG: ISC: S-512: Gastric Restrictive	None	None
IN	Medicaid/SCHIP/Family	43850	Revision, Gastroduodenal Anastomosis (Gastro	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43855	Revision, Gastroduodenal Anastomosis (Gastro	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43860	Revision, Gastrojejunal Anastomosis W/Recons	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43865	Revision, Gastrojejunal Anastomosis W/Recons	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43870	Closure, Gastrostomy, Surgical	N							
IN	Medicaid/SCHIP/Family	43880	Closure, Gastrocolic Fistula	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	43881	Implantation or replacement of gastric neurosti	N	CG-SURG-70			This service must be performed in an Inpatient setting.	MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	43882	Revision or removal of gastric neurostimulator	N	CG-SURG-70			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	43886	Gastric restrictive procedure, open; revision of	N	CG-SURG-83				None	None	None
IN	Medicaid/SCHIP/Family	43887	Gastric restrictive procedure, open; removal of	N	CG-SURG-83				None	None	None
IN	Medicaid/SCHIP/Family	43888	Gastric restrictive procedure, open; removal an	N	CG-SURG-83				None	None	None
IN	Medicaid/SCHIP/Family	43999	Unlisted Proc, Stomach	N	MED.00077, SURG.00047, CG-SURG-70, CG-SURG-83				None	None	None
IN	Medicaid/SCHIP/Family	44005	Enterolysis (Freeing, Intestinal Adhesion) (Sep	F				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	4400F	Rehabilitative therapy options discussed with p	R							

IN	Medicaid/SCHIP/Family	44010	Duodenotomy, Exploration, Bx(S)/Fb Removal	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44015	Tube/Needle Catheter Jejunostomy, Enteral Ali	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44020	Enterotomy, Small Bowel, Non-Duodenum; Exp	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44021	Enterotomy, Small Bowel, Non-Duodenum; Dec	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44025	Colotomy, Exploration, Bx(S)/Fb Removal	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44050	Reduction, Volvulus, Intussusception, Int Hernia	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44055	Correction, Malrotation, Lysis, Duodenal Bands	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44100	Bx, Intestine, Capsule/Tube/Peroral, 1+ Specim	N							
IN	Medicaid/SCHIP/Family	44110	Excision, 1+ Lesion, Small/Large Bowel; Single E	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44111	Excision, 1+ Lesion, Small/Large Bowel; Multiple	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44120	Enterectomy, Resection, Small Intestine; Single	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44121	Enterectomy, Resection, Small Intestine; Add'l i	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44125	Enterectomy, Resection, Small Intestine; W/ En	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44126	Enterectomy, Resect Small Intestine Congenital	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44127	Enterectomy, Resect Small Intestine Congenital	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44128	Enterectomy, Resect Small Intestine Congenital	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44130	Enteroenterostomy, Anastomosis, Intestine, W, N	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44132	Donor Enterectomy, Open, W/Prep & Mainteni	Y		TRANS.00013			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44133	Donor Enterectomy, Open With Prep & Mainte	Y		TRANS.00013			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44135	Intestinal Allotransplantation; From Cadaver Dc	Y		TRANS.00013			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44136	Intestinal Allotransplantation; From Living Donc	Y		TRANS.00013			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44137	Removal Of Transplanted Intestinal Allograft, C	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44139	Mobilization, Splenic Flexure, W/Partial Colecto	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44140	Colectomy, Partial; W/Anastomosis	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44141	Colectomy, Partial; W/Skin Level Cecostomy/Cc	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44143	Colectomy, Partial; W/End Colostomy & Closure	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44144	Colectomy, Partial; W/Resection, W/Colostomy	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44145	Colectomy, Partial; W/Coloproctostomy (Low P	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44146	Colectomy, Partial; W/Coloproctostomy (Low P	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44147	Colectomy, Partial; Abdominal & Transanal App	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44150	Colectomy, Total, Abdominal, W/O Proctectom	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44151	Colectomy, Total, Abdominal, W/O Proctectom	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44155	Colectomy, Total, Abdominal, W/Proctectomy; N	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44156	Colectomy, Total, Abdominal, W/Proctectomy; N	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44157	Colectomy, total, abdominal, with proctectomy	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44158	Colectomy, total, abdominal, with proctectomy	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44160	Colectomy, Partial, W/Removal, Terminal Ileum	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44180	Laparoscopy, surgical, enterolysis (freeing of int	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44186	Laparoscopy, surgical; jejunostomy (eg, for dec	N							
IN	Medicaid/SCHIP/Family	44187	Laparoscopy, surgical; ileostomy or jejunostom	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44188	Laparoscopy, surgical, colostomy or skin level c	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44202	Laparoscopy, surgical; enterectomy, resection c	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44203	Laparoscopy, Surgical; Each Add'l Small Intestin	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44204	Laparoscopy, Surgical; Colectomy, Partial, W/Ar	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44205	Laparoscopy, Surgical; Colectomy, Partial, W/Re	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44206	Lap, Surg; Colectomy, Partial, W/End Colostom	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44207	Lap, Surg; Colectomy, Partial, W/Anastomosis, 1	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44208	Lap, Surg; Colectomy, Partial, W/Anastomosis, 1	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44210	Lap, Surg; Colectomy, Total, Abdom, W/O Proct	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44211	Laparoscopy, surgical; colectomy, total, abdom	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44212	Lap, Surg; Colectomy, Tot, Abdom, W/Proctect	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44213	Laparoscopy, surgical, mobilization (take-down)	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	44227	Laparoscopy, surgical, closure of enterostomy, l	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44238	Unlisted Laparoscopy Proc, Intestine (Except Re	N							
IN	Medicaid/SCHIP/Family	44300	Placement, enterostomy or cecostomy, tube or	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44310	Ileostomy or jejunostomy, non-tube	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44312	Revision, Ileostomy; Simple (Release, Superficia	N							
IN	Medicaid/SCHIP/Family	44314	Revision, Ileostomy; Complicated (Reconstructi	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	44316	Continent Ileostomy (Kock Proc) (Sep Proc)	N					This service must be performed in an Inpatient setting.		

IN	Medicaid/SCHIP/Family	44320	Colostomy or skin level cecostomy;	N								This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	44322	Colostomy/Skin Level Cecostomy; W/Multiple E	N								This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	44340	Revision, Colostomy; Simple (Release, Superfici	N												
IN	Medicaid/SCHIP/Family	44345	Revision, Colostomy; Complicated (Reconstruct	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44346	Revision, Colostomy; W/Repair, Paracolostomy	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44360	Small Intestinal Endo/Enteroscopy, > 2nd Porti	N												
IN	Medicaid/SCHIP/Family	44361	Small Intestinal Endo/Enteroscopy, > 2nd Porti	N												
IN	Medicaid/SCHIP/Family	44363	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44364	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44365	Sm Intestini Endo/Enteroscopy > 2nd Portn Duc	N												
IN	Medicaid/SCHIP/Family	44366	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44369	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44370	Sm Intestinal Endo/Enteroscopy > 2nd Portion I	N												
IN	Medicaid/SCHIP/Family	44372	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44373	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44376	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44377	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44378	Small Intestinal Endo/Enteroscopy > 2nd Portio	N												
IN	Medicaid/SCHIP/Family	44379	Sm Intestin Endoscopy, Enteroscopy > 2nd Port	N												
IN	Medicaid/SCHIP/Family	44380	Ileoscopy, Through Stoma; Dx (Sep Proc)	N												
IN	Medicaid/SCHIP/Family	44381	Ileoscopy, through stoma; with transendoscopy	N												
IN	Medicaid/SCHIP/Family	44382	Ileoscopy, Through Stoma; W/Bx, Single/Multip	N												
IN	Medicaid/SCHIP/Family	44384	Ileoscopy, through stoma; with placement of er	N												
IN	Medicaid/SCHIP/Family	44385	Endoscopic Eval, Small Intestinal Pouch; Dx, W/	N												
IN	Medicaid/SCHIP/Family	44386	Endoscopic Eval, Small Intestinal Pouch; W/Bx,	N												
IN	Medicaid/SCHIP/Family	44388	Colonoscopy Through Stoma; Dx W/Wo Specim	N							None		None		None	
IN	Medicaid/SCHIP/Family	44389	Colonoscopy Through Stoma; W/Bx, Single/Mul	N							None		None		None	
IN	Medicaid/SCHIP/Family	44390	Colonoscopy Through Stoma; W/Removal, Fb	N							None		None		None	
IN	Medicaid/SCHIP/Family	44391	Colonoscopy Through Stoma; W/Control, Bleed	N							None		None		None	
IN	Medicaid/SCHIP/Family	44392	Colonoscopy Through Stoma; W/Removal, Lesio	N							None		None		None	
IN	Medicaid/SCHIP/Family	44394	Colonoscopy Through Stoma; W/Removal, Lesio	N							None		None		None	
IN	Medicaid/SCHIP/Family	44401	Colonoscopy through stoma; with ablation of tu	N							None		None		None	
IN	Medicaid/SCHIP/Family	44402	Colonoscopy through stoma; with endoscopic s	N							None		None		None	
IN	Medicaid/SCHIP/Family	44403	Colonoscopy through stoma; with endoscopic n	N							None		None		None	
IN	Medicaid/SCHIP/Family	44404	Colonoscopy through stoma; with directed subi	N							None		None		None	
IN	Medicaid/SCHIP/Family	44405	Colonoscopy through stoma; with transendoscc	N							None		None		None	
IN	Medicaid/SCHIP/Family	44406	Colonoscopy through stoma; with endoscopic u	N							None		None		None	
IN	Medicaid/SCHIP/Family	44407	Colonoscopy through stoma; with transendoscc	N							None		None		None	
IN	Medicaid/SCHIP/Family	44408	Colonoscopy through stoma; with decompressi	N							None		None		None	
IN	Medicaid/SCHIP/Family	44500	Introduction, Long Gi Tube (Sep Proc)	N												
IN	Medicaid/SCHIP/Family	4450F	Self-Care Education Provided To Patient (Hf)	R												
IN	Medicaid/SCHIP/Family	44602	Suture, Small Intestine; Single Perforation	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44603	Suture, Small Intestine; Multiple Perforations	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44604	Suture, Large Intestine; W/O Colostomy	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44605	Suture, Large Intestine; W/Colostomy	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44615	Intestinal Strictureplasty W/Wo Dilation	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44620	Closure, Enterostomy, Large/Small Intestine	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44625	Closure, Enterostomy, Large/Small Intestine; W	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44626	Closure, Enterostomy, Large/Small Intestine; W	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44640	Closure, Intestinal Cutaneous Fistula	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44650	Closure, Enterointeric/Enterocolic Fistula	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44660	Closure, Enterovesical Fistula; W/O Intestinal/B	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44661	Closure, Enterovesical Fistula; W/Intestine & O	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44680	Intestinal Plication (Sep Proc)	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44700	Exclusion, Small Bowel, Pelvis, Mesh/Prosthesis	N									This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44701	Intraoperative Colonic Lavage (Add'l Proc)	N												
IN	Medicaid/SCHIP/Family	44705	Preparation of fecal microbiota for instillation, i	N												
IN	Medicaid/SCHIP/Family	4470F	Implantable Cardioverter-Defibrillator (Icd) Cou	R												
IN	Medicaid/SCHIP/Family	44715	Backbench Standard Preparation Of Cadaver Oi	Y		TRANS.00013							This service must be performed in a	None	None	None

IN	Medicaid/SCHIP/Family	44720	Backbench Reconstruction Of Cadaver Or Living Y	TRANS.00013		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	44721	Backbench Reconstruction Of Cadaver Or Living Y	TRANS.00013		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	44799	Unlisted Proc, Intestine	N					
IN	Medicaid/SCHIP/Family	44800	Excision, Meckel's Diverticulum (Diverticulectom	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	4480F	Patient Receiving Ace Inhibitor/Arb Therapy An R	R					
IN	Medicaid/SCHIP/Family	4481F	Patient Receiving Ace Inhibitor/Arb Therapy An R	R					
IN	Medicaid/SCHIP/Family	44820	Excision, Lesion, Mesentery (Sep Proc)	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44850	Suture, Mesentery (Sep Proc)	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44899	Unlisted Proc, Meckels Diverticulum & Mesent	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44900	Incision & Drainage, Appendiceal Abscess; Ope	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44950	Appendectomy;	N			MCG: ISC: P-35: Appendectomy, wit	None	None
IN	Medicaid/SCHIP/Family	44955	Appendectomy; Indicated Purpose, W/Other Pr	N			MCG: ISC: P-35: Appendectomy, wit	None	None
IN	Medicaid/SCHIP/Family	44960	Appendectomy; Ruptured Appendix W/Abscess	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	44970	Laparoscopy, Surgical; Appendectomy	N			MCG: ISC: P-35: Appendectomy, wit	None	None
IN	Medicaid/SCHIP/Family	44979	Unlisted Proc, Laparoscopy, Appendix	N			MCG RFC(Post Acute)S-5180 Appen	None	None
IN	Medicaid/SCHIP/Family	45000	Transrectal Drainage, Pelvic Abscess	N					
IN	Medicaid/SCHIP/Family	45005	Incision & Drainage, Submucosal Abscess, Rect	N					
IN	Medicaid/SCHIP/Family	4500F	Referred To An Outpatient Cardiac Rehabilitati	R					
IN	Medicaid/SCHIP/Family	45020	Incision & Drainage, Deep Supralevator, Pelvire	N					
IN	Medicaid/SCHIP/Family	45100	Bx, Anorectal Wall, Anal Approach	N					
IN	Medicaid/SCHIP/Family	45108	Anorectal Myomectomy	N					
IN	Medicaid/SCHIP/Family	4510F	Previous Cardiac Rehabilitation For Qualifying C	R					
IN	Medicaid/SCHIP/Family	45110	Proctectomy; Complete, Combined Abdominop	N		This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	45111	Proctectomy; Partial Resection, Rectum, Transa	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45112	Proctectomy, Combined Abdominoperineal, Pu	N				None	None
IN	Medicaid/SCHIP/Family	45113	Proctectomy, Partial, W/Rectal Mucosectomy, I	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45114	Proctectomy, Partial, W/Anastomosis; Abdomir	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45116	Proctectomy, Partial, W/Anastomosis; Transsac	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45119	Proctectomy, combined abdominoperineal pull	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45120	Proctectomy, Complete, (Cong Megacolon) Abc	N		This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	45121	Proctect, Complete, (Cong Megacolon) Abd/Pei	N		This service must be performed in an Inpatient setting.		None	None
IN	Medicaid/SCHIP/Family	45123	Proctectomy, Partial, W/O Anastomosis, Perine	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45126	Pelvic Exenteration, W/Proctectomy/Pelvic Org	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45130	Excision, Rectal Prolapsed, W/Anastomosis; Pr	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45135	Excision, Rectal Prolapsed, W/Anastomosis; Al	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45136	Excision, Ileoanal Reservoir W/Ileostomy	N		This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	45150	Division, Stricture, Rectum	N					
IN	Medicaid/SCHIP/Family	45160	Excision, Rectal Tumor, Proctotomy, Transsacra	N					
IN	Medicaid/SCHIP/Family	45171	Excision of rectal tumor, transanal approach; nc	N					
IN	Medicaid/SCHIP/Family	45172	Excision of rectal tumor, transanal approach; in	N					
IN	Medicaid/SCHIP/Family	45190	Destruction, Rectal Tumor, Transanal Approach	N					
IN	Medicaid/SCHIP/Family	4525F	Neuropsychiatric Intervention Ordered (Dem)	R					
IN	Medicaid/SCHIP/Family	4526F	Neuropsychiatric Intervention Received (Dem)	R					
IN	Medicaid/SCHIP/Family	45300	Proctosigmoidoscopy, Rigid; Dx, W/Wo Specimen	N					
IN	Medicaid/SCHIP/Family	45303	Proctosigmoidoscopy, Rigid; W/Dilation	N					
IN	Medicaid/SCHIP/Family	45305	Proctosigmoidoscopy, Rigid; W/Bx, Single/Mult	N					
IN	Medicaid/SCHIP/Family	45307	Proctosigmoidoscopy, Rigid; W/Removal, Fb	N					
IN	Medicaid/SCHIP/Family	45308	Proctosigmoidoscopy, Rigid; W/Removal, Single	N					
IN	Medicaid/SCHIP/Family	45309	Proctosigmoidoscopy, Rigid; W/Removal, Single	N					
IN	Medicaid/SCHIP/Family	45315	Proctosigmoidoscopy, Rigid; W/Removal, Multi	N					
IN	Medicaid/SCHIP/Family	45317	Proctosigmoidoscopy, Rigid; W/Control, Bleedir	N			None	None	None
IN	Medicaid/SCHIP/Family	45320	Proctosigmoidoscopy, Rigid; W/Ablation, Lesior	N					
IN	Medicaid/SCHIP/Family	45321	Proctosigmoidoscopy, Rigid; W/Decompression	N					
IN	Medicaid/SCHIP/Family	45327	Proctosigmoidoscopy, Rigid; W/Transendoscop	N					
IN	Medicaid/SCHIP/Family	45330	Sigmoidoscopy, Flexible; Dx, W/Wo Specimens	N			None	None	None
IN	Medicaid/SCHIP/Family	45331	Sigmoidoscopy, Flexible; W/Bx, Single/Multiple	N			None	None	None
IN	Medicaid/SCHIP/Family	45332	Sigmoidoscopy, Flexible; W/Removal, Fb	N			None	None	None
IN	Medicaid/SCHIP/Family	45333	Sigmoidoscopy, Flexible; W/Removal, Lesion, H	N			None	None	None
IN	Medicaid/SCHIP/Family	45334	Sigmoidoscopy, Flexible; W/Control, Bleeding	N			MCG RFC(Post Acute)M-5182 Gastr	None	None

IN	Medicaid/SCHIP/Family	45335	Sigmoidoscopy, Flexible; W/Directed Submucos	N				None	None	None
IN	Medicaid/SCHIP/Family	45337	Sigmoidoscopy, Flexible; W/Decompression, Vo	N				None	None	None
IN	Medicaid/SCHIP/Family	45338	Sigmoidoscopy, Flexible; W/Removal, Lesion, Sr	N				None	None	None
IN	Medicaid/SCHIP/Family	45340	Sigmoidoscopy, Flexible; W/Dilation, Balloon, 1,	N				None	None	None
IN	Medicaid/SCHIP/Family	45341	Sigmoidoscopy, Flexible; W/Endoscopic Ultraso	N				None	None	None
IN	Medicaid/SCHIP/Family	45342	Sigmoidoscopy, Flexible; W/Transendoscopic Ul	N				None	None	None
IN	Medicaid/SCHIP/Family	45346	Sigmoidoscopy, flexible; with ablation of tumor	N				None	None	None
IN	Medicaid/SCHIP/Family	45347	Sigmoidoscopy, flexible; with placement of end	N				None	None	None
IN	Medicaid/SCHIP/Family	45349	Sigmoidoscopy, flexible; with endoscopic mucos	N				None	None	None
IN	Medicaid/SCHIP/Family	45350	Sigmoidoscopy, flexible; with band ligation(s) (e	N				None	None	None
IN	Medicaid/SCHIP/Family	45378	Colonoscopy, Flexible, Proximal To Splenic Flexi	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45379	Colonoscopy, Flexible, Proximal To Splenic Flexi	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45380	Colonoscopy, Flexible, Proximal To Splenic Flexi	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45381	Colonoscopy, Flexible, Proximal To Splenic Flexur	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45382	Colonoscopy, Flexible, Proximal To Splenic Flexi	N	CG-SURG-01			MCG RFC(Post Acute)M-5182 Gastr	None	None
IN	Medicaid/SCHIP/Family	45384	Colonoscopy, Flexible; W/Removal, Lesion, Hot	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45385	Colonoscopy, Flexible; W/Removal, Lesion, Sna	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45386	Colonoscopy, Flexible, Proximal To Splenic Flexi	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45388	Colonoscopy, flexible; with ablation of tumor(s)	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45389	Colonoscopy, flexible; with endoscopic stent pli	N	CG-SURG-01			None	None	None
IN	Medicaid/SCHIP/Family	45390	Colonoscopy, flexible; with endoscopic mucosal	N				None	None	None
IN	Medicaid/SCHIP/Family	45391	Colonoscopy, Flexible, Proximal To Splenic Flexi	N				None	None	None
IN	Medicaid/SCHIP/Family	45392	Colonoscopy, Flexible, Prox To Splenic Flexure;	N				None	None	None
IN	Medicaid/SCHIP/Family	45393	Colonoscopy, flexible; with decompression (for	N				None	None	None
IN	Medicaid/SCHIP/Family	45395	Laparoscopy, surgical; proctectomy, complete,	N				None	None	None
IN	Medicaid/SCHIP/Family	45397	Laparoscopy, surgical; proctectomy, combined.	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	45398	Colonoscopy, flexible; with band ligation(s) (eg,	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	45399	Unlisted procedure, colon	N	MED.00077			None	None	None
IN	Medicaid/SCHIP/Family	45400	Laparoscopy, surgical; proctopexy (for prolapse	N				None	None	None
IN	Medicaid/SCHIP/Family	45402	Laparoscopy, surgical; proctopexy (for prolapse	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	4540F	Disease modifying pharmacotherapy discussed	R						
IN	Medicaid/SCHIP/Family	4541F	Patient offered treatment for pseudobulbar aff	R						
IN	Medicaid/SCHIP/Family	45499	Unlisted laparoscopy procedure, rectum	N						
IN	Medicaid/SCHIP/Family	45500	Proctoplasty; Stenosis	N						
IN	Medicaid/SCHIP/Family	45505	Proctoplasty; Prolapse, Mucous Membrane	N						
IN	Medicaid/SCHIP/Family	4550F	Options for noninvasive respiratory support dis	R						
IN	Medicaid/SCHIP/Family	4551F	Nutritional support offered (ALS)	R						
IN	Medicaid/SCHIP/Family	45520	Perirectal Injection, Sclerosing Solution, Prolaps	N						
IN	Medicaid/SCHIP/Family	4552F	Patient offered referral to a speech language pa	R						
IN	Medicaid/SCHIP/Family	4553F	Patient offered assistance in planning for end o	R						
IN	Medicaid/SCHIP/Family	45540	Proctopexy (eg, for prolapse); abdominal appro	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	45541	Proctopexy (eg, for prolapse); perineal approac	N						
IN	Medicaid/SCHIP/Family	4554F	Patient received inhalational anesthetic agent (	R						
IN	Medicaid/SCHIP/Family	45550	Proctopexy (eg, for prolapse); with sigmoid res	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	4555F	Patient did not receive inhalational anesthetic	R						
IN	Medicaid/SCHIP/Family	45560	Repair, Rectocele (Sep Proc)	N				None	None	None
IN	Medicaid/SCHIP/Family	45562	Exploration, Repair, & Presacral Drainage, Rect	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	45563	Exploration, Repair, & Presacral Drainage, Rect	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	4556F	Patient exhibits 3 or more risk factors for post	R						
IN	Medicaid/SCHIP/Family	4557F	Patient does not exhibit 3 or more risk factors f	R						
IN	Medicaid/SCHIP/Family	4558F	Patient received at least 2 prophylactic pharma	R						
IN	Medicaid/SCHIP/Family	4559F	At least 1 body temperature measurement equi	R						
IN	Medicaid/SCHIP/Family	4560F	Anesthesia technique did not involve general o	R						
IN	Medicaid/SCHIP/Family	4561F	Patient has a coronary artery stent (Peri2)	R						
IN	Medicaid/SCHIP/Family	4562F	Patient does not have a coronary artery stent (I	R						
IN	Medicaid/SCHIP/Family	4563F	Patient received aspirin within 24 hours prior to	R						
IN	Medicaid/SCHIP/Family	45800	Closure, Rectovesical Fistula	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	45805	Closure, Rectovesical Fistula; W/Colostomy	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	45820	Closure, Rectourethral Fistula	N				This service must be performed in an Inpatient setting.		

IN	Medicaid/SCHIP/Family	45825	Closure, Rectourethral Fistula; W/Colostomy	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	45900	Reduction, Procidentia (Sep Proc) Under Anesth	N							
IN	Medicaid/SCHIP/Family	45905	Dilation, Anal Sphincter (Sep Proc) Under Anest	N							
IN	Medicaid/SCHIP/Family	45910	Dilation, Rectal Stricture (Sep Proc) Under Anes	N							
IN	Medicaid/SCHIP/Family	45915	Removal, Fecal Impaction/Fb (Sep Proc) Under	N							
IN	Medicaid/SCHIP/Family	45990	Anorectal exam, surgical, requiring anesthesia (	N							
IN	Medicaid/SCHIP/Family	45999	Unlisted Proc, Rectum	N		MED.00077		None	None	None	
IN	Medicaid/SCHIP/Family	46020	Placement, Seton	N							
IN	Medicaid/SCHIP/Family	46030	Removal, Anal Seton, Other Marker	N							
IN	Medicaid/SCHIP/Family	46040	Incision & Drainage, Ischiorectal &/Or Perirecta	N							
IN	Medicaid/SCHIP/Family	46045	Incision & Drainage, Intramural/Intramuscular/	N							
IN	Medicaid/SCHIP/Family	46050	Incision & Drainage, Perianal Abscess, Superfici	N							
IN	Medicaid/SCHIP/Family	46060	Incision & Drainage, Ischiorectal/Intramural Ab:	N							
IN	Medicaid/SCHIP/Family	46070	Incision, Anal Septum (Infant)	N							
IN	Medicaid/SCHIP/Family	46080	Sphincterotomy, Anal, Division, Sphincter (Sep I	N							
IN	Medicaid/SCHIP/Family	46083	Incision, Thrombosed Hemorrhoid, Ext	N							
IN	Medicaid/SCHIP/Family	46200	Fissurectomy, including sphincterotomy, when	N							
IN	Medicaid/SCHIP/Family	46220	Excision of single external papilla or tag, anus	N							
IN	Medicaid/SCHIP/Family	46221	Hemorrhoidectomy, internal, by rubber band lig	N				None	None	None	
IN	Medicaid/SCHIP/Family	46230	Excision of multiple external papillae or tags, ar	N							
IN	Medicaid/SCHIP/Family	46250	Hemorrhoidectomy, external, 2 or more column	N				None	None	None	
IN	Medicaid/SCHIP/Family	46255	Hemorrhoidectomy, internal and external, singl	N				None	None	None	
IN	Medicaid/SCHIP/Family	46257	Hemorrhoidectomy, internal and external, singl	N				None	None	None	
IN	Medicaid/SCHIP/Family	46258	Hemorrhoidectomy, internal and external, singl	N				None	None	None	
IN	Medicaid/SCHIP/Family	46260	Hemorrhoidectomy, internal and external, 2 or	N				None	None	None	
IN	Medicaid/SCHIP/Family	46261	Hemorrhoidectomy, internal and external, 2 or	N				None	None	None	
IN	Medicaid/SCHIP/Family	46262	Hemorrhoidectomy, internal and external, 2 or	N				None	None	None	
IN	Medicaid/SCHIP/Family	46270	Surgical Treatment, Anal Fistula (Fistulectomy/I	N							
IN	Medicaid/SCHIP/Family	46275	Surgical treatment of anal fistula (fistulectomy/	N							
IN	Medicaid/SCHIP/Family	46280	Surgical treatment of anal fistula (fistulectomy/	N							
IN	Medicaid/SCHIP/Family	46285	Surgical Treatment, Anal Fistula (Fistulectomy/I	N							
IN	Medicaid/SCHIP/Family	46288	Closure, Anal Fistula W/Rectal Advancement Fi	N							
IN	Medicaid/SCHIP/Family	46320	Excision of thrombosed hemorrhoid, external	N				None	None	None	
IN	Medicaid/SCHIP/Family	46500	Injection, Sclerosing Solution, Hemorrhoids	N				None	None	None	
IN	Medicaid/SCHIP/Family	46505	Chemodenervation of internal anal sphincter	N				ING-CC-0032	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	46600	Anoscopy; Dx W/Wo Specimens (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	46601	Anoscopy; diagnostic, with high-resolution mag	N		SURG.00116		None	None	None	
IN	Medicaid/SCHIP/Family	46604	Anoscopy; W/Dilation	N							
IN	Medicaid/SCHIP/Family	46606	Anoscopy; W/Bx, Single/Multiple	N							
IN	Medicaid/SCHIP/Family	46607	Anoscopy; with high-resolution magnification (f	N		SURG.00116		None	None	None	
IN	Medicaid/SCHIP/Family	46608	Anoscopy; W/Removal, Fb	N							
IN	Medicaid/SCHIP/Family	46610	Anoscopy; W/Removal, Single Lesion, Hot Force	N							
IN	Medicaid/SCHIP/Family	46611	Anoscopy; W/Removal, Single Tumor, Polyp/Ot	N							
IN	Medicaid/SCHIP/Family	46612	Anoscopy; W/Removal, Multiple Lesions, Hot Fr	N							
IN	Medicaid/SCHIP/Family	46614	Anoscopy; W/Control, Bleeding	N							
IN	Medicaid/SCHIP/Family	46615	Anoscopy; W/Ablation, Lesion, Not Removed B	N							
IN	Medicaid/SCHIP/Family	46700	Anoplasty, Plastic Operation, Stricture; Adult	N							
IN	Medicaid/SCHIP/Family	46705	Anoplasty, Plastic Operation, Stricture; Infant	N							
IN	Medicaid/SCHIP/Family	46706	Repair Of Anal Fistula W/Fibrin Glue	N							
IN	Medicaid/SCHIP/Family	46707	Repair of anorectal fistula with plug (eg, porcine	Y		SURG.00011		None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	46710	Repair of ileoanal pouch fistula/sinus (eg, perin	N							
IN	Medicaid/SCHIP/Family	46712	Repair of ileoanal pouch fistula/sinus (eg, perin	N							
IN	Medicaid/SCHIP/Family	46715	Repair, Low Imperforate Anus; W/Anoperineal I	N							
IN	Medicaid/SCHIP/Family	46716	Repair, Low Imperforate Anus; W/Transpositio	N							
IN	Medicaid/SCHIP/Family	46730	Repair, High Imperf Anus W/O Fistula; Perineal	N							
IN	Medicaid/SCHIP/Family	46735	Repair, High Imperf Anus W/O Fistula; Transabc	N							
IN	Medicaid/SCHIP/Family	46740	Repair, High Imperf Anus W/Recto-Urethral/Va;	N							
IN	Medicaid/SCHIP/Family	46742	Repair, High Imperf Anus W/Recto-Urethral/Va;	N							
IN	Medicaid/SCHIP/Family	46744	Repair, Cloacal Anomaly, Anorectovaginoplasty	N							

IN	Medicaid/SCHIP/Family	46746	Repair, Cloacal Anomaly, Anorectovaginoplasty	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	46748	Repar, Cloacal Anomly, Anorectovagino/Urethr	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	46750	Sphincteroplasty, Anal, Incontinence/Prolapse;	N								
IN	Medicaid/SCHIP/Family	46751	Sphincteroplasty, Anal, Incontinence/Prolapse;	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	46753	Graft, Rectal Incontinence &/Or Prolapse	N								
IN	Medicaid/SCHIP/Family	46754	Removal, Thiersch Wire/Suture, Anal Canal	N								
IN	Medicaid/SCHIP/Family	46760	Sphincteroplasty, Anal, Incontinence, Adult; M	N								
IN	Medicaid/SCHIP/Family	46761	Sphincteroplasty, Anal, Incontinence, Adult; Lev	N								
IN	Medicaid/SCHIP/Family	46900	Destruction, Anal Lesion(S), Simple; Chemical	N								
IN	Medicaid/SCHIP/Family	46910	Destruction, Anal Lesion(S), Simple; Electrodesi	N								
IN	Medicaid/SCHIP/Family	46916	Destruction, Anal Lesion(S), Simple; Cryosurger	N								
IN	Medicaid/SCHIP/Family	46917	Destruction, Anal Lesion(S), Simple; Laser Surge	N								
IN	Medicaid/SCHIP/Family	46922	Destruction, Anal Lesion(S), Simple; Surgical Exc	N								
IN	Medicaid/SCHIP/Family	46924	Destruction, Anal Lesion(S), Extensive	N								
IN	Medicaid/SCHIP/Family	46930	Destruction of internal hemorrhoid(s) by therm	N								
IN	Medicaid/SCHIP/Family	46940	Curettage/Cautery, Anal Fissure W/Dilation Spl	N								
IN	Medicaid/SCHIP/Family	46942	Curettage/Cautery, Anal Fissure W/Dilation Spl	N								
IN	Medicaid/SCHIP/Family	46945	Hemorrhoidectomy, internal, by ligation other t	N						None	None	None
IN	Medicaid/SCHIP/Family	46946	Hemorrhoidectomy, internal, by ligation other t	N						None	None	None
IN	Medicaid/SCHIP/Family	46947	Hemorrhoidopexy (Eg, For Prolapsing Internal F	N						None	None	None
IN	Medicaid/SCHIP/Family	46948	Hemorrhoidectomy, internal, by transanal hem	N		SURG.00141				MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	46999	Unlisted Proc, Anus	N								
IN	Medicaid/SCHIP/Family	47000	Biopsy Of Liver, Needle; Percutaneous	N								
IN	Medicaid/SCHIP/Family	47001	Bx, Liver, Needle; Indicated Purpose, W/Other F	N								
IN	Medicaid/SCHIP/Family	47010	Hepatotomy; Open Drainage, Abscess/Cyst, On	N								
IN	Medicaid/SCHIP/Family	47015	Laparotomy, W/Aspiration &/Or Injection, Hepi	N								
IN	Medicaid/SCHIP/Family	47100	Bx, Liver, Wedge	N								
IN	Medicaid/SCHIP/Family	47120	Hepatectomy, Resection, Liver; Partial Lobecto	N		CG-SURG-78				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47122	Hepatectomy, Resection, Liver; Trisegmentect	N		CG-SURG-78				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47125	Hepatectomy, Resection, Liver; Total Left Lobec	N		CG-SURG-78				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47130	Hepatectomy, Resection, Liver; Total Right Lob	N		CG-SURG-78				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47133	Donor Hepatectomy, W/Preparation & Mainte	Y		TRANS.00008				This service must be performed in an Inpatient setting.	MCG: GRG: SG-GS: General Surgery	None
IN	Medicaid/SCHIP/Family	47135	Liver Allotransplantation; Orthotopic, Partial/W	Y		TRANS.00008				This service must be performed in an Inpatient setting.	MCG: ISC: W0034: Liver Transplant,	None
IN	Medicaid/SCHIP/Family	47140	Donor Hepatectomy, with Preparation and Mai	Y		TRANS.00008				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47141	Donor Hepatectomy, with Preparation and Mai	Y		TRANS.00008				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47142	Donor Hepatectomy, with Preparation and Mai	Y		TRANS.00008				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47143	Backbench Standard Preparation Of Cadaver Dc	Y		TRANS.00008, TRANS.00013				This service must be performed in an Inpatient setting.	MCG: GRG: A-APC: Ancillary Proced	None
IN	Medicaid/SCHIP/Family	47144	Backbench standard preparation of cadaver doi	Y		TRANS.00008, TRANS.00013				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47145	Backbench standard preparation of cadaver doi	Y		TRANS.00008, TRANS.00013				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47146	Backbench Reconstruction Of Cadaver Or Living	Y		TRANS.00008, TRANS.00013				This service must be performed in an Inpatient setting.	MCG: GRG: A-APC: Ancillary Proced	None
IN	Medicaid/SCHIP/Family	47147	Backbench Reconstruction Of Cadaver Or Living	Y		TRANS.00008, TRANS.00013				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47300	Marsupialization, Cyst/Abscess, Liver	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47350	Management, Liver Hemorrhage; Simple Suture	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47360	Management, Liver Hemorrhage; Complex Sutu	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47361	Management, Liver Hemorrhage; Exploration, F	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47362	Management, Liver Hemorrhage; Re-Exploratio	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47370	Laparoscopy, Surgical, Ablation 1+ Liver Tumor	N		CG-SURG-78					MCG: GRG: SG-GS: General Surgery	None
IN	Medicaid/SCHIP/Family	47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor	Y		CG-SURG-78					None	None
IN	Medicaid/SCHIP/Family	47379	Unlisted Laparoscopic Procedure, Liver	N								
IN	Medicaid/SCHIP/Family	47380	Ablation, Open, 1+ Liver Tumor(S); Radiofreque	N		CG-SURG-78				This service must be performed in an Inpatient setting.	MCG: GRG: SG-GS: General Surgery	None
IN	Medicaid/SCHIP/Family	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical	Y		CG-SURG-78				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family	47382	Ablation, Open, 1+ Liver Tumor(S), Percutaneou	N		CG-SURG-78					MCG: GRG: SG-GS: General Surgery	None
IN	Medicaid/SCHIP/Family	47383	Ablation, 1 or more liver tumor(s), percutaneou	N		CG-SURG-78					None	None
IN	Medicaid/SCHIP/Family	47399	Unlisted Proc, Liver	N		CG-SURG-78					None	None
IN	Medicaid/SCHIP/Family	47400	Hepaticotomy/Hepaticostomy W/Exploration/E	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47420	Choledochotomy/Ostomy W/Explore/Drain/Rei	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47425	Choledochotomy/Ostomy W/Explore/Drain/Rei	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47460	Transduodenal Sphincterotomy/Sphincterplas	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	47480	Cholecystotomy or cholecystostomy, open, wit	N						This service must be performed in an Inpatient setting.		

IN	Medicaid/SCHIP/Family 47490	Cholecystostomy, percutaneous, complete proc	N								
IN	Medicaid/SCHIP/Family 47531	Injection procedure for cholangiography, percu	N								
IN	Medicaid/SCHIP/Family 47532	Injection procedure for cholangiography, percu	N								
IN	Medicaid/SCHIP/Family 47533	Placement of biliary drainage catheter, percuta	N								
IN	Medicaid/SCHIP/Family 47534	Placement of biliary drainage catheter, percuta	N								
IN	Medicaid/SCHIP/Family 47535	Conversion of external biliary drainage cathete	N								
IN	Medicaid/SCHIP/Family 47536	Exchange of biliary drainage catheter (eg, exter	N								
IN	Medicaid/SCHIP/Family 47537	Removal of biliary drainage catheter, percutane	N								
IN	Medicaid/SCHIP/Family 47538	Placement of stent(s) into a bile duct, percutan	N								
IN	Medicaid/SCHIP/Family 47539	Placement of stent(s) into a bile duct, percutan	N								
IN	Medicaid/SCHIP/Family 47540	Placement of stent(s) into a bile duct, percutan	N								
IN	Medicaid/SCHIP/Family 47541	Placement of access through the biliary tree an	N								
IN	Medicaid/SCHIP/Family 47542	Balloon dilation of biliary duct(s) or of ampulla	(N								
IN	Medicaid/SCHIP/Family 47543	Endoluminal biopsy(ies) of biliary tree, percutar	N								
IN	Medicaid/SCHIP/Family 47544	Removal of calculi/debris from biliary duct(s) ar	N								
IN	Medicaid/SCHIP/Family 47550	Biliary Endoscopy, Intraoperative(Choledochos	N								
IN	Medicaid/SCHIP/Family 47552	Biliary endoscopy, percutaneous via T-tube or c	N								
IN	Medicaid/SCHIP/Family 47553	Biliary Endoscopy, Percutaneous Via T-Tube/Ot	N								
IN	Medicaid/SCHIP/Family 47554	Biliary Endoscopy, Percutaneous Via T-Tube/Ot	N								
IN	Medicaid/SCHIP/Family 47555	Biliary Endoscopy, Percutaneous; W/Dilation Bil	N								
IN	Medicaid/SCHIP/Family 47556	Biliary Endoscopy, Percutaneous; W/Dilation Bil	N								
IN	Medicaid/SCHIP/Family 47562	Laparoscopy, Surgical; Cholecystectomy	N								
IN	Medicaid/SCHIP/Family 47563	Laparoscopy, Surgical; Cholecystectomy W/Chc	N						MCG RFC(Post Acute)S-5360 Cholec	None	None
IN	Medicaid/SCHIP/Family 47564	Laparoscopy, Surgical; Cholecystectomy W/Exp	N						MCG RFC(Post Acute)S-5360 Cholec	None	None
IN	Medicaid/SCHIP/Family 47570	Laparoscopy, Surgical; Cholecystoenterostomy	N						MCG RFC(Post Acute)S-5360 Cholec	None	None
IN	Medicaid/SCHIP/Family 47579	Unlisted Proc, Laparoscopy, Biliary Tract	N								
IN	Medicaid/SCHIP/Family 47600	Cholecystectomy	N								
IN	Medicaid/SCHIP/Family 47605	Cholecystectomy; W/Cholangiography	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47610	Cholecystectomy W/Exploration, Common Duc	N						MCG RFC(Post Acute)S-5360 Cholec	None	None
IN	Medicaid/SCHIP/Family 47612	Cholecystectomy W/Exploration, Common Duc	N						MCG RFC(Post Acute)S-5360 Cholec	None	None
IN	Medicaid/SCHIP/Family 47620	Cholecystectomy W/Exploration, Common Duc	N						This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 47700	Exploration, Congenital Atresia, Bile Ducts, W/C	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47701	Portoenterostomy	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47711	Excision, Bile Duct Tumor, W/Wo Primary Repai	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47712	Excision, Bile Duct Tumor, W/Wo Primary Repai	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47715	Excision, Choledochal Cyst	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47720	Cholecystoenterostomy; Direct	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47721	Cholecystoenterostomy; W/Gastroenterostomy	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47740	Cholecystoenterostomy; Roux-En-Y	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47741	Cholecystoenterostomy; Roux-En-Y W/Gastroe	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47760	Anastomosis, Extrahepatic Biliary Ducts & Gi Tr	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47765	Anastomosis, Intrahepatic Ducts & Gi Tract	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47780	Anastomosis, Roux-En-Y, Extrahepatic Biliary D	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47785	Anastomosis, Roux-En-Y, Intrahepatic Biliary D	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47800	Reconstruction, Plastic, Extrahepatic Biliary Duc	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47801	Placement, Choledochal Stent	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47802	U-Tube Hepaticoenterostomy	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47900	Suture, Extrahepatic Biliary Duct, Pre-Existing Ir	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 47999	Unlisted Proc, Biliary Tract	Y				AIM Therapy1		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 48000	Placement, Drains, Peripancreatic, Acute Pancre	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 48001	Placement, Drains, Peripancreatic, Acute Pancre	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 48020	Removal, Pancreatic Calculus	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 48100	Bx, Pancreas, Open	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 48102	Bx, Pancreas, Percutaneous Needle	N								
IN	Medicaid/SCHIP/Family 48105	Resection or debridement of pancreas and peri	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 48120	Excision, Lesion, Pancreas	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 48140	Pancreatotomy, Distal Subtotal, W/Wo Splene	N						This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 48145	Pancreatotomy, Distal Subtotal, W/Wo Splene	N						This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 48146	Pancreatotomy, Distal, Near-Total W/Preserva	N						This service must be performed in an Inpatient setting.	None	None

IN	Medicaid/SCHIP/Family	48148	Excision, Ampulla, Vater	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48150	Pancreatectomy (Whipple); W/Pancreatojejunostomy	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48152	Pancreatectomy (Whipple); W/O Pancreatojejunostomy	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48153	Pancreatectomy (Pylorus Sparing, Whipple); W/O Pancreatojejunostomy	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48154	Pancreatectomy (Pylorus Sparing, Whipple); W/O Pancreatojejunostomy	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48155	Pancreatectomy, Total	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48160	Pancreatectomy, Total/Subtotal W/Autologous Tissue	Y	TRANS.00010			MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	48400	Injection Proc, Intraoperative Pancreatography	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48500	Marsupialization, Cyst, Pancreas	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48510	Ext Drainage, Pseudocyst, Pancreas; Open	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48520	Int Anastomosis, Pancreatic Cyst To Gi Tract; Distal	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48540	Int Anastomosis, Pancreatic Cyst To Gi Tract; Proximal	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48545	Pancreatorrhaphy, Injury	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48547	Duodenal Exclusion W/Gastrojejunostomy, Pancreatic	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48548	Pancreaticojejunostomy, side-to-side anastomosis	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	48550	Donor Pancreatectomy, W/Prep & Maintenance	Y	TRANS.00011			None	None	None
IN	Medicaid/SCHIP/Family	48551	Backbench Standard Preparation Of Cadaver Dissection	Y	TRANS.00011, TRANS.00013		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48552	Backbench Reconstruction Of Cadaver Donor Pancreas	Y	TRANS.00011, TRANS.00013		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48554	Transplantation, Pancreatic Allograft	Y	TRANS.00011		This service must be performed in an Inpatient setting.	MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	48556	Removal, Transplanted Pancreatic Allograft	Y	TRANS.00011		This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	48999	Unlisted Proc, Pancreas	N	CG-SURG-61, TRANS.00010, SURG.00126			None	None	None
IN	Medicaid/SCHIP/Family	49000	Exploratory Laparotomy, Exploratory Celiotomy	N			This service must be performed in an Inpatient setting.	MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	49002	Reopening, Recent Laparotomy	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	49010	Exploration, Retroperitoneal Area W/Wo Bx(S) Or Biopsy	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49013	Preperitoneal pelvic packing for hemorrhage as part of	N			This service must be performed in an Inpatient setting.	MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	49014	Re-exploration of pelvic wound with removal of blood	N			This service must be performed in an Inpatient setting.	MCG: GRG: SG-GS: General Surgery	None	None
IN	Medicaid/SCHIP/Family	49020	Drainage, Peritoneal Abscess/Localized Peritonitis	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49040	Drainage, Subdiaphragmatic/Subphrenic Abscess	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49060	Drainage, Retroperitoneal Abscess; Open	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49062	Drainage, Extraperitoneal Lymphocele To Peritoneum	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49082	Abdominal Paracentesis (Diagnostic Or Therapeutic)	N						
IN	Medicaid/SCHIP/Family	49083	Abdominal Paracentesis (Diagnostic Or Therapeutic)	N						
IN	Medicaid/SCHIP/Family	49084	Peritoneal Lavage, Including Imaging Guidance	N						
IN	Medicaid/SCHIP/Family	49180	Bx, Abdominal/Retroperitoneal Mass, Percutaneous	N						
IN	Medicaid/SCHIP/Family	49185	Sclerotherapy of a fluid collection (eg, lymphocele)	N						
IN	Medicaid/SCHIP/Family	49203	Excision or destruction, open, intra-abdominal tumor	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49204	Excision or destruction, open, intra-abdominal tumor	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49205	Excision or destruction, open, intra-abdominal tumor	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49215	Excision, Presacral/Sacrococcygeal Tumor	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49250	Umbilectomy, Omphalectomy, Excision, Umbilical Hernia	N						
IN	Medicaid/SCHIP/Family	49255	Omentectomy, Epiploectomy, Resection, Omentum	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49320	Laparoscopy, Abdomen, Peritoneum & Omentum	N	CG-SURG-34			None	None	None
IN	Medicaid/SCHIP/Family	49321	Laparoscopy, Surgical; W/Bx (Single/Multiple)	N						
IN	Medicaid/SCHIP/Family	49322	Laparoscopy, Surgical; W/Cavity/Cyst Aspiration	N						
IN	Medicaid/SCHIP/Family	49323	Laparoscopy, Surgical; W/Lymphocele Drainage	N						
IN	Medicaid/SCHIP/Family	49324	Laparoscopy, surgical; with insertion of tunnel	N						
IN	Medicaid/SCHIP/Family	49325	Laparoscopy, surgical; with revision of previous	N						
IN	Medicaid/SCHIP/Family	49326	Laparoscopy, surgical; with omentopexy (omen	N						
IN	Medicaid/SCHIP/Family	49327	Laparoscopy, surgical; with placement of inters	N						
IN	Medicaid/SCHIP/Family	49329	Unlisted Proc, Laparoscopy, Abdomen, Peritoneum	N						
IN	Medicaid/SCHIP/Family	49400	Injection, Air/Contrast Into Peritoneal Cavity (S	N						
IN	Medicaid/SCHIP/Family	49402	Removal of peritoneal foreign body from peritoneum	N						
IN	Medicaid/SCHIP/Family	49405	Image-guided fluid collection drainage by catheter	N						
IN	Medicaid/SCHIP/Family	49406	Image-guided fluid collection drainage by catheter	N						
IN	Medicaid/SCHIP/Family	49407	Image-guided fluid collection drainage by catheter	N						
IN	Medicaid/SCHIP/Family	49411	Placement of interstitial device(s) for radiation	N						
IN	Medicaid/SCHIP/Family	49412	Placement of interstitial device(s) for radiation	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	49418	Insertion of tunneled intraperitoneal catheter (	N						
IN	Medicaid/SCHIP/Family	49419	Insertion of tunneled intraperitoneal catheter, (	N						

IN	Medicaid/SCHIP/Family	49421	Insertion of tunneled intraperitoneal catheter f	N							
IN	Medicaid/SCHIP/Family	49422	Removal of tunneled intraperitoneal catheter	N							
IN	Medicaid/SCHIP/Family	49423	Exchange Abscess/Cyst Drainage Catheter, Rad	N							
IN	Medicaid/SCHIP/Family	49424	Contrast Injection, Assessment, Abscess/Cyst V	N							
IN	Medicaid/SCHIP/Family	49425	Insertion, Peritoneal-Venous Shunt	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	49426	Revision, Peritoneal-Venous Shunt	N							
IN	Medicaid/SCHIP/Family	49427	Injection Proc, Eval, Previously Placed Peritone	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	49428	Ligation, Peritoneal-Venous Shunt	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	49429	Removal, Peritoneal-Venous Shunt	N							
IN	Medicaid/SCHIP/Family	49435	Insertion of subcutaneous extension to intrape	N							
IN	Medicaid/SCHIP/Family	49436	Delayed creation of exit site from embedded su	N							
IN	Medicaid/SCHIP/Family	49440	Insertion of gastrostomy tube, percutaneous, u	N							
IN	Medicaid/SCHIP/Family	49441	Insertion of duodenostomy or jejunostomy tub	N							
IN	Medicaid/SCHIP/Family	49442	Insertion of cecostomy or other colonic tube, p	N							
IN	Medicaid/SCHIP/Family	49446	Conversion of gastrostomy tube to gastro-jejun	N							
IN	Medicaid/SCHIP/Family	49450	Replacement of gastrostomy or cecostomy (or	N							
IN	Medicaid/SCHIP/Family	49451	Replacement of duodenostomy or jejunostomy	N							
IN	Medicaid/SCHIP/Family	49452	Replacement of gastro-jejunostomy tube, perci	N							
IN	Medicaid/SCHIP/Family	49460	Mechanical removal of obstructive material fro	N							
IN	Medicaid/SCHIP/Family	49465	Contrast injection(s) for radiological evaluation	N							
IN	Medicaid/SCHIP/Family	49491	Repair, initial inguinal hernia, preterm infant (yr	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49492	Repair, initial inguinal hernia, preterm infant (yr	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49495	Repair, initial inguinal hernia, full term infant yc	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49496	Repair, initial inguinal hernia, full term infant yc	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49500	Repair initial inguinal hernia, age 6 months to y	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49501	Repair initial inguinal hernia, age 6 months to y	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49505	Repair initial inguinal hernia, age 5 years or old	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49507	Repair initial inguinal hernia, age 5 years or old	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49520	Repair, Recurrent Inguinal Hernia, Any Age; Rec	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49521	Repair, Recurrent Inguinal Hernia, Any Age; Inc	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49525	Repair, Inguinal Hernia, Sliding, Any Age	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49540	Repair, Lumbar Hernia	N							
IN	Medicaid/SCHIP/Family	49550	Repair, Initial Femoral Hernia, Any Age; Reducib	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49553	Repair, Initial Femoral Hernia, Any Age; Incarc	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49555	Repair, Recurrent Femoral Hernia; Reducible	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49557	Repair, Recurrent Femoral Hernia; Incarcerated	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49560	Repair, Initial Incisional/Ventral Hernia; Reducib	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49561	Repair, Initial Incisional/Ventral Hernia; Incarc	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49565	Repair, Recurrent Incisional/Ventral Hernia; Rec	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49566	Repair, Recurrent Incisional/Ventral Hernia; Inc	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49568	Implantation of mesh or other prosthesis for op	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49570	Repair, Epigastric Hernia; Reducible (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	49572	Repair, Epigastric Hernia; Incarcerated/Strangul	N							
IN	Medicaid/SCHIP/Family	49580	Repair umbilical hernia, younger than age 5 yea	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49582	Repair umbilical hernia, younger than age 5 yea	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49585	Repair umbilical hernia, age 5 years or older; re	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49587	Repair umbilical hernia, age 5 years or older; in	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49590	Repair, Spigelian Hernia	N							
IN	Medicaid/SCHIP/Family	49600	Repair, Small Omphalocele, W/Primary Closure	N							
IN	Medicaid/SCHIP/Family	49605	Repair, Large Omphalocele/Gastroschisis; W/W	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	49606	Repair, Large Omphalocele/Gastroschisis; W/Re	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	49610	Repair, Omphalocele; 1st Stage	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	49611	Repair, Omphalocele; 2nd Stage	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	49650	Laparoscopy, Surgical; Repair, Inguinal Hernia, I	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49651	Laparoscopy, Surgical; Repair, Inguinal Hernia, F	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49652	Laparoscopy, surgical, repair, ventral, umbilical,	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49653	Laparoscopy, surgical, repair, ventral, umbilical,	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49654	Laparoscopy, surgical, repair, incisional hernia (	N						MCG: ISC: S-1305: Hernia Repair (Nc	None
IN	Medicaid/SCHIP/Family	49655	Laparoscopy, surgical, repair, incisional hernia (	N						MCG: ISC: S-1305: Hernia Repair (Nc	None

IN	Medicaid/SCHIP/Family	49656	Laparoscopy, surgical, repair, recurrent incision	N					MCG: ISC: S-1305: Hernia Repair (N	None	None	
IN	Medicaid/SCHIP/Family	49657	Laparoscopy, surgical, repair, recurrent incision	N					MCG: ISC: S-1305: Hernia Repair (N	None	None	
IN	Medicaid/SCHIP/Family	49659	Unlisted Proc, Laparoscopy, Hernioplasty/Herni	N					MCG: ISC: S-1305: Hernia Repair (N	None	None	
IN	Medicaid/SCHIP/Family	49900	Suture, Secondary, Abdominal Wall, Evisceratio	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	49904	Omental Flap, Extra-Abdominal	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	49905	Omental Flap, Intra-Abdominal (Add'l Proc)	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	49906	Free Omental Flap W/Microvascular Anastomo	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	49999	Unlisted Proc, Abdomen, Peritoneum & Oment	N					ING-CC-0036	None	None	
IN	Medicaid/SCHIP/Family	50010	Renal Exploration, Not Necessitating Other Spe	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50020	Drainage, Perirenal/Renal Abscess; Open	N								
IN	Medicaid/SCHIP/Family	50040	Nephrostomy, Nephrotomy W/Drainage	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50045	Nephrotomy, W/Exploration	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	5005F	Patient counseled on self-examination for new	R								
IN	Medicaid/SCHIP/Family	50060	Nephrolithotomy; Removal, Calculus	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50065	Nephrolithotomy; Secondary Surgical Operatio	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50070	Nephrolithotomy; Complicated, Congenital Kidr	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50075	Nephrolithotomy; Removal, Large Staghorn Cal	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50080	Percutaneous Nephrostolithotomy/Pyelostolith	N								
IN	Medicaid/SCHIP/Family	50081	Percutaneous Nephrostolithotomy/Pyelostolith	N								
IN	Medicaid/SCHIP/Family	50100	Transection/Repositioning, Aberrant Renal Vess	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	5010F	Findings of dilated macular or fundus exam con	R								
IN	Medicaid/SCHIP/Family	50120	Pyelotomy; W/Exploration	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50125	Pyelotomy; W/Drainage, Pyelostomy	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50130	Pyelotomy; W/Removal, Calculus	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50135	Pyelotomy; Complicated	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	5015F	Documentation of communication that a fractu	R								
IN	Medicaid/SCHIP/Family	50200	Renal Bx; Percutaneous, Trocar/Needle	N								
IN	Medicaid/SCHIP/Family	50205	Renal Bx; Surgical Exposure, Kidney	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	5020F	Treatment summary report communicated to p	R								
IN	Medicaid/SCHIP/Family	50220	Nephrectomy, W/Partial Ureterectomy, Any Op	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50225	Nephrectomy, W/Partial Ureterectomy, Any Op	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50230	Nephrectomy, W/Partial Ureterectomy, Open, I	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50234	Nephrectomy, W/Total Ureterectomy & Bladde	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50236	Nephrectomy, W/Total Ureterectomy & Bladde	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50240	Nephrectomy, Partial	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50250	Ablation, open, 1 or more renal mass lesion(s),	N		CG-SURG-61				This service must be performed in MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	50280	Excision/Unroofing, Cyst(S), Kidney	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50290	Excision, Perinephric Cyst	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bil	Y		CG-TRANS-02, TRANS.00011				This service must be performed in MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	50320	Donor Nephrectomy, Open, Living Donor W/O	Y		CG-TRANS-02, TRANS.00011				This service must be performed in MCG: ISC: S-870: Nephrectomy	None	None
IN	Medicaid/SCHIP/Family	50323	Backbench Standard Preparation Of Cadaver De	Y		CG-TRANS-02, TRANS.00011				This service must be performed in	None	None
IN	Medicaid/SCHIP/Family	50325	Backbench Standard Preparation Of Living Dono	Y		CG-TRANS-02, TRANS.00011				This service must be performed in	None	None
IN	Medicaid/SCHIP/Family	50327	Backbench Reconstruction Of Cadaver Or Living	Y		CG-TRANS-02, TRANS.00011				This service must be performed in	None	None
IN	Medicaid/SCHIP/Family	50328	Backbench Reconstruction Of Cadaver Or Living	Y		CG-TRANS-02, TRANS.00011				This service must be performed in	None	None
IN	Medicaid/SCHIP/Family	50329	Backbench Reconstruction Of Cadaver Or Living	Y		CG-TRANS-02, TRANS.00011				This service must be performed in	None	None
IN	Medicaid/SCHIP/Family	50340	Recipient Nephrectomy (Sep Proc)	Y		CG-TRANS-02, TRANS.00011				This service must be performed in	None	None
IN	Medicaid/SCHIP/Family	50360	Renal Allotransplantation, Implantation, Graft;	Y		CG-TRANS-02, TRANS.00011				This service must be performed in MCG: ISC: W0027: Renal Transplant	None	None
IN	Medicaid/SCHIP/Family	50365	Renal Allotransplantation, Implantation, Graft;	Y		CG-TRANS-02, TRANS.00011				This service must be performed in MCG: ISC: W0027: Renal Transplant	None	None
IN	Medicaid/SCHIP/Family	50370	Removal, Transplanted Renal Allograft	N						This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	50380	Renal Autotransplantation, Reimplantation, Kid	N						This service must be performed in	None	None
IN	Medicaid/SCHIP/Family	50382	Removal (via snare/capture) and replacement c	N								
IN	Medicaid/SCHIP/Family	50384	Removal (via snare/capture) of internally dwelli	N								
IN	Medicaid/SCHIP/Family	50385	Removal (via snare/capture) and replacement c	N								
IN	Medicaid/SCHIP/Family	50386	Removal (via snare/capture) of internally dwelli	N								
IN	Medicaid/SCHIP/Family	50387	Removal and replacement of externally accessil	N								
IN	Medicaid/SCHIP/Family	50389	Removal of nephrostomy tube, requiring fluoro	N								
IN	Medicaid/SCHIP/Family	50390	Aspiration &/Or Injection, Renal Cyst/Pelvis, Ne	N								
IN	Medicaid/SCHIP/Family	50391	Instillation(S) Of Therapeutic Agent Into Renal	N								
IN	Medicaid/SCHIP/Family	50396	Manometric Studies Through Nephrostomy/Py	N								

IN	Medicaid/SCHIP/Family	50706	Balloon dilation, ureteral stricture, including im	N						
IN	Medicaid/SCHIP/Family	50715	Ureterolysis, W/Wo Repositioning, Ureter, Retr	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50722	Ureterolysis, Ovarian Vein Syndrome	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50725	Ureterolysis, Retrocaval Ureter, W/Reanastom	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50727	Revision, Urinary-Cutaneous Anastomosis (Any	N						
IN	Medicaid/SCHIP/Family	50728	Revision, Urinary-Cutaneous Anastomosis (Any	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50740	Ureteropyelostomy, Anastomosis, Ureter & Rei	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50750	Ureterocalycostomy, Anastomosis, Ureter To Ri	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50760	Ureteroureterostomy	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50770	Transureteroureterostomy, Anastomosis, Urete	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50780	Ureteroneocystostomy; Anastomosis, Single Ur	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50782	Ureteroneocystostomy; Anastomosis, Duplicat	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50783	Ureteroneocystostomy; W/Extensive Ureteral T	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50785	Ureteroneocystostomy; W/Vesico-Psoas Hitch/	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50800	Ureteroenterostomy, Direct Anastomosis, Uret	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50810	Ureterosigmoidostomy, W/Creation, Sigmoid B	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50815	Ureterocolon Conduit, W/Bowel Anastomosis	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50820	Ureteroileal Conduit (Ileal Bladder), W/Bowel A	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50825	Continent Diversion, W/Bowel Anastomosis, An	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50830	Urinary Undiversion	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50840	Replacement, All/Part, Ureter, Bowel Segment,	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50845	Cutaneous Appendico-Vesicostomy	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50860	Ureterostomy, Transplantation, Ureter To Skin	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50900	Ureterorrhaphy, Suture, Ureter (Sep Proc)	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50920	Closure, Ureterocutaneous Fistula	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50930	Closure, Ureterovisceral Fistula (W/Visceral Re	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50940	Deligation, Ureter	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	50945	Laparoscopy, Surgical; Ureterolithotomy	N						
IN	Medicaid/SCHIP/Family	50947	Laparoscopy, Surgical; Ureteroneocystostomy	N						
IN	Medicaid/SCHIP/Family	50948	Laparoscopy, Surgical; Ureteroneocystostomy	N						
IN	Medicaid/SCHIP/Family	50949	Unlisted Laparoscopy Procedure, Ureter	N						
IN	Medicaid/SCHIP/Family	50951	Ureteral Endoscopy Through Ureterostomy	N						
IN	Medicaid/SCHIP/Family	50953	Ureteral Endoscopy Through Ureterostomy; W/	N						
IN	Medicaid/SCHIP/Family	50955	Ureteral Endoscopy Through Ureterostomy; W/	N						
IN	Medicaid/SCHIP/Family	50957	Ureteral Endoscopy Through Ureterostomy; W/	N						
IN	Medicaid/SCHIP/Family	50961	Ureteral Endoscopy Through Ureterostomy; W/	N						
IN	Medicaid/SCHIP/Family	50970	Ureteral Endoscopy Through Ureterotomy, W/	N						
IN	Medicaid/SCHIP/Family	50972	Ureteral Endoscopy Through Ureterotomy; W/	N						
IN	Medicaid/SCHIP/Family	50974	Ureteral Endoscopy Through Ureterotomy; W/	N						
IN	Medicaid/SCHIP/Family	50976	Ureteral Endoscopy Through Ureterotomy; W/	N						
IN	Medicaid/SCHIP/Family	50980	Ureteral Endoscopy Through Ureterotomy; W/	N						
IN	Medicaid/SCHIP/Family	5100F	Potential risk for fracture communicated to the R	N						
IN	Medicaid/SCHIP/Family	51020	Cystotomy/Cystostomy; W/Fulguration &/Or In	N						
IN	Medicaid/SCHIP/Family	51030	Cystotomy/Cystostomy; W/Cryosurgical Destru	N						
IN	Medicaid/SCHIP/Family	51040	Cystostomy, Cystotomy W/Drainage	N						
IN	Medicaid/SCHIP/Family	51045	Cystotomy, W/Insertion, Ureteral Catheter/Ste	N						
IN	Medicaid/SCHIP/Family	51050	Cystolithotomy, Cystotomy W/Removal, Calculi	N						
IN	Medicaid/SCHIP/Family	51060	Transvesical Ureterolithotomy	N						
IN	Medicaid/SCHIP/Family	51065	Cystotomy W/Stone Basket Extraction/Ultrason	N						
IN	Medicaid/SCHIP/Family	51080	Drainage, Perivesical/Prevesical Space Abscess	N						
IN	Medicaid/SCHIP/Family	51100	Aspiration of bladder, by needle	N						
IN	Medicaid/SCHIP/Family	51101	Aspiration of bladder, by trocar or intracathete	N						
IN	Medicaid/SCHIP/Family	51102	Aspiration of bladder, with insertion of suprapu	N						
IN	Medicaid/SCHIP/Family	51500	Excision, Urachal Cyst/Sinus, W/Wo Umbilical H	N						
IN	Medicaid/SCHIP/Family	51520	Cystotomy; Simple Excision, Vesical Neck (Sep F	N						
IN	Medicaid/SCHIP/Family	51525	Cystotomy; Excision, Bladder Diverticulum, Sing	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	51530	Cystotomy; Excision, Bladder Tumor	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	51535	Cystotomy, Excision/Incision/Repair, Ureteroce	N						
IN	Medicaid/SCHIP/Family	51550	Cystectomy, Partial; Simple	N						This service must be performed in an Inpatient setting.

IN	Medicaid/SCHIP/Family 51555	Cystectomy, Partial; Complicated	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51565	Cystectomy, Partial; W/Reimplantation, Ureter	N					This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 51570	Cystectomy, Complete; (Sep Proc)	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51575	Cystectomy, Complete; W/Bilat Pelvic Lymphad	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51580	Cystectomy, Complete, W/Ureterosigmoidosto	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51585	Cystectomy, Complete, W/Ureterosigmoidosto	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51590	Cystectomy, Complete, W/Ureteroileal Conduit	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51595	Cystectomy, Complete, W/Ureteroileal Conduit	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51596	Cystectomy, Complete, W/Continent Diversion, N	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51597	Pelvic Exenteration, Complete, Vesical/Prostati	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 51600	Injection Proc, Cystography/Voiding Urethrocy	N						None	None
IN	Medicaid/SCHIP/Family 51605	Injection Proc & Placement, Chain, Contrast &/	N							
IN	Medicaid/SCHIP/Family 51610	Injection Proc, Retrograde Urethrocytography	N							
IN	Medicaid/SCHIP/Family 51700	Bladder Irrigation, Simple, Lavage &/Or Instillat	N							
IN	Medicaid/SCHIP/Family 51701	Insertion, Non-Indwelling Bladder Catheter	N							
IN	Medicaid/SCHIP/Family 51702	Insertion, Temporary Indwelling Bladder Cathet	N							
IN	Medicaid/SCHIP/Family 51703	Insertion, Temporary Indwelling Bladder Cathet	N							
IN	Medicaid/SCHIP/Family 51705	Change, Cystostomy Tube; Simple	N							
IN	Medicaid/SCHIP/Family 51710	Change, Cystostomy Tube; Complicated	N							
IN	Medicaid/SCHIP/Family 51715	Endoscopic Injection, Implant Matl Into Submu	Y		SURG.00010				None	None
IN	Medicaid/SCHIP/Family 51720	Bladder instillation of anticarcinogenic agent (ir	N							
IN	Medicaid/SCHIP/Family 51725	Simple Cystometrogram	N							
IN	Medicaid/SCHIP/Family 51726	Complex cystometrogram (ie, calibrated electr	N							
IN	Medicaid/SCHIP/Family 51727	Complex cystometrogram (ie, calibrated electr	N							
IN	Medicaid/SCHIP/Family 51728	Complex cystometrogram (ie, calibrated electr	N							
IN	Medicaid/SCHIP/Family 51729	Complex cystometrogram (ie, calibrated electr	N							
IN	Medicaid/SCHIP/Family 51736	Simple Uroflowmetry	N							
IN	Medicaid/SCHIP/Family 51741	Complex Uroflowmetry	N							
IN	Medicaid/SCHIP/Family 51784	Electromyography Studies, Anal/Urethral Sphin	N							
IN	Medicaid/SCHIP/Family 51785	Needle Electromyography Studies, Anal &/Or U	N							
IN	Medicaid/SCHIP/Family 51792	Stimulus Evoked Response	N							
IN	Medicaid/SCHIP/Family 51797	Voiding pressure studies, intra-abdominal (ie, r	N							
IN	Medicaid/SCHIP/Family 51798	Measurement, Post-Voiding Residual Urine &/C	N							
IN	Medicaid/SCHIP/Family 51800	Cystoplasty/Cystourethroplasty, Plastic Operati	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51820	Cystourethroplasty W/Unilat/Bilat Ureteroneoc	N						None	None
IN	Medicaid/SCHIP/Family 51840	Anterior Vesicourethropexy/Urethropexy; Simp	N						None	None
IN	Medicaid/SCHIP/Family 51841	Anterior Vesicourethropexy/Urethropexy; Com	N						None	None
IN	Medicaid/SCHIP/Family 51845	Abdomino-Vaginal Vesical Neck Suspension, W/	N						None	None
IN	Medicaid/SCHIP/Family 51860	Cystorrhaphy, Suture, Bladder Wound, Injury/R	N							
IN	Medicaid/SCHIP/Family 51865	Cystorrhaphy, Suture, Bladder Wound, Injury/R	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51880	Closure, Cystostomy (Sep Proc)	N							
IN	Medicaid/SCHIP/Family 51900	Closure, Vesicovaginal Fistula, Abdominal Appr	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51920	Closure, Vesicouterine Fistula	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51925	Closure, Vesicouterine Fistula; W/Hysterectomy	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51940	Closure, Bladder Exstrophy	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51960	Enterocystoplasty, W/Bowel Anastomosis	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51980	Cutaneous Vesicostomy	N						This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family 51990	Laparoscopy, Surgical; Urethral Suspension For	N						None	None
IN	Medicaid/SCHIP/Family 51992	Laparoscopy, Surgical; Sling Operation For Stres	N						None	None
IN	Medicaid/SCHIP/Family 51999	Unlisted laparoscopy procedure, bladder	N							
IN	Medicaid/SCHIP/Family 52000	Cystourethroscopy (Sep Proc)	N		CG-SURG-51				None	None
IN	Medicaid/SCHIP/Family 52001	Cystourethroscopy W/Irrigation & Evacuation C	N		CG-SURG-51				None	None
IN	Medicaid/SCHIP/Family 52005	Cystourethroscopy, W/Ureteral Catheterization	N		CG-SURG-51				None	None
IN	Medicaid/SCHIP/Family 52007	Cystourethroscopy, W/Ureteral Catheterization	N		CG-SURG-51				None	None
IN	Medicaid/SCHIP/Family 5200F	Consideration of referral for a neurological eval	R							
IN	Medicaid/SCHIP/Family 52010	Cystourethroscopy, W/Ejaculatory Duct Cathet	N		CG-SURG-51				None	None
IN	Medicaid/SCHIP/Family 52204	Cystourethroscopy, with biopsy(s)	N		CG-SURG-51				None	None
IN	Medicaid/SCHIP/Family 52214	Cystourethroscopy, W/Fulguration Trigone/Blai	N		CG-SURG-51				None	None
IN	Medicaid/SCHIP/Family 52224	Cystourethroscopy, W/Fulguration/Treatment I	N		CG-SURG-51				MCG: ISC: S-210: Bladder: Transuret	None

IN	Medicaid/SCHIP/Family	52234	Cystourethroscopy, W/Fulguration &/Or Resect	N	CG-SURG-51			MCG: ISC: S-210: Bladder: Transuret	None	None
IN	Medicaid/SCHIP/Family	52235	Cystourethroscopy, W/Fulguration &/Or Resect	N	CG-SURG-51			MCG: ISC: S-210: Bladder: Transuret	None	None
IN	Medicaid/SCHIP/Family	52240	Cystourethroscopy, W/Fulguration &/Or Resect	N	CG-SURG-51			MCG: ISC: S-210: Bladder: Transuret	None	None
IN	Medicaid/SCHIP/Family	52250	Cystourethroscopy, W/Radioactive Substance I	N	CG-SURG-51			None	None	None
IN	Medicaid/SCHIP/Family	52260	Cystourethroscopy, W/Dilation, Bladder, Inters	N	CG-SURG-51			None	None	None
IN	Medicaid/SCHIP/Family	52265	Cystourethroscopy, W/Dilation, Bladder, Inters	N	CG-SURG-51			None	None	None
IN	Medicaid/SCHIP/Family	52270	Cystourethroscopy, W/Int Urethrotomy; Femal	N	CG-SURG-51			None	None	None
IN	Medicaid/SCHIP/Family	52275	Cystourethroscopy, W/Int Urethrotomy; Male	N	CG-SURG-51			None	None	None
IN	Medicaid/SCHIP/Family	52276	Cystourethroscopy, W/Direct Vision Int Urethrc	N				None	None	None
IN	Medicaid/SCHIP/Family	52277	Cystourethroscopy, W/Resection, Ext Sphincter	N						
IN	Medicaid/SCHIP/Family	52281	Cystourethroscopy, W/Calibration &/Or Dilatio	N				None	None	None
IN	Medicaid/SCHIP/Family	52282	Cystourethroscopy, with insertion of permanen	N				None	None	None
IN	Medicaid/SCHIP/Family	52283	Cystourethroscopy, W/Steroid Injection Into St	N						
IN	Medicaid/SCHIP/Family	52285	Cystourethroscopy, Treatment, Female Urethra	N				None	None	None
IN	Medicaid/SCHIP/Family	52287	Cystourethroscopy, with injection(s) for chemo	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family	52290	Cystourethroscopy; W/Ureteral Meatotomy, U	N						
IN	Medicaid/SCHIP/Family	52300	Cystourethroscopy; W/Resection/Fulguration, C	N						
IN	Medicaid/SCHIP/Family	52301	Cystourethroscopy; W/Resection/Fulguration, F	N						
IN	Medicaid/SCHIP/Family	52305	Cystourethroscopy; W/Incision/Resection, Orifi	N						
IN	Medicaid/SCHIP/Family	52310	Cystourethroscopy, W/Removal, Fb/Calculus/U	N				None	None	None
IN	Medicaid/SCHIP/Family	52315	Cystourethroscopy, W/Removal, Fb/Calculus/U	N				None	None	None
IN	Medicaid/SCHIP/Family	52317	Litholapaxy; Simple/Small (< 2.5 Cm)	N						
IN	Medicaid/SCHIP/Family	52318	Litholapaxy; Complicated/Large (> 2.5 Cm)	N						
IN	Medicaid/SCHIP/Family	52320	Cystourethroscopy; W/Removal, Ureteral Calcul	N				MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	52325	Cystourethroscopy; W/Fragmentation, Uretera	N				MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	52327	Cystourethroscopy; W/Subureteric Injection, In	N						
IN	Medicaid/SCHIP/Family	52330	Cystourethroscopy; W/Manipulation, W/O Rerr	N				None	None	None
IN	Medicaid/SCHIP/Family	52332	Cystourethroscopy, W/Insertion, Indwelling Ure	N				MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	52334	Cystourethroscopy W/Insertion, Ureteral Guide	N						
IN	Medicaid/SCHIP/Family	52341	Cystourethroscopy; W/Treatment Ureteral Stric	N				None	None	None
IN	Medicaid/SCHIP/Family	52342	Cystourethroscopy; W/Treatment Ureteropelvi	N						
IN	Medicaid/SCHIP/Family	52343	Cystourethroscopy; W/Treatment Intra-Renal S	N						
IN	Medicaid/SCHIP/Family	52344	Cystourethroscopy W/Ureteroscopy; W/Treatr	N				None	None	None
IN	Medicaid/SCHIP/Family	52345	Cystourethroscopy W/Ureteroscopy; W/Treatr	N				None	None	None
IN	Medicaid/SCHIP/Family	52346	Cystourethroscopy W/Ureteroscopy; W/Treatr	N						
IN	Medicaid/SCHIP/Family	52351	Cystourethroscopy W/Ureteroscopy &/Or Pyel	N				None	None	None
IN	Medicaid/SCHIP/Family	52352	Cystourethroscopy W/Ureteroscopy &/Or Pyel	N				MCG ISC: Nephrology, Renal colic ar	None	None
IN	Medicaid/SCHIP/Family	52353	Cystourethroscopy W/Ureteroscopy &/Or Pyel	N				MCG ISC: Nephrology, Renal colic ar	None	None
IN	Medicaid/SCHIP/Family	52354	Cystourethroscopy W/Ureteroscopy &/Or Pyel	N				None	None	None
IN	Medicaid/SCHIP/Family	52355	Cystourethroscopy W/Ureteroscopy &/Or Pyel	N						
IN	Medicaid/SCHIP/Family	52356	Cystourethroscopy, with ureteroscopy and/or p	N						
IN	Medicaid/SCHIP/Family	52400	Cystourethroscopy W/Incision/Fulguration/Res	N				None	None	None
IN	Medicaid/SCHIP/Family	52402	Cystourethroscopy With Transurethral Resectio	N						
IN	Medicaid/SCHIP/Family	52441	Cystourethroscopy, with insertion of permanen	Y	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	52442	Cystourethroscopy, with insertion of permanen	Y	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	52450	Transurethral Incision, Prostate	N	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	52500	Transurethral resection of bladder neck (separa	N						
IN	Medicaid/SCHIP/Family	5250F	Asthma Discharge Plan Provided To Patient (Asi	R						
IN	Medicaid/SCHIP/Family	52601	Transurethral Electrosurgical Resection, Prostat	N				MCG RFC S-5970 Prostatectomy, Tr	None	None
IN	Medicaid/SCHIP/Family	52630	Transurethral resection; residual or regrowth of	N				MCG RFC S-5970 Prostatectomy, Tr	None	None
IN	Medicaid/SCHIP/Family	52640	Transurethral Resection; Postoperative Bladder	N						
IN	Medicaid/SCHIP/Family	52647	Laser coagulation of prostate, including control	N	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	52648	Laser vaporization of prostate, including contro	N	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	52649	Laser enucleation of the prostate with morcella	N	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	52700	Transurethral Drainage, Prostatic Abscess	N						
IN	Medicaid/SCHIP/Family	53000	Urethrotomy/Urethrostomy, Ext (Sep Proc); Pei	N						
IN	Medicaid/SCHIP/Family	53010	Urethrotomy/Urethrostomy, Ext (Sep Proc); Pei	N						
IN	Medicaid/SCHIP/Family	53020	Meatotomy, Cutting, Meatus (Sep Proc); Excep	N						
IN	Medicaid/SCHIP/Family	53025	Meatotomy, Cutting, Meatus (Sep Proc); Infant	N						

IN	Medicaid/SCHIP/Family 54430	Corpora Cavernosa-Corpus Spongiosum Shunt (N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 54435	Corpora Cavernosa-Glans Penis Fistulization, Pr N									
IN	Medicaid/SCHIP/Family 54437	Repair of traumatic corporeal tear(s) N									
IN	Medicaid/SCHIP/Family 54438	Replantation, penis, complete amputation inclu N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 54440	Plastic Operation, Penis, Injury Y	ANC.00009					None	None	None	
IN	Medicaid/SCHIP/Family 54450	Foreskin Manipulation W/Lysis, Preputial Adhe: N									
IN	Medicaid/SCHIP/Family 54500	Bx, Testis, Needle (Sep Proc) N									
IN	Medicaid/SCHIP/Family 54505	Bx, Testis, Incisional (Sep Proc) N									
IN	Medicaid/SCHIP/Family 54512	Excision, Extraparenchymal Lesion, Testis N									
IN	Medicaid/SCHIP/Family 54520	Orchiectomy, Simple, W/Wo Prosthesis, Scrotal N	CG-SURG-27					None	None	None	
IN	Medicaid/SCHIP/Family 54522	Orchiectomy, Partial N									
IN	Medicaid/SCHIP/Family 54530	Orchiectomy, Radical, Tumor; Inguinal Approach N									
IN	Medicaid/SCHIP/Family 54535	Orchiectomy, Radical, Tumor; W/Abdominal Ex N									
IN	Medicaid/SCHIP/Family 54550	Exploration, Undescended Testis (Inguinal/Scro N									
IN	Medicaid/SCHIP/Family 54560	Exploration, Undescended Testis W/Abdominal N									
IN	Medicaid/SCHIP/Family 54600	Reduction, Torsion, Testis, Surgical, W/Wo Fixat N						None	None	None	
IN	Medicaid/SCHIP/Family 54620	Fixation, Contralateral Testis (Sep Proc) N									
IN	Medicaid/SCHIP/Family 54640	Orchiopexy, Inguinal Approach, W/Wo Hernia R N						None	None	None	
IN	Medicaid/SCHIP/Family 54650	Orchiopexy, Abdominal Approach, Intra-Abdom N						None	None	None	
IN	Medicaid/SCHIP/Family 54660	Insertion, Testicular Prosthesis (Sep Proc) N	CG-SURG-27					None	None	None	
IN	Medicaid/SCHIP/Family 54670	Suture/Repair, Testicular Injury N									
IN	Medicaid/SCHIP/Family 54680	Transplantation, Testis(Es) To Thigh (For Scrotal N									
IN	Medicaid/SCHIP/Family 54690	Laparoscopy, Surgical; Orchiectomy N	CG-SURG-27					None	None	None	
IN	Medicaid/SCHIP/Family 54692	Laparoscopy, Surgical; Orchiopexy, Intra-Abdon N									
IN	Medicaid/SCHIP/Family 54699	Unlisted Proc, Laparoscopy, Testis N									
IN	Medicaid/SCHIP/Family 54700	Incision & Drainage, Epididymis, Testis &/Or Scro N									
IN	Medicaid/SCHIP/Family 54800	Bx, Epididymis, Needle N									
IN	Medicaid/SCHIP/Family 54830	Excision, Local Lesion, Epididymis N									
IN	Medicaid/SCHIP/Family 54840	Excision, Spermatocele, W/Wo Epididymectomy N									
IN	Medicaid/SCHIP/Family 54860	Epididymectomy; Unilat N									
IN	Medicaid/SCHIP/Family 54861	Epididymectomy; Bilat N									
IN	Medicaid/SCHIP/Family 54865	Exploration of epididymis, with or without biop: N									
IN	Medicaid/SCHIP/Family 54900	Epididymovasostomy, Anastomosis, Epididymis N									
IN	Medicaid/SCHIP/Family 54901	Epididymovasostomy, Anastomosis, Epididymis N									
IN	Medicaid/SCHIP/Family 55000	Puncture Aspiration, Hydrocele, Tunica Vaginali N									
IN	Medicaid/SCHIP/Family 55040	Excision, Hydrocele; Unilat N						None	None	None	
IN	Medicaid/SCHIP/Family 55041	Excision, Hydrocele; Bilat N						None	None	None	
IN	Medicaid/SCHIP/Family 55060	Repair, Tunica Vaginalis Hydrocele (Bottle Type) N						None	None	None	
IN	Medicaid/SCHIP/Family 55100	Drainage, Scrotal Wall Abscess N									
IN	Medicaid/SCHIP/Family 55110	Scrotal Exploration N									
IN	Medicaid/SCHIP/Family 55120	Removal, Fb In Scrotum N									
IN	Medicaid/SCHIP/Family 55150	Resection, Scrotum N									
IN	Medicaid/SCHIP/Family 55175	Scrotoplasty; Simple N									
IN	Medicaid/SCHIP/Family 55180	Scrotoplasty; Complicated N	CG-SURG-27					None	None	None	
IN	Medicaid/SCHIP/Family 55200	Vasotomy, Cannulization, W/Wo Incision, Vas, t N									
IN	Medicaid/SCHIP/Family 55250	Vasectomy, unilateral or bilateral (separate pro N									
IN	Medicaid/SCHIP/Family 55300	Vasotomy, Vasograms, Seminal Vesiculograms/ N									
IN	Medicaid/SCHIP/Family 55400	Vasovasostomy, Vasovasorrhaphy X									
IN	Medicaid/SCHIP/Family 55500	Excision, Hydrocele, Spermatic Cord, Unilat (Sep N						None	None	None	
IN	Medicaid/SCHIP/Family 55520	Excision, Lesion, Spermatic Cord (Sep Proc) N									
IN	Medicaid/SCHIP/Family 55530	Excision, Varicocele/Ligation, Spermatic Veins, \ N									
IN	Medicaid/SCHIP/Family 55535	Excision, Varicocele/Ligation, Spermatic Veins, \ N									
IN	Medicaid/SCHIP/Family 55540	Excision, Varicocele/Ligation, Spermatic Veins, \ N									
IN	Medicaid/SCHIP/Family 55550	Laparoscopy, Surgical; W/Ligation, Spermatic V N									
IN	Medicaid/SCHIP/Family 55559	Unlisted Proc, Laparoscopy, Spermatic Cord N									
IN	Medicaid/SCHIP/Family 55600	Vesiculotomy N									
IN	Medicaid/SCHIP/Family 55605	Vesiculotomy; Complicated N									
IN	Medicaid/SCHIP/Family 55650	Vesiculectomy, Any Approach N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 55680	Excision, Mullerian Duct Cyst N							This service must be performed in an Inpatient setting.		

IN	Medicaid/SCHIP/Family	55700	Bx, Prostate; Needle/Punch, Single/Multiple, Ar	N					None	None	None	
IN	Medicaid/SCHIP/Family	55705	Bx, Prostate; Incisional, Any Approach	N								
IN	Medicaid/SCHIP/Family	55706	Biopsies, prostate, needle, transperineal, stere	Y		SURG.00107			None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	55720	Prostatotomy, Ext Drainage, Prostatic Abscess,	N								
IN	Medicaid/SCHIP/Family	55725	Prostatotomy, Ext Drainage, Prostatic Abscess,	N								
IN	Medicaid/SCHIP/Family	55801	Prostatectomy, Perineal, Subtotal	N					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	55810	Prostatectomy, Perineal Radical	N					This service must be performed i	MCG RFC(Post Acute)S-5960 Prosta	None	None
IN	Medicaid/SCHIP/Family	55812	Prostatectomy, Perineal Radical; W/Lymph Nod	N					This service must be performed i	MCG RFC(Post Acute)S-5960 Prosta	None	None
IN	Medicaid/SCHIP/Family	55815	Prostatectomy, Perineal Radical; W/Bilat Pelvic	N					This service must be performed i	MCG RFC(Post Acute)S-5960 Prosta	None	None
IN	Medicaid/SCHIP/Family	55821	Prostatectomy (including control of postoperati	N					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	55831	Prostatectomy; Retropubic, Subtotal	N					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	55840	Prostatectomy, Retropubic Radical, W/Wo Ner	N					This service must be performed i	MCG RFC(Post Acute)S-5960 Prosta	None	None
IN	Medicaid/SCHIP/Family	55842	Prostatectomy, Retropubic Radical, W/Wo Ner	N					This service must be performed i	MCG RFC(Post Acute)S-5960 Prosta	None	None
IN	Medicaid/SCHIP/Family	55845	Prostatectomy, Retropubic Radical, W/Wo Ner	N					This service must be performed i	MCG RFC(Post Acute)S-5960 Prosta	None	None
IN	Medicaid/SCHIP/Family	55860	Exposure, Prostate, Any Approach, Radiation In	Y			AIM			AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	55862	Exposure, Prostate, Any Approach, Radiation In	Y			AIM		This service must be performed i	AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	55865	Exposure, Prostate, Any Approach, Radiation In	Y			AIM		This service must be performed i	AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	55866	Laparoscopy, surgical prostatectomy, retropubi	N						MCG RFC(Post Acute)S-5960 Prosta	None	None
IN	Medicaid/SCHIP/Family	55870	Electroejaculation	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	55873	Cryosurgical ablation of the prostate (includes t	N		CG-SURG-61, CG-SURG-107				MCG: GRG: SG-US: Urologic Surgery	None	None
IN	Medicaid/SCHIP/Family	55874	Transperineal placement of biodegradable mat	N		SURG.00143				AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	55875	Transperineal placement of needles or catheter	Y			AIM			AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	55876	Placement of interstitial device(s) for radiation	N						None	None	None
IN	Medicaid/SCHIP/Family	55880	Ablation of malignant prostate tissue, transrect	N		CG-MED-81				None	None	None
IN	Medicaid/SCHIP/Family	55899	Unlisted Proc, Male Genital System	Y		ANC.00009, MED.00057, SUR	AIM Therapy1			AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	55920	Placement of needles or catheters into pelvic o	Y			AIM			AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	55970	Intersex Surgery; Male To Female	N		CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family	55980	Intersex Surgery; Female To Male	N		CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family	56405	Incision & Drainage, Vulva/Perineal Abscess	N								
IN	Medicaid/SCHIP/Family	56420	Incision & Drainage, Bartholin's Gland Abscess	N								
IN	Medicaid/SCHIP/Family	56440	Marsupialization, Bartholin's Gland Cyst	N								
IN	Medicaid/SCHIP/Family	56441	Lysis, Labial Adhesions	N								
IN	Medicaid/SCHIP/Family	56442	Hymenotomy, simple incision	N								
IN	Medicaid/SCHIP/Family	56501	Destruction, Lesion(S), Vulva; Simple	N								
IN	Medicaid/SCHIP/Family	56515	Destruction, Lesion(S), Vulva; Extensive	N								
IN	Medicaid/SCHIP/Family	56605	Bx, Vulva/Perineum (Sep Proc); 1 Lesion	N								
IN	Medicaid/SCHIP/Family	56606	Bx, Vulva/Perineum (Sep Proc); Add'l Lesion	N								
IN	Medicaid/SCHIP/Family	56620	Vulvectomy Simple; Partial	N								
IN	Medicaid/SCHIP/Family	56625	Vulvectomy Simple; Complete	N		CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family	56630	Vulvectomy, Radical, Partial	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	56631	Vulvectomy, Radical, Partial; W/Unilat Inguinof	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	56632	Vulvectomy, Radical, Partial; W/Bilat Inguinofe	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	56633	Vulvectomy, Radical, Complete	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	56634	Vulvectomy, Radical, Complete; W/Unilat Ingui	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	56637	Vulvectomy, Radical, Complete; W/Bilat Inguin	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	56640	Vulvectomy, Radical, Complete, W/Inguinofem	N								This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family	56700	Partial Hymenectomy/Revision, Hymenal Ring	N								
IN	Medicaid/SCHIP/Family	56740	Excision, Bartholin's Gland/Cyst	N								
IN	Medicaid/SCHIP/Family	56800	Plastic Repair, Introitus	Y		ANC.00009, CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family	56805	Clitoroplasty, Intersex State	Y		ANC.00009, CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family	56810	Perineoplasty, Repair, Perineum, Nonobstetric	Y		ANC.00009				None	None	None
IN	Medicaid/SCHIP/Family	56820	Colposcopy, Vulva	N								
IN	Medicaid/SCHIP/Family	56821	Colposcopy, Vulva; W/Biopsy(S)	N								
IN	Medicaid/SCHIP/Family	57000	Colpotomy; W/Exploration	N								
IN	Medicaid/SCHIP/Family	57010	Colpotomy; W/Drainage, Pelvic Abscess	N								
IN	Medicaid/SCHIP/Family	57020	Colpocentesis (Sep Proc)	N								
IN	Medicaid/SCHIP/Family	57022	Incision & Drainage, Vaginal Hematoma; Obstet	N								
IN	Medicaid/SCHIP/Family	57023	Incision & Drainage, Vaginal Hematoma; Non-O	N								
IN	Medicaid/SCHIP/Family	57061	Destruction, Vaginal Lesion(S); Simple	N								

IN	Medicaid/SCHIP/Family 57065	Destruction, Vaginal Lesion(S); Extensive	N							
IN	Medicaid/SCHIP/Family 57100	Bx, Vaginal Mucosa; Simple (Sep Proc)	N							
IN	Medicaid/SCHIP/Family 57105	Bx, Vaginal Mucosa; Extensive, Requiring Suture	N							
IN	Medicaid/SCHIP/Family 57106	Vaginectomy, Partial Removal, Vaginal Wall;	N							
IN	Medicaid/SCHIP/Family 57107	Vaginectomy, Partial Removal, Vaginal Wall; W/	N							
IN	Medicaid/SCHIP/Family 57109	Vaginectomy, Partial Removal, Vaginal Wall; W/	N							
IN	Medicaid/SCHIP/Family 57110	Vaginectomy, Complete Removal, Vaginal Wall	N	CG-SURG-27			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 57111	Vaginectomy, Complete Removal, Vaginal Wall;	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 57120	Colpocleisis (Le Fort Type)	N							
IN	Medicaid/SCHIP/Family 57130	Excision, Vaginal Septum	N							
IN	Medicaid/SCHIP/Family 57135	Excision, Vaginal Cyst/Tumor	N							
IN	Medicaid/SCHIP/Family 57150	Irrigation/Treatment, Vaginal Infection	N							
IN	Medicaid/SCHIP/Family 57155	Insertion of uterine tandem and/or vaginal ovoi	Y		AIM			AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 57156	Insertion of a vaginal radiation afterloading app	Y		AIM			AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 57160	Fitting & Insertion, Pessary/Other Intravaginal	N							
IN	Medicaid/SCHIP/Family 57170	Diaphragm/Cervical Cap Fitting W/Instructions	N							
IN	Medicaid/SCHIP/Family 57180	Intro Hemostatic Agent/Pack, Treatment, Vagin	N							
IN	Medicaid/SCHIP/Family 57200	Colporrhaphy, Suture, Injury, Vagina (Nonobste	N							
IN	Medicaid/SCHIP/Family 57210	Colpoperineorrhaphy, Suture, Injury, Vagina &/	N							
IN	Medicaid/SCHIP/Family 57220	Plastic Operation On Urethral Sphincter, Vagina	N							
IN	Medicaid/SCHIP/Family 57230	Plastic Repair, Urethrocele	N							
IN	Medicaid/SCHIP/Family 57240	Anterior colporrhaphy, repair of cystocele with	N							
IN	Medicaid/SCHIP/Family 57250	Posterior Colporrhaphy, Repair, Rectocele W/W	N					None	None	None
IN	Medicaid/SCHIP/Family 57260	Combined anteroposterior colporrhaphy, includ	N					None	None	None
IN	Medicaid/SCHIP/Family 57265	Combined anteroposterior colporrhaphy, includ	N					None	None	None
IN	Medicaid/SCHIP/Family 57267	Insertion Of Mesh Or Other Prosthesis For Repa	N							
IN	Medicaid/SCHIP/Family 57268	Repair, Enterocoele, Vaginal Approach (Sep Proc	N							
IN	Medicaid/SCHIP/Family 57270	Repair, Enterocoele, Abdominal Approach (Sep P	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 57280	Colpopexy, Abdominal Approach	N				This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 57282	Sacrospinous Ligament Fixation, Prolapse, Vagin	N					None	None	None
IN	Medicaid/SCHIP/Family 57283	Colpopexy, Vaginal; Intra-Peritoneal Approach (	N					None	None	None
IN	Medicaid/SCHIP/Family 57284	Paravaginal defect repair (including repair of cy	N					MCG: ISC: S-1020: Repair Pelvic Org	None	None
IN	Medicaid/SCHIP/Family 57285	Paravaginal defect repair (including repair of cy	N					MCG: ISC: S-1020: Repair Pelvic Org	None	None
IN	Medicaid/SCHIP/Family 57287	Removal/Revision, Sling, Stress Incontinence	N							
IN	Medicaid/SCHIP/Family 57288	Sling Operation, Stress Incontinence	N					None	None	None
IN	Medicaid/SCHIP/Family 57289	Pereyra Proc, W/Anterior Colporrhaphy	N					None	None	None
IN	Medicaid/SCHIP/Family 57291	Construction, Artificial Vagina; W/O Graft	Y	ANC.00009, CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family 57292	Construction, Artificial Vagina; W/Graft	Y	ANC.00009, CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family 57295	Revision (including removal) of prosthetic vagin	N	CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family 57296	Revision (including removal) of prosthetic vagin	N	CG-SURG-27			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family 57300	Closure, Rectovaginal Fistula; Vaginal/Transana	N							
IN	Medicaid/SCHIP/Family 57305	Closure, Rectovaginal Fistula; Abdominal Appro	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 57307	Closure, Rectovaginal Fistula; Abdominal Appro	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 57308	Closure, Rectovaginal Fistula; Transperineal App	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 57310	Closure, Urethrovaginal Fistula	N							
IN	Medicaid/SCHIP/Family 57311	Closure, Urethrovaginal Fistula; W/Bulbocaverr	N				This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 57320	Closure, Vesicovaginal Fistula; Vaginal Approach	N							
IN	Medicaid/SCHIP/Family 57330	Closure, Vesicovaginal Fistula; Transvesical & V	N							
IN	Medicaid/SCHIP/Family 57335	Vaginoplasty, Intersex State	Y	ANC.00009				None	None	None
IN	Medicaid/SCHIP/Family 57400	Dilation of vagina under anesthesia (other than	N							
IN	Medicaid/SCHIP/Family 57410	Pelvic examination under anesthesia (other tha	N							
IN	Medicaid/SCHIP/Family 57415	Removal of impacted vaginal foreign body (sep;	N							
IN	Medicaid/SCHIP/Family 57420	Colposcopy, Entire Vagina, W/Cervix If Present	N							
IN	Medicaid/SCHIP/Family 57421	Colposcopy of the entire vagina, with cervix if p	N							
IN	Medicaid/SCHIP/Family 57423	Paravaginal defect repair (including repair of cy	N					MCG: ISC: S-1020: Repair Pelvic Org	None	None
IN	Medicaid/SCHIP/Family 57425	Laparoscopy, Surgical, Colpopexy (Suspension c	N					None	None	None
IN	Medicaid/SCHIP/Family 57426	Revision (including removal) of prosthetic vagin	N	CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family 57452	Colposcopy, Cervix W/Upper Adjacent Vagina	N							
IN	Medicaid/SCHIP/Family 57454	Colposcopy, Cervix W/Upper Adjacent Vagina; \	N							

IN	Medicaid/SCHIP/Family	58410	Uterine Suspension W/Wo Shortening Round/S	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	58520	Hysterorrhaphy, Repair, Ruptured Uterus (Non	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	58540	Hysteroplasty, Repair, Uterine Anomaly	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	58541	Laparoscopy, surgical, supracervical hysterecto	Y						MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58542	Laparoscopy, surgical, supracervical hysterecto	Y						MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58543	Laparoscopy, surgical, supracervical hysterecto	N						MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58544	Laparoscopy, surgical, supracervical hysterecto	N						MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58545	Laparoscopy, Surg, Myomectomy; 1-4 Intramur	Y						None	None	None
IN	Medicaid/SCHIP/Family	58546	Laparoscopy, Surg, Myomectomy; 5/> Intramur	N						None	None	None
IN	Medicaid/SCHIP/Family	58548	Laparoscopy, surgical, with radical hysterectom	N					This service must be performed i	MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, U	Y						MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58552	Laparoscopy, Surg, W/Vaginal Hysterectomy, U	Y		CG-SURG-27				MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58553	Laparoscopy, Surg, W/Vaginal Hysterectomy, U	Y						MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58554	Laparoscopy, Surg, W/Vaginal Hysterectomy, U	Y		CG-SURG-27				MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58555	Hysteroscopy, Dx (Sep Proc)	N		CG-SURG-34				None	None	None
IN	Medicaid/SCHIP/Family	58558	Hysteroscopy, Surgical; W/Endometrial Bx &/O	N						None	None	None
IN	Medicaid/SCHIP/Family	58559	Hysteroscopy, Surgical; W/Lysis Intrauterine Ad	N						None	None	None
IN	Medicaid/SCHIP/Family	58560	Hysteroscopy, Surgical; W/Division/Resection Ir	N						None	None	None
IN	Medicaid/SCHIP/Family	58561	Hysteroscopy, Surgical; W/Removal Leiomyoma	N						None	None	None
IN	Medicaid/SCHIP/Family	58562	Hysteroscopy, Surgical, W/Removal Impacted F	N						None	None	None
IN	Medicaid/SCHIP/Family	58563	Hysteroscopy, Surgical; W/Endometrial Ablatio	N		CG-SURG-15				None	None	None
IN	Medicaid/SCHIP/Family	58565	Hysteroscopy, surgical; with bilateral fallopian t	N						None	None	None
IN	Medicaid/SCHIP/Family	58570	Laparoscopy, surgical, with total hysterectomy,	Y		CG-SURG-27				MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58571	Laparoscopy, surgical, with total hysterectomy,	Y		CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family	58572	Laparoscopy; surgical, with total hysterectomy,	Y		CG-SURG-27				MCG: ISC: W0010: Hysterectomy, L	None	None
IN	Medicaid/SCHIP/Family	58573	Laparoscopy; surgical, with total hysterectomy,	Y		CG-SURG-27				None	None	None
IN	Medicaid/SCHIP/Family	58575	Laparoscopy, surgical, total hysterectomy for re	N					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	58578	Unlisted Proc, Laparoscopy, Uterus	N								
IN	Medicaid/SCHIP/Family	58579	Unlisted Proc, Hysteroscopy, Uterus	N								
IN	Medicaid/SCHIP/Family	58600	Ligation or transection of fallopian tube(s), abd	N								
IN	Medicaid/SCHIP/Family	58605	Ligation or transection of fallopian tube(s), abd	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	58611	Ligation or transection of fallopian tube(s) whe	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	58615	Occlusion of fallopian tube(s) by device (eg, bar	N								
IN	Medicaid/SCHIP/Family	58660	Laparoscopy, Surgical; W/Lysis, Adhesions (Salp	N						None	None	None
IN	Medicaid/SCHIP/Family	58661	Laparoscopy, surgical; with removal of adnexal	N						None	None	None
IN	Medicaid/SCHIP/Family	58662	Laparoscopy, surgical; with fulguration or excisi	N						None	None	None
IN	Medicaid/SCHIP/Family	58670	Laparoscopy, surgical; with fulguration of ovidu	N								
IN	Medicaid/SCHIP/Family	58671	Laparoscopy, surgical; with occlusion of oviduct	N								
IN	Medicaid/SCHIP/Family	58672	Laparoscopy, Surgical; W/Fimbrioplasty	N								
IN	Medicaid/SCHIP/Family	58673	Laparoscopy, Surgical; W/Salpinostomy	N						None	None	None
IN	Medicaid/SCHIP/Family	58674	Laparoscopy, surgical, ablation of uterine fibroi	N		SURG.00077				None	None	None
IN	Medicaid/SCHIP/Family	58679	Unlisted Proc, Laparoscopy, Oviduct/Ovary	N						None	None	None
IN	Medicaid/SCHIP/Family	58700	Salpingectomy, complete or partial, unilateral o	N					This service must be performed i	MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	58720	Salpingo-oophorectomy, complete or partial, un	N					This service must be performed i	MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	58740	Lysis, Adhesions (Salpingolysis, Ovariolysis)	N					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	58750	Tubotubal anastomosis	X					This service must be performed i	MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	58752	Tubouterine Implantation	X					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	58760	Fimbrioplasty	X					This service must be performed i	MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	58770	Salpingostomy (Salpingoneostomy)	N						MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	58800	Drainage, Ovarian Cyst(S), Unilat/Bilat, (Sep Proc	N								
IN	Medicaid/SCHIP/Family	58805	Drainage, Ovarian Cyst(S), Unilat/Bilat, (Sep Proc	N						None	None	None
IN	Medicaid/SCHIP/Family	58820	Drainage, Ovarian Abscess; Vaginal Approach, C	N								
IN	Medicaid/SCHIP/Family	58822	Drainage, Ovarian Abscess; Abdominal Approac	N					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	58825	Transposition, Ovary(S)	N					This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	58900	Bx, Ovary, Unilat/Bilat (Sep Proc)	N						None	None	None
IN	Medicaid/SCHIP/Family	58920	Wedge Resection/Bisection, Ovary, Unilat/Bilat	N						None	None	None
IN	Medicaid/SCHIP/Family	58925	Ovarian Cystectomy, Unilat/Bilat	N						MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	58940	Oophorectomy, partial or total, unilateral or bil	N					This service must be performed i	MCG: ORG: S-5450(RFC)Laparotomy	None	None
IN	Medicaid/SCHIP/Family	58943	Oophorectomy, partial or total, unilateral or bil	N					This service must be performed i	None	None	None

IN	Medicaid/SCHIP/Family	58950	Resection (initial) of ovarian, tubal or primary p	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58951	Resection (initial) of ovarian, tubal or primary p	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58952	Resection (initial) of ovarian, tubal or primary p	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58953	Bilat Salpingo-Oophorect W/Omentect, Total Ab	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58954	Bilat Salping-Oophorect W/Omentec, TI Abd Hys	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58956	Bilateral Salpingo-Oophorectomy With Total Or	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58957	Resection (tumor debulking) of recurrent ovaria	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58958	Resection (tumor debulking) of recurrent ovaria	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58960	Laparotomy, Staging/Restaging, Ovarian/Tubal	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	58970	Follicle Puncture, Oocyte Retrieval, Any Metho	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	58974	Embryo Transfer, Intrauterine	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	58976	Gamete, Zygote/Embryo Intrafallopian Transfer	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	58999	Unlisted Proc, Female Genital System (Nonobst	N		ANC.00009, SURG.00077, MED.00087			None	None	None	None
IN	Medicaid/SCHIP/Family	59000	Amniocentesis, Diagnostic	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59001	Amniocentesis; Therapeutic Amniotic Fluid Red	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59012	Cordocentesis (Intrauterine), Any Method	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59015	Chorionic Villus Sampling, Any Method	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59020	Fetal Contraction Stress Test	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59025	Fetal Non-Stress Test	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59030	Fetal Scalp Blood Sampling	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59050	Fetal Monitoring In Labor, Physician W/Written	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59051	Fetal Monitoring In Labor, Physician W/Written	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59070	Transabdominal Amnioinfusion, Including Ultra	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59072	Fetal Umbilical Cord Occlusion, Including Ultras	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59074	Fetal Fluid Drainage (Eg, Vesicocentesis, Thorac	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59076	Fetal Shunt Placement, Including Ultrasound Gu	Y		SURG.00036			None	None	None	None
IN	Medicaid/SCHIP/Family	59100	Hysterotomy, Abdominal	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59120	Surgical Treatment, Ectopic Pregnancy; Tubal/C	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59121	Surgical Treatment, Ectopic Pregnancy; Tubal/C	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59130	Surgical Treatment, Ectopic Pregnancy; Abdomi	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59135	Surgical Treatment, Ectopic Pregnancy; Interstil	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59136	Surgical Treatment, Ectopic Pregnancy; Interstil	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59140	Surgical Treatment, Ectopic Pregnancy; Cervical	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59150	Laparoscopic Treatment, Ectopic Pregnancy; W/	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59151	Laparoscopic Treatment, Ectopic Pregnancy; W/	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59160	Curettage, Postpartum	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59200	Insertion, Cervical Dilator (Sep Proc)	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59300	Episiotomy or vaginal repair, by other than atte	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59320	Cerclage, Cervix, During Pregnancy; Vaginal	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59325	Cerclage, Cervix, During Pregnancy; Abdominal	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59350	Hysterorrhaphy, Ruptured Uterus	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59400	Routine Obstetric Care, Antepartum Care, Vag	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59409	Vaginal Delivery Only (W/Wo Episiotomy &/Or	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59410	Vaginal Delivery Only (W/Wo Episiotomy &/Or	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59412	Ext Cephalic Version, W/Wo Tocolysis	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59414	Delivery, Placenta (Sep Proc)	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59425	Antepartum Care Only; 4 To 6 Visits	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59426	Antepartum Care Only; 7+ Visits	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59430	Postpartum Care Only (Sep Proc)	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59510	Routine Obstetric Care W/Antepartum Care, Ce	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59514	Cesarean Delivery Only	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59515	Cesarean Delivery Only; W/Postpartum Care	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59525	Subtotal/Total Hysterectomy After Cesarean De	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59610	Routine Obstetric Care, Vaginal Delivery, W/ An	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59612	Vaginal Delivery Only, Previous Cesarean Delive	N					None	None	None	None
IN	Medicaid/SCHIP/Family	59614	Vaginal Delivery Only, Previous Cesarean Delive	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59618	Routine Ob Care, Ante/Postpartum, Cesarean C	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None
IN	Medicaid/SCHIP/Family	59620	Cesarean Delivery, After Failed Vaginal Delivery	N					This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59622	Cesarean Delivery, After Failed Vaginal Delivery	X					Non covered but for pediatric members verification of EPSDT services must be verified.	None	None	None

IN	Medicaid/SCHIP/Family	59812	Treatment, Incomplete Abortion, Any Trimester	N				None	None	None
IN	Medicaid/SCHIP/Family	59820	Treatment, Missed Abortion, Completed Surgical	N				None	None	None
IN	Medicaid/SCHIP/Family	59821	Treatment, Missed Abortion, Completed Surgical	N				None	None	None
IN	Medicaid/SCHIP/Family	59830	Treatment, Septic Abortion, Completed Surgical	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59840	Induced abortion, dilation and curettage	N				None	None	None
IN	Medicaid/SCHIP/Family	59841	Induced abortion, dilation and evacuation	N				None	None	None
IN	Medicaid/SCHIP/Family	59850	Induced abortion, intra-amniotic injections W/Intra	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	59851	Induced abortion, intra-amniotic injections W/Intra	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	59852	Induced Abortion, Intra-Amniotic Injections W/Intra	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	59855	Induced Abortion, Vaginal Suppositories W/Hospital	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	59856	Induced Abortion, Vaginal Suppositories W/Hospital	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	59857	Induced Abortion, Vaginal Suppositories W/Hospital	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	59866	Multifetal Pregnancy Reduction(S)	X						
IN	Medicaid/SCHIP/Family	59870	Uterine Evacuation & Curettage, Hydatidiform Molar	N				None	None	None
IN	Medicaid/SCHIP/Family	59871	Removal, Cerclage Suture Under Anesthesia (Obstetric)	N						
IN	Medicaid/SCHIP/Family	59897	Unlisted fetal invasive procedure, including ultrasonography	N						
IN	Medicaid/SCHIP/Family	59898	Unlisted Proc, Laparoscopy, Maternity Care & Delivery	N						
IN	Medicaid/SCHIP/Family	59899	Unlisted Proc, Maternity Care & Delivery	N						
IN	Medicaid/SCHIP/Family	60000	Incision & Drainage, Thyroglossal Cyst, Infected	N				None	None	None
IN	Medicaid/SCHIP/Family	6005F	Rationale (eg, severity of illness and safety) for	R						
IN	Medicaid/SCHIP/Family	60100	Bx Thyroid, Percutaneous Core Needle	N				None	None	None
IN	Medicaid/SCHIP/Family	6010F	Dysphagia screening conducted prior to order for	R						
IN	Medicaid/SCHIP/Family	6015F	Patient receiving or eligible to receive foods, fluids	R						
IN	Medicaid/SCHIP/Family	60200	Excision, Cyst/Adenoma, Thyroid/Transection, Intra	N						
IN	Medicaid/SCHIP/Family	6020F	NPO (nothing by mouth) ordered (STR)	R						
IN	Medicaid/SCHIP/Family	60210	Partial Thyroid Lobectomy, Unilat; W/Wo Isthmus	N				None	None	None
IN	Medicaid/SCHIP/Family	60212	Partial Thyroid Lobectomy, Unilat; W/Contralateral	N				None	None	None
IN	Medicaid/SCHIP/Family	60220	Total Thyroid Lobectomy, Unilat; W/Wo Isthmus	N				None	None	None
IN	Medicaid/SCHIP/Family	60225	Total Thyroid Lobectomy, Unilat; W/Contralateral	N				None	None	None
IN	Medicaid/SCHIP/Family	60240	Thyroidectomy, Total/Complete	N				None	None	None
IN	Medicaid/SCHIP/Family	60252	Thyroidectomy, Total/Subtotal, Malignancy; W/No	N				None	None	None
IN	Medicaid/SCHIP/Family	60254	Thyroidectomy, Total/Subtotal, Malignancy; W/No	N			This service must be performed in an Inpatient setting.	MCG RFC(Post Acute)S-6000 Neck Dissection	None	None
IN	Medicaid/SCHIP/Family	60260	Thyroidectomy, Removal Remaining Tissue, Follicular	N				None	None	None
IN	Medicaid/SCHIP/Family	60270	Thyroidectomy, W/Substernal Thyroid; Sternal; Cervical	N			This service must be performed in an Inpatient setting.	None	None	None
IN	Medicaid/SCHIP/Family	60271	Thyroidectomy, W/Substernal Thyroid; Cervical	N				None	None	None
IN	Medicaid/SCHIP/Family	60280	Excision, Thyroglossal Duct Cyst/Sinus	N						
IN	Medicaid/SCHIP/Family	60281	Excision, Thyroglossal Duct Cyst/Sinus; Recurrent	N						
IN	Medicaid/SCHIP/Family	60300	Aspiration and/or injection, thyroid cyst	N						
IN	Medicaid/SCHIP/Family	6030F	All elements of maximal sterile barrier technique	R						
IN	Medicaid/SCHIP/Family	6040F	Use of appropriate radiation dose reduction device	R						
IN	Medicaid/SCHIP/Family	6045F	Radiation exposure or exposure time in final report	R						
IN	Medicaid/SCHIP/Family	60500	Parathyroidectomy/Exploration, Parathyroid(S)	N						
IN	Medicaid/SCHIP/Family	60502	Parathyroidectomy/Exploration, Parathyroid(S)	N						
IN	Medicaid/SCHIP/Family	60505	Parathyroidectomy/Exploration, Parathyroid(S)	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60512	Parathyroid Autotransplantation	N						
IN	Medicaid/SCHIP/Family	60520	Thymectomy, Part/Total; Transcervical Approach	N						
IN	Medicaid/SCHIP/Family	60521	Thymectomy, Part/Total; Sternal Split/Transthoracic	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60522	Thymectomy, Part/Total; Sternal Split/Transthoracic	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60540	Adrenalectomy/Exploration, Adrenal Gland, W/No	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60545	Adrenalectomy/Exploration, Adrenal Gland, W/No	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60600	Excision, Carotid Body Tumor; W/O Excision, Carotid	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60605	Excision, Carotid Body Tumor; W/Excision, Carotid	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60650	Laparoscopy, Surgical, W/Transabd Part/Component	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	60659	Unlisted Proc, Laparoscopy, Surgical, Endocrine	N						
IN	Medicaid/SCHIP/Family	60699	Unlisted Proc, Endocrine System	N						
IN	Medicaid/SCHIP/Family	6070F	Patient queried and counseled about anti-epileptic	R						
IN	Medicaid/SCHIP/Family	6080F	Patient (or caregiver) queried about falls (Prkns)	R						
IN	Medicaid/SCHIP/Family	6090F	Patient (or caregiver) counseled about safety is	R						
IN	Medicaid/SCHIP/Family	61000	Subdural Tap Through Fontanelle/Suture, Infant	N				None	None	None

IN	Medicaid/SCHIP/Family 61533	Craniotomy W/Elevation, Bone Flap; Implantati	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61534	Craniotomy W/Elevation, Bone Flap; Excision, E	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61535	Craniotomy W/Elevation, Bone Flap; Removal, E	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61536	Craniotomy W/Elevation, Bone Flap; Excision, C	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61537	Craniotomy with Elevation of Bone Flap; for Lot	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61538	Craniotomy W/Elevation, Bone Flap; Lobectomy	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61539	Craniotomy W/Elevation, Bone Flap; Lobectomy	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61540	Craniotomy with Elevation of Bone Flap; for Lot	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61541	Craniotomy W/Elevation, Bone Flap; Transsectio	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61543	Craniotomy W/Elevation, Bone Flap; Partial/Sul	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61544	Craniotomy W/Elevation, Bone Flap; Excision/C	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61545	Craniotomy W/Elevation, Bone Flap; Excision, C	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61546	Craniotomy, Hypophysectomy/Excision, Pituitari	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61548	Hypophysectomy/Excision, Pituitary Tumor, Tra	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61550	Craniectomy, Craniostomy; Single Cranial S	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61552	Craniectomy, Craniostomy; Multiple Crania	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61556	Craniotomy, Craniostomy; Frontal/Parietal	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61557	Craniotomy, Craniostomy; Bifrontal Bone Fl	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61558	Extensive Craniectomy, Multiple Cranial Suture	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61559	Extensive Craniectomy, Multiple Cranial Suture	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61563	Excision, Benign Tumor, Cranial Bone; W/O Opt	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61564	Excision, Benign Tumor, Cranial Bone; W/Optic	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61566	Craniotomy with Elevation of Bone Flap; for Sel	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61567	Craniotomy with Elevation of Bone Flap; for Mu	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61570	Craniectomy/Craniotomy; W/Excision, Fb, Brair	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61571	Craniectomy/Craniotomy; W/Treatment, Penet	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61575	Transoral Approach To Skull Base, Bx/Decompr	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61576	Transoral Approach To Skull Base, Bx/Decompr	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61580	Craniofacial Approach To Anterior Cranial Fossa	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61581	Craniofacial Approach To Anterior Cranial Fossa	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61582	Craniofacial Approach To Anterior Cranial Fossa	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61583	Craniofacial Approach To Ant Cranial Fossa; Intr	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61584	Orbitocranial Approach To Anterior Cranial Foss	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61585	Orbitocranial Approach To Anterior Cranial Foss	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61586	Bicoronal Transzygomatic &/Or Lefort I Approa	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61590	Infratemporal Pre-Auricular Approach To Middl	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61591	Infratemporal Post-Auricular Approach To Midc	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61592	Orbitocranial Zygomatic Approach To Middle Cr	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61595	Transtemporal Approach To Posterior Cranial Fr	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61596	Transcochlear Approach To Posterior Cranial Fo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61597	Transcondylar Approach To Posterior Cranial Fo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61598	Transpetrosal Approach To Posterior Cranial Fo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61600	Resect/Excise, Lesion, Base, Anterior Cranial Fo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61601	Resect/Excise, Lesion, Base, Anterior Cranial Fo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61605	Resect/Excise, Lesion, Infratemporal Fossa/Par	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61606	Resect/Excise, Lesion, Infratemporal Fossa/Par	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61607	Resect/Excise, Lesion, Parasellar Area/Cavernoi	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61608	Resect/Excise, Lesion, Parasellar Area/Cavernoi	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61611	Transection/Ligation, Carotid Artery In Petrous	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61613	Obliteration, Carotid Aneurysm/Avm/Carotid-C	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61615	Resect/Excise, Lesion, Base Posterior Cranial Fo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61616	Resect/Excise, Lesion, Base Posterior Cranial Fo	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61618	Secondary Repair, Csf Leak/Cranial Fossa; Free	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61619	Secondary Repair, Csf Leak/Cranial Fossa; Local	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61623	Endovasc Temp Occlusion, Head/Neck W/Vessel	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61624	Transcatheter Perm Occlusion/Embolization, Pe	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61626	Transcatheter Perm Occlusion/Embolization, Pe	N				This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61630	Balloon angioplasty, intracranial (eg, atheroscle	X	CG-SURG-76, CG-SURG-106			This service must be performed in an Inpatient setting.	None	None
IN	Medicaid/SCHIP/Family 61635	Transcatheter placement of intravascular stent	Y	CG-SURG-76, CG-SURG-106			This service must be performed in an Inpatient setting.	None	None

IN	Medicaid/SCHIP/Family	61640	Balloon dilatation of intracranial vasospasm, pe	X	CG-SURG-76		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	61641	Balloon dilatation of intracranial vasospasm, pe	X	CG-SURG-76		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	61642	Balloon dilatation of intracranial vasospasm, pe	X	CG-SURG-76		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	61645	Percutaneous arterial transluminal mechanical	N	SURG.00098		This service must be performed i	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	61650	Endovascular intracranial prolonged administra	N			This service must be performed i	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	61651	Endovascular intracranial prolonged administra	N			This service must be performed i	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	61680	Surgery, Intracranial Arteriovenous Malformati	N			This service must be performed i	MCG: ISC: P-411: Craniotomy, Supra	None	None
IN	Medicaid/SCHIP/Family	61682	Surgery, Intracranial Arteriovenous Malformati	N			This service must be performed i	MCG: ISC: P-411: Craniotomy, Supra	None	None
IN	Medicaid/SCHIP/Family	61684	Surgery, Intracranial Arteriovenous Malformati	N			This service must be performed i	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	61686	Surgery, Intracranial Arteriovenous Malformati	N			This service must be performed i	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	61690	Surgery, Intracranial Arteriovenous Malformati	N			This service must be performed i	MCG: ISC: P-411: Craniotomy, Supra	None	None
IN	Medicaid/SCHIP/Family	61692	Surgery, Intracranial Arteriovenous Malformati	N			This service must be performed i	MCG: ISC: P-411: Craniotomy, Supra	None	None
IN	Medicaid/SCHIP/Family	61697	Surgery, Intracranial Aneurysm, Complex, Intra	N			This service must be performed i	Rehab): Craniotomy, Supratentorial	None	None
IN	Medicaid/SCHIP/Family	61698	Surgery, Intracranial Aneurysm, Complex, Intra	N			This service must be performed i	Rehab): Craniotomy, Supratentorial	None	None
IN	Medicaid/SCHIP/Family	61700	Surgery, Intracranial Aneurysm, Simple, Intra	N			This service must be performed i	Rehab): Craniotomy, Supratentorial	None	None
IN	Medicaid/SCHIP/Family	61702	Surgery, Simple Intracranial Aneurysm, Intracra	N			This service must be performed i	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	61703	Surgery, Intracranial Aneurysm, Cervical Appro	N			This service must be performed i	MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	61705	Surgery, Aneurysm, Vascular Malformation; Oci	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	61708	Surgery, Aneurysm, Vascular Malformation; Int	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	61710	Surgery, Aneurysm, Vascular Malformation; Int	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	61711	Anastomosis, Arterial, Extracranial-Intracranial	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	61720	Creation, Lesion, Stereotactic W/Burr Hole(S), S	Y	CG-SURG-108			None	None	None
IN	Medicaid/SCHIP/Family	61735	Creation, Lesion, Stereotactic W/Burr Hole(S), S	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	61750	Stereotactic Bx, Aspiration/Excision, W/Burr Ho	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	61751	Stereotactic Bx/Aspiration/Excision, W/ Burr Hc	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	61760	Stereotactic Implantation, Depth Electrodes, Ce	N			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	61770	Stereotactic Localization, W/ Insertion, Cathete	N						
IN	Medicaid/SCHIP/Family	61781	Stereotactic computer-assisted (navigational) p	N						
IN	Medicaid/SCHIP/Family	61782	Stereotactic computer-assisted (navigational) p	N						
IN	Medicaid/SCHIP/Family	61783	Stereotactic computer-assisted (navigational) p	N						
IN	Medicaid/SCHIP/Family	61790	Creation, Lesion, Stereotactic, Percutaneous, N	N	CG-SURG-89			None	None	None
IN	Medicaid/SCHIP/Family	61791	Creation, Lesion, Stereotactic, Percutaneous, N	Y	CG-SURG-89			None	None	None
IN	Medicaid/SCHIP/Family	61796	Stereotactic radiosurgery (particle beam, gamr	Y		AIM1		AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	61797	Stereotactic radiosurgery (particle beam, gamr	Y		AIM1		AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	61798	Stereotactic radiosurgery (particle beam, gamr	Y		AIM1		AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	61799	Stereotactic radiosurgery (particle beam, gamr	Y		AIM1		AIM: Radiation Oncology; MCG: GR	None	None
IN	Medicaid/SCHIP/Family	61800	Application of stereotactic headframe for stere	Y		AIM1		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	61850	Twist Drill/Burr Hole(S), Implantation, Neurosti	N	SURG.00026		This service must be performed i	MCG: GRG: SG-NS : Neurosurgery o	None	None
IN	Medicaid/SCHIP/Family	61860	Craniectomy/Craniotomy, Implantation, Neuro	N	SURG.00026		This service must be performed i	MCG: GRG: SG-NS : Neurosurgery o	None	None
IN	Medicaid/SCHIP/Family	61863	Burr Hole Craniotomy with Implantation of Sub	Y	SURG.00026		This service must be performed i	MCG: BHG: B-819-T: Deep Brain Stir	None	None
IN	Medicaid/SCHIP/Family	61864	Burr Hole Craniotomy w Implantation of Subcor	Y	SURG.00026		This service must be performed i	MCG: BHG: B-819-T: Deep Brain Stir	None	None
IN	Medicaid/SCHIP/Family	61867	Burr Hole Craniotomy with Implantation of Sub	Y	SURG.00026		This service must be performed i	MCG: BHG: B-819-T: Deep Brain Stir	None	None
IN	Medicaid/SCHIP/Family	61868	Burr Hole Craniotomy w Implantation of Subcor	Y	SURG.00026		This service must be performed i	MCG: BHG: B-819-T: Deep Brain Stir	None	None
IN	Medicaid/SCHIP/Family	61880	Revision/Removal, Intracranial Neurostimulato	N				None	None	None
IN	Medicaid/SCHIP/Family	61885	Subq Placement Cranial Neurostimulator Pulse	Y	SURG.00007, SURG.00026, SURG.00112			MCG: BHG: B-821-T: Vagus Nerve St	None	None
IN	Medicaid/SCHIP/Family	61886	Subq Placement Cranial Neurostimulator Pulse	Y	SURG.00026			MCG: BHG: B-819-T: Deep Brain Stir	None	None
IN	Medicaid/SCHIP/Family	61888	Revision/Removal, Cranial Neurostimulator Pul	N				None	None	None
IN	Medicaid/SCHIP/Family	62000	Elevation, Depressed Skull Fx; Simple, Extradur	N	CG-SURG-97			None	None	None
IN	Medicaid/SCHIP/Family	62005	Elevation, Depressed Skull Fx; Compound/Com	N			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	62010	Elevation, Depressed Skull Fx; W/Repair, Dura &	N			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	62100	Craniotomy, Repair, Dural/Csf Leak, W/Surgery,	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62115	Reduction, Craniomegalic Skull; No Bone Grafts	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62117	Reduction, Craniomegalic Skull; W/Craniotomy	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62120	Repair, Encephalocele, Skull Vault, W/Craniopla	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62121	Craniotomy, Repair, Encephalocele, Skull Base	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62140	Cranioplasty, Skull Defect; Up To 5 Cm Diamete	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62141	Cranioplasty, Skull Defect; > 5 Cm Diameter	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62142	Removal, Bone Flap/Prosthetic Plate, Skull	N			This service must be performed in an	Inpatient setting.		
IN	Medicaid/SCHIP/Family	62143	Replacement, Bone Flap/Prosthetic Plate, Skull	N			This service must be performed in an	Inpatient setting.		

IN	Medicaid/SCHIP/Family 62145	Cranioplasty, Skull Defect W/Reparative Brain S N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62146	Cranioplasty W/Autograft (Includes Obtaining E N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62147	Cranioplasty W/Autograft (Includes Obtaining E N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62148	Incision & Retrieval Subq Cranial Bone Graft Fo							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62160	Neuroendoscopy, Intracranial, Place/Replace Vi N									
IN	Medicaid/SCHIP/Family 62161	Neuroendoscopy, Intracranial; W/O Dissect Adf N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62162	Neuroendoscopy, Intracranial; W/Fenestration/E N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62164	Neuroendoscopy, Intracranial; W/Excise Brain T N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62165	Neuroendoscopy, Intracranial; W/Excise, Pituita N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62180	Ventriculocisternostomy (Torkildsen Type Oper N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62190	Creation, Shunt; Subarachnoid/Subdural-Atrial, N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62192	Creation, Shunt; Subarachnoid/Subdural-Perito N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62194	Replacement/Irrigation, Subarachnoid/Subdura N									
IN	Medicaid/SCHIP/Family 62200	Ventriculocisternostomy, 3rd Ventricle							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62201	Ventriculocisternostomy, 3rd Ventricle; Stereot N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62220	Creation, Shunt; Ventriculo-Atrial, -Jugular, -Au N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62223	Creation, Shunt; Ventriculo-Peritoneal, -Pleural, N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62225	Replacement/Irrigation, Ventricular Catheter									
IN	Medicaid/SCHIP/Family 62230	Replacement/Revision, Csf Shunt, Obstructed V N									
IN	Medicaid/SCHIP/Family 62252	Reprogramming, Programmable Csf Shunt									
IN	Medicaid/SCHIP/Family 62256	Removal, Complete Csf Shunt System; W/O Repl N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62258	Removal, Complete Csf Shunt System; W/Repla N							This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 62263	Lysis, Perq, Epidural Adhesions, Solution Injecti Y	SURG.00072	AIM				None	None	None	
IN	Medicaid/SCHIP/Family 62264	Lysis, Perq Epidural Adhesions, Solution Injecti Y	SURG.00072	AIM				None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family 62267	Percutaneous aspiration within the nucleus pul N									
IN	Medicaid/SCHIP/Family 62268	Percutaneous Aspiration, Spinal Cord Cyst/Syrin N									
IN	Medicaid/SCHIP/Family 62269	Bx, Spinal Cord, Percutaneous Needle									
IN	Medicaid/SCHIP/Family 62270	Spinal Puncture, Lumbar, Dx									
IN	Medicaid/SCHIP/Family 62272	Spinal Puncture, Therapeutic, Drainage, Spinal f N									
IN	Medicaid/SCHIP/Family 62273	Injection, Epidural, Blood/Clot Patch									
IN	Medicaid/SCHIP/Family 62280	Injection/Infusion Neurolytic Substance, W/Wo N						MCG ISC ORG Rhizotomy, Percutane	None	None	
IN	Medicaid/SCHIP/Family 62281	Injection/Infusion Neurolytic Substance, W/Wo Y	SURG.00072	AIM				None	None	None	
IN	Medicaid/SCHIP/Family 62282	Injection/Infusion Neurolytic Substance; Epidur Y	SURG.00072	AIM				None	None	None	
IN	Medicaid/SCHIP/Family 62284	Injection procedure for myelography and/or co						MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62287	Decompression procedure, percutaneous, of nu Y	SURG.00071	AIM				MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62290	Injection, Diskography, Each Level; Lumbar						MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62291	Injection, Diskography, Each Level; Cervical/Thc Y						None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family 62292	Injection, Chemonucleolysis, W/Diskography, Li N						None	None	None	
IN	Medicaid/SCHIP/Family 62294	Injection, Arterial, Occlusion, Arteriovenous Ma N									
IN	Medicaid/SCHIP/Family 62302	Myelography via lumbar injection, including rac N						None	None	None	
IN	Medicaid/SCHIP/Family 62303	Myelography via lumbar injection, including rac N						None	None	None	
IN	Medicaid/SCHIP/Family 62304	Myelography via lumbar injection, including rac N						None	None	None	
IN	Medicaid/SCHIP/Family 62305	Myelography via lumbar injection, including rac N						None	None	None	
IN	Medicaid/SCHIP/Family 62320	Injection(s), of diagnostic or therapeutic substa Y		AIM				AIM Musculoskeletal: Pain Manager	None	None	
IN	Medicaid/SCHIP/Family 62321	Injection(s), of diagnostic or therapeutic substa Y		AIM				AIM Musculoskeletal: Pain Manager	None	None	
IN	Medicaid/SCHIP/Family 62322	Injection(s), of diagnostic or therapeutic substa Y		AIM			For the diagnosis of circumcision	AIM Musculoskeletal: Pain Manager	None	None	
IN	Medicaid/SCHIP/Family 62323	Injection(s), of diagnostic or therapeutic substa Y		AIM				AIM Musculoskeletal: Pain Manager	None	None	
IN	Medicaid/SCHIP/Family 62324	Injection(s), including indwelling catheter place N									
IN	Medicaid/SCHIP/Family 62325	Injection(s), including indwelling catheter place N									
IN	Medicaid/SCHIP/Family 62326	Injection(s), including indwelling catheter place N									
IN	Medicaid/SCHIP/Family 62327	Injection(s), including indwelling catheter place N									
IN	Medicaid/SCHIP/Family 62328	Spinal puncture, lumbar, diagnostic; with fluoro N						MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62329	Spinal puncture, therapeutic, for drainage of ce N						MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62350	Implant/Revisn/Reposition Intrathecal/Epidural N	CG-SURG-79					MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62351	Implant/Revisn/Reposition Intrathecal/Epidural N	CG-SURG-79					None	None	None	
IN	Medicaid/SCHIP/Family 62355	Removal, Previously Implanted Intrathecal/Epic N									
IN	Medicaid/SCHIP/Family 62360	Implantation/Replace, Device, Intrathecal/Epidi N	CG-SURG-79					MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62361	Implantation/Replace, Device, Intrathecal/Epidi N	CG-SURG-79					MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family 62362	Implantation/Replace, Device, Intrathecal/Epidi N	CG-SURG-79					MCG: GRG: SG-NS: Neurosurgery or	None	None	

IN	Medicaid/SCHIP/Family	62365	Removal, Subq Reservoir/Pump	N									
IN	Medicaid/SCHIP/Family	62367	Electronic analysis of programmable, implantec	N									
IN	Medicaid/SCHIP/Family	62368	Electronic Analysis, Programmable Pump; W/Ri	N									
IN	Medicaid/SCHIP/Family	62369	Electronic analysis of programmable, implantec	N									
IN	Medicaid/SCHIP/Family	62370	Electronic analysis of programmable, implantec	N									
IN	Medicaid/SCHIP/Family	62380	Endoscopic decompression of spinal cord, nerv	Y		SURG.00071	AIM		None		None		None
IN	Medicaid/SCHIP/Family	63001	Laminectomy, W/O Facetectomy/Foraminotom	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63003	Laminectomy, W/O Facetectomy/Foraminotom	N					AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63005	Laminectomy W/O Facetectomy/Foraminotom	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63011	Laminectomy W/O Facetectomy/Foraminotom	N									
IN	Medicaid/SCHIP/Family	63012	Laminectomy W/Removal, Abnormal Facets, Lu	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63015	Laminectomy W/O Facetectomy/Foraminotom	Y		CG-SURG-97	AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63016	Laminectomy W/O Facetectomy/Foraminotom	N					AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63017	Laminectomy W/O Facetectomy/Foraminotom	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63020	Laminotomy (hemilaminectomy), with decomp	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63030	Laminotomy (hemilaminectomy), with decomp	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63035	Laminotomy (hemilaminectomy), with decomp	Y			AIM		Foraminotomy, Laminotomy		None		None
IN	Medicaid/SCHIP/Family	63040	Laminotomy W/Partl Facetectomy/Foraminoty	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63042	Laminotomy W/Partl Facetectomy/Foraminoto	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63043	Laminotomy (hemilaminectomy), with decomp	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63044	Laminotomy (hemilaminectomy), with decomp	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63045	Laminectomy, Facetectomy & Foraminotomy, 1	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63046	Laminectomy, Facetectomy & Foraminotomy, 1	N					AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63047	Laminectomy, Facetectomy & Foraminotomy, 1	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63048	Laminectomy, Facetectomy & Foraminotomy, 1	Y			AIM		Cervical Spine Surgery; MCG: ISC: W		None		None
IN	Medicaid/SCHIP/Family	63050	Laminoplasty, Cervical, With Decompression Of	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63051	Laminoplasty, Cerv, W Decompression Of Spina	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63055	Transpedicular Approach, 1 Segment; Thoracic	N					AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63056	Transpedicular Approach, 1 Segment; Lumbar (	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63057	Transpedicular Approach, Add'l Segment; Thor	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63064	Costovertebral Approach, Thoracic; 1 Segment	N									
IN	Medicaid/SCHIP/Family	63066	Costovertebral Approach, Thoracic; Add'l Segm	N									
IN	Medicaid/SCHIP/Family	63075	Discectomy, Anterior; Cervical, 1 Interspace	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63076	Discectomy, Anterior; Cervical, Add'l Interspa	Y			AIM		AIM Musculoskeletal: Spine Surgery		None		None
IN	Medicaid/SCHIP/Family	63077	Discectomy, Anterior; Thoracic, 1 Interspace	N					This service must be performed in an Inpatient setting.		None		None
IN	Medicaid/SCHIP/Family	63078	Discectomy, Anterior; Thoracic, Add'l Interspa	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Seg	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63085	Vertebral Corpectomy, Transthoracic; Thoracic,	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63086	Vertebral Corpectomy, Transthoracic; Thoracic,	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63087	Vertebral Corpectomy, Thoracolumbar, Lower 1	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63088	Vertebral Corpectomy, Thoracolumbar, Lower 1	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63090	Vertebral Corpectomy, Transperitoneal/Retrop	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63091	Vertebral Corpectomy, Trans/Retroperitoneal, 1	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63101	Vertebral Corpectomy, Lateral Extracavitary Ap	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63102	Vertebral Corpectomy, Lateral Extracavitary Ap	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63103	Vertebral Corpectomy, Lateral Extracavitary Ap	Y			AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63170	Laminectomy W/Myelotomy, Cervical, Thoracic	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	63172	Laminectomy W/Drainage, Intramedullary Cyst	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	63173	Laminectomy W/Drainage, Intramedullary Cyst	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	63185	Laminectomy with rhizotomy; 1 or 2 segments	Y		CG-SURG-08	AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63190	Laminectomy with rhizotomy; more than 2 seg	Y		CG-SURG-08	AIM		This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63191	Laminectomy W/Section, Spinal Accessory Nerv	N					This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63194	Laminectomy with cordotomy, with section of	N					This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63195	Laminectomy with cordotomy, with section of	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	63196	Laminectomy with cordotomy, with section of	N					This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63197	Laminectomy with cordotomy, with section of	N					This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	63198	Laminectomy with cordotomy with section of b	N					This service must be performed in an Inpatient setting.		AIM Musculoskeletal: Spine Surgery		None
IN	Medicaid/SCHIP/Family	63199	Laminectomy with cordotomy with section of b	N					This service must be performed in an Inpatient setting.				

IN	Medicaid/SCHIP/Family 63200	Laminectomy, W/Release, Tethered Spinal Corc	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63250	Laminectomy, Excision/Occlusion, Avm, Spinal	N			This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63251	Laminectomy, Excision/Occlusion, Avm, Spinal	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63252	Laminectomy, Excision/Occlusion, Avm, Spinal	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63265	Laminectomy, Excision, Non-Neoplastic Lesion,	N				AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63266	Laminectomy, Excision, Non-Neoplastic Lesion,	N						
IN	Medicaid/SCHIP/Family 63267	Laminectomy, Excision, Non-Neoplastic Lesion,	Y		AIM		AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63268	Laminectomy, Excision, Non-Neoplastic Lesion,	N						
IN	Medicaid/SCHIP/Family 63270	Laminectomy, Excision, Intraspinal Lesion Othe	N			This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63271	Laminectomy, Excision, Intraspinal Lesion Othe	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63272	Laminectomy, Excision, Intraspinal Lesion Othe	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63273	Laminectomy, Excision, Intraspinal Lesion Othe	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63275	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63276	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63277	Laminectomy, Bx/Excision, Intraspinal Neoplasr	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63278	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63280	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63281	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63282	Laminectomy, Bx/Excision, Intraspinal Neoplasr	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63283	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63285	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63286	Laminectomy, Bx/Excision, Intraspinal Neoplasr	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63287	Laminectomy, Bx/Excision, Intraspinal Neoplasr	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63290	Laminectomy, Bx/Excision, Intraspinal Neoplasr	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63295	Osteoplastic Reconstruction Of Dorsal Spinal Eli	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63300	Vertebral Corpectomy, 1 Segment; Extradural, C	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63301	Vertebral Corpectomy, 1 Segment; Extradural, T	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63302	Vertebral Corpectomy, 1 Segment; Extradural, T	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63303	Vertebral Corpectomy, 1 Segment; Extradural, L	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63304	Vertebral Corpectomy, 1 Segment; Intradural, C	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63305	Vertebral Corpectomy, 1 Segment; Intradural, T	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63306	Vertebral Corpectomy, 1 Segment; Intradural, T	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63307	Vertebral Corpectomy, 1 Segment; Intradural, L	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63308	Vertebral Corpectomy, Add'l Segment	Y		AIM	This service must be performed in an Inpatient setting.	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family 63600	Creation, Lesion, Spinal Cord, Stereotactic, Perc	N						
IN	Medicaid/SCHIP/Family 63610	Stereotactic Stimulation, Spinal Cord, Percutan	N						
IN	Medicaid/SCHIP/Family 63620	Stereotactic radiosurgery (particle beam, gamma	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 63621	Stereotactic radiosurgery (particle beam, gamma	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 63650	Percutaneous Implantation, Neurostimulator El	Y		AIM		AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 63655	Laminectomy, Implantation, Neurostimulator E	Y		AIM		AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 63661	Removal of spinal neurostimulator electrode pe	N				None	None	None
IN	Medicaid/SCHIP/Family 63662	Removal of spinal neurostimulator electrode pl	N				None	None	None
IN	Medicaid/SCHIP/Family 63663	Revision including replacement, when performe	Y		AIM		AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family 63664	Revision including replacement, when performe	Y		AIM		AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family 63685	Incision/Placement, Spinal Neurostimulator Pul	Y		AIM		AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 63688	Revision/Removal, Implanted Spinal Neurostim	Y		AIM		AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family 63700	Repair, Meningocele; < 5 Cm Diameter	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63702	Repair, Meningocele; > 5 Cm Diameter	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63704	Repair, Myelomeningocele; < 5 Cm Diameter	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63706	Repair, Myelomeningocele; > 5 Cm Diameter	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63707	Repair, Dural/Csf Leak, Not Requiring Laminect	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63709	Repair, Dural/Csf Leak/Pseudomeningocele, W/	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63710	Dural Graft, Spinal	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63740	Creation, Shunt, Lumbar/Subarachnoid-Periton	N			This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family 63741	Creation, Shunt, Lumbar/Subarachnoid-Periton	N						
IN	Medicaid/SCHIP/Family 63744	Replacement, Irrigation/Revision, LumboSubarc	N						
IN	Medicaid/SCHIP/Family 63746	Removal, Entire LumboSubarachnoid Shunt Sys	N						
IN	Medicaid/SCHIP/Family 64400	Injection, Anesthetic Agent; Trigeminal Nerve, I	N				None	None	None
IN	Medicaid/SCHIP/Family 64405	Injection, Anesthetic Agent; Greater Occipital N	Y	SURG.00144		This code is notification only when performed	None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	64408	Injection, Anesthetic Agent; Vagus Nerve	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64415	Injection, Anesthetic Agent; Brachial Plexus, Sin	Y		SURG.00140		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64416	Injection, anesthetic agent; brachial plexus, cor	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64417	Injection, Anesthetic Agent; Axillary Nerve	Y		SURG.00140		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64418	Injection, Anesthetic Agent; Suprascapular Nen	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64420	Injection, Anesthetic Agent; Intercostal Nerve, I	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64421	Injection, Anesthetic Agent; Intercostal Nerves, N	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64425	Injection, Anesthetic Agent; Ilioinguinal, Ilio hyp	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64430	Injection, Anesthetic Agent; Pudendal Nerve	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64435	Injection, Anesthetic Agent; Paracervical (Uteri	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64445	Injection, Anesthetic Agent; Sciatic Nerve, Singl	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64446	Injection, anesthetic agent; sciatic nerve, contir	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64447	Injection, Anesthetic Agent; Femoral Nerve, Sin	Y		SURG.00140		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64448	Injection, anesthetic agent; femoral nerve, cont	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64449	Injection, anesthetic agent; lumbar plexus, post	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64450	Injection, Anesthetic Agent; Other Peripheral N	Y		SURG.00140, SURG.00142, SURG.00144		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64451	Injection(s), anesthetic agent(s) and/or steroid; N	N				MCG: GRG: A-MPC: Minor Procedur	None	None
IN	Medicaid/SCHIP/Family	64454	Injection(s), anesthetic agent(s) and/or steroid; N	N				MCG: GRG: A-MPC: Minor Procedur	None	None
IN	Medicaid/SCHIP/Family	64455	Injection(s), anesthetic agent and/or steroid, pl	N		CG-SURG-25		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64461	Paravertebral block (PVB) (paraspinous block), I	N						
IN	Medicaid/SCHIP/Family	64462	Paravertebral block (PVB) (paraspinous block), I	N						
IN	Medicaid/SCHIP/Family	64463	Paravertebral block (PVB) (paraspinous block), I	N						
IN	Medicaid/SCHIP/Family	64479	Injection(s), anesthetic agent and/or steroid, tr	Y			AIM	MCG: GRG: A-MPC: Minor Procedur	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64480	Injection(s), anesthetic agent and/or steroid, tr	Y			AIM	MCG: GRG: A-MPC: Minor Procedur	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64483	Injection(s), anesthetic agent and/or steroid, tr	Y			AIM	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64484	Injection(s), anesthetic agent and/or steroid, tr	Y			AIM	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64486	Transversus abdominis plane (TAP) block (abdo	N				None	None	None
IN	Medicaid/SCHIP/Family	64487	Transversus abdominis plane (TAP) block (abdo	N				None	None	None
IN	Medicaid/SCHIP/Family	64488	Transversus abdominis plane (TAP) block (abdo	N				None	None	None
IN	Medicaid/SCHIP/Family	64489	Transversus abdominis plane (TAP) block (abdo	N				None	None	None
IN	Medicaid/SCHIP/Family	64490	Injection(s), diagnostic or therapeutic agent, pa	Y			AIM	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64491	Injection(s), diagnostic or therapeutic agent, pa	Y			AIM	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64492	Injection(s), diagnostic or therapeutic agent, pa	Y			AIM	MCG: GRG: A-MPC: Minor Procedur	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64493	Injection(s), diagnostic or therapeutic agent, pa	Y			AIM	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64494	Injection(s), diagnostic or therapeutic agent, pa	Y			AIM	MCG: GRG: A-MPC: Minor Procedur	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64495	Injection(s), diagnostic or therapeutic agent, pa	Y			AIM	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64505	Injection, Anesthetic Agent; Sphenopalatine Ga	N						
IN	Medicaid/SCHIP/Family	64510	Injection, Anesthetic Agent; Stellate Ganglion (I	Y		SURG.00140	AIM	AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	64517	Injection, Anesthetic Agent; Superior Hypogasti	N				None	None	None
IN	Medicaid/SCHIP/Family	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (I	Y		CG-MED-63, SURG.00140	AIM	AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64530	Injection, Anesthetic Agent; Celiac Plexus, W/M	N				None	None	None
IN	Medicaid/SCHIP/Family	64553	Percutaneous implantation of neurostimulator	Y		SURG.00007, SURG.00112		MCG: BHG: B-821-T: Vagus Nerve St	None	None
IN	Medicaid/SCHIP/Family	64555	Percutaneous implantation of neurostimulator	Y		SURG.00112, SURG.00158		None	None	None
IN	Medicaid/SCHIP/Family	64561	Percutaneous implantation of neurostimulator	Y		CG-SURG-95		None	None	None
IN	Medicaid/SCHIP/Family	64566	Posterior tibial neurostimulation, percutaneous	Y		CG-SURG-95		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64568	Incision for implantation of cranial nerve (eg, va	Y		SURG.00007, SURG.00112, SURG.00129		MCG: BHG: B-821-T: Vagus Nerve St	None	None
IN	Medicaid/SCHIP/Family	64569	Revision or replacement of cranial nerve (eg, va	Y		SURG.00007, SURG.00112		None	None	None
IN	Medicaid/SCHIP/Family	64570	Removal of cranial nerve (eg, vagus nerve) neu	N				MCG: BHG: B-821-T: Vagus Nerve St	None	None
IN	Medicaid/SCHIP/Family	64575	Incision for implantation of neurostimulator ele	Y		CG-MED-79, SURG.00112, SURG.00158		MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	64580	Incision for implantation of neurostimulator ele	N				None	None	None
IN	Medicaid/SCHIP/Family	64581	Incision for implantation of neurostimulator ele	Y		CG-SURG-95		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64585	Revision or removal of peripheral neurostimula	N				None	None	None
IN	Medicaid/SCHIP/Family	64590	Insertion or replacement of peripheral or gastri	Y		CG-SURG-70, CG-SURG-95, CG-MED-79, SURG.00112, SURG.00158		MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	64595	Revision or removal of peripheral or gastric neu	N		CG-SURG-70		None	None	None
IN	Medicaid/SCHIP/Family	64600	Destruction, Neurolytic, Trigeminal Nerve; Supr	N		CG-SURG-89		MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd	Y		CG-SURG-89		MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	64610	Destruction, Neurolytic, Trigeminal Nerve; 2nd	N		CG-SURG-89		MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	64611	Chemodeneration of parotid and submandibul	N				ING-CC-0032	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64612	Chemodeneration of muscle(s); muscle(s) inne	N				ING-CC-0032	None	CMS Guidelines

IN	Medicaid/SCHIP/Family 64615	Chemodenerivation of muscle(s); muscle(s) inne	N				ING-CC-0032	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 64616	Chemodenerivation of muscle(s); neck muscle(s)	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64617	Chemodenerivation of muscle(s); larynx, unilate	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64620	Destruction, Neurolytic, Intercostal Nerve	N						
IN	Medicaid/SCHIP/Family 64624	Destruction by neurolytic agent, genicular nerv	Y	SURG.00142			MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family 64625	Radiofrequency ablation, nerves innervating th	Y		AIM		AIM Musculoskeletal: Pain Manage	None	None
IN	Medicaid/SCHIP/Family 64630	Destruction, Neurolytic; Pudendal Nerve	N						
IN	Medicaid/SCHIP/Family 64632	Destruction by neurolytic agent; plantar commi	N	CG-SURG-25			None	None	None
IN	Medicaid/SCHIP/Family 64633	Destruction By Neurolytic Agent, Paravertebral	Y		AIM		AIM Musculoskeletal: Pain Manage	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 64634	Destruction by neurolytic agent, paravertebral	Y		AIM		AIM Musculoskeletal: Pain Manage	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 64635	Destruction By Neurolytic Agent, Paravertebral	Y		AIM		AIM Musculoskeletal: Pain Manage	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 64636	Destruction by neurolytic agent, paravertebral	Y		AIM		AIM Musculoskeletal: Pain Manage	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 64640	Destruction, Neurolytic; Other Peripheral Nerve	Y	SURG.00096, SURG.00100, SU	AIM2		AIM Musculoskeletal: Pain Manage	None	None
IN	Medicaid/SCHIP/Family 64642	Chemodenerivation of one extremity; 1-4 muscl	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64643	Chemodenerivation of one extremity; each addi	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64644	Chemodenerivation of one extremity; 5 or more	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64645	Chemodenerivation of one extremity; each addi	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64646	Chemodenerivation of trunk muscle(s); 1-5 mus	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64647	Chemodenerivation of trunk muscle(s); 6 or mo	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64650	Chemodenerivation of eccrine glands; both axill	N				ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family 64653	Chemodenerivation of eccrine glands; other are	N				ING-CC-0032	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 64680	Destruction, Neurolytic; Celiac Plexus, W/Wo R	N				MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family 64681	Destruction By Neurolytic Agent, with or withoi	N				None	None	None
IN	Medicaid/SCHIP/Family 64702	Neuroplasty; digital, 1 or both, same digit	N						
IN	Medicaid/SCHIP/Family 64704	Neuroplasty; Nerve, Hand/Foot	N						
IN	Medicaid/SCHIP/Family 64708	Neuroplasty, major peripheral nerve, arm or leg	N						
IN	Medicaid/SCHIP/Family 64712	Neuroplasty, major peripheral nerve, arm or leg	N						
IN	Medicaid/SCHIP/Family 64713	Neuroplasty, major peripheral nerve, arm or leg	N				None	None	None
IN	Medicaid/SCHIP/Family 64714	Neuroplasty, major peripheral nerve, arm or leg	N				None	None	None
IN	Medicaid/SCHIP/Family 64716	Neuroplasty &/Or Transposition; Cranial Nerve	Y	ANC.00008, SURG.00096			MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family 64718	Neuroplasty &/Or Transposition; Ulnar Nerve A	N						
IN	Medicaid/SCHIP/Family 64719	Neuroplasty &/Or Transposition; Ulnar Nerve A	N						
IN	Medicaid/SCHIP/Family 64721	Neuroplasty &/Or Transposition; Median Nerve N	N				None	None	None
IN	Medicaid/SCHIP/Family 64722	Decompression; Unspecified Nerve(S) (Specify)	N	SURG.00096			None	None	None
IN	Medicaid/SCHIP/Family 64726	Decompression; Plantar Digital Nerve	N						
IN	Medicaid/SCHIP/Family 64727	Int Neurolysis, W/Microscope	N						
IN	Medicaid/SCHIP/Family 64732	Transection/Avulsion; Supraorbital Nerve	Y	ANC.00008, SURG.00096			None	None	None
IN	Medicaid/SCHIP/Family 64734	Transection/Avulsion; Infraorbital Nerve	Y	ANC.00008, SURG.00096			None	None	None
IN	Medicaid/SCHIP/Family 64736	Transection/Avulsion; Mental Nerve	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family 64738	Transection/Avulsion; Inferior Alveolar Nerve, C	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family 64740	Transection/Avulsion; Lingual Nerve	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family 64742	Transection/Avulsion; Facial Nerve, Differential	Y	ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family 64744	Transection/Avulsion; Greater Occipital Nerve	N	SURG.00096			None	None	None
IN	Medicaid/SCHIP/Family 64746	Transection/Avulsion; Phrenic Nerve	N						
IN	Medicaid/SCHIP/Family 64755	Transection/Avulsion; Vagus Nerves, Proximal S	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 64760	Transection/Avulsion; Vagus Nerve (Vagotomy)	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 64763	Transection/Avulsion, Obturator Nerve, Extrape	N						
IN	Medicaid/SCHIP/Family 64766	Transection/Avulsion, Obturator Nerve, Intrape	N						
IN	Medicaid/SCHIP/Family 64771	Transection/Avulsion, Other Cranial Nerve, Extr	N						
IN	Medicaid/SCHIP/Family 64772	Transection/Avulsion, Other Spinal Nerve, Extr	N						
IN	Medicaid/SCHIP/Family 64774	Excision, Neuroma; Cutaneous Nerve, Surgically	N						
IN	Medicaid/SCHIP/Family 64776	Excision of neuroma; digital nerve, 1 or both, sa	N						
IN	Medicaid/SCHIP/Family 64778	Excision, Neuroma; Digital Nerve, Add'l Digit	N						
IN	Medicaid/SCHIP/Family 64782	Excision, Neuroma; Hand/Foot, Except Digital N	N						
IN	Medicaid/SCHIP/Family 64783	Excision, Neuroma; Hand/Foot, Add'l Nerve, Ex	N						
IN	Medicaid/SCHIP/Family 64784	Excision, Neuroma; Major Peripheral Nerve, Exc	N						
IN	Medicaid/SCHIP/Family 64786	Excision, Neuroma; Sciatic Nerve	N						
IN	Medicaid/SCHIP/Family 64787	Implantation, Nerve End Into Bone/Muscle	N						
IN	Medicaid/SCHIP/Family 64788	Excision, Neurofibroma/Neurolemmoma; Cutar	N						

IN	Medicaid/SCHIP/Family	64790	Excision, Neurofibroma/Neurolomoma; Major	N								
IN	Medicaid/SCHIP/Family	64792	Excision, Neurofibroma/Neurolomoma; Extension	N								
IN	Medicaid/SCHIP/Family	64795	Bx, Nerve	N								
IN	Medicaid/SCHIP/Family	64802	Sympathectomy, Cervical	N								
IN	Medicaid/SCHIP/Family	64804	Sympathectomy, Cervicothoracic	N								
IN	Medicaid/SCHIP/Family	64809	Sympathectomy, Thoracolumbar	N								
IN	Medicaid/SCHIP/Family	64818	Sympathectomy, Lumbar	N	CG-MED-63			This service must be performed in an Inpatient setting.				
IN	Medicaid/SCHIP/Family	64820	Sympathectomy; Digital Arteries, Each Digit	N				This service must be performed in an Inpatient setting.	None	None	None	
IN	Medicaid/SCHIP/Family	64821	Sympathectomy; Radial Artery	N								
IN	Medicaid/SCHIP/Family	64822	Sympathectomy; Ulnar Artery	N								
IN	Medicaid/SCHIP/Family	64823	Sympathectomy; Superficial Palmar Arch	N								
IN	Medicaid/SCHIP/Family	64831	Suture of digital nerve, hand or foot; 1 nerve	N								
IN	Medicaid/SCHIP/Family	64832	Suture, Digital Nerve, Hand/Foot; Add'l Digital Nerve	N								
IN	Medicaid/SCHIP/Family	64834	Suture of one nerve; hand or foot, common sensor	N								
IN	Medicaid/SCHIP/Family	64835	Suture of one nerve; median motor thenar	N								
IN	Medicaid/SCHIP/Family	64836	Suture of one nerve; ulnar motor	N								
IN	Medicaid/SCHIP/Family	64837	Suture, Add'l Nerve, Hand/Foot	N								
IN	Medicaid/SCHIP/Family	64840	Suture, Posterior Tibial Nerve	N								
IN	Medicaid/SCHIP/Family	64856	Suture, Major Peripheral Nerve, Arm/Leg, Except	N								
IN	Medicaid/SCHIP/Family	64857	Suture, Major Peripheral Nerve, Arm/Leg, Except	N								
IN	Medicaid/SCHIP/Family	64858	Suture, Sciatic Nerve	N								
IN	Medicaid/SCHIP/Family	64859	Suture, Add'l Major Peripheral Nerve	N								
IN	Medicaid/SCHIP/Family	64861	Suture; Brachial Plexus	N								
IN	Medicaid/SCHIP/Family	64862	Suture; Lumbar Plexus	N								
IN	Medicaid/SCHIP/Family	64864	Suture, Facial Nerve; Extracranial	Y	ANC.00008				MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family	64865	Suture, Facial Nerve; Infratemporal, W/Wo Graft	Y	ANC.00008				MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family	64866	Anastomosis; Facial-Spinal Accessory	Y	ANC.00008			This service must be performed in an Inpatient setting.	MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family	64868	Anastomosis; Facial-Hypoglossal	Y	ANC.00008			This service must be performed in an Inpatient setting.	MCG: GRG: SG-NS: Neurosurgery or	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	64872	Suture, Nerve; W/Secondary/Delayed Suture	N					MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family	64874	Suture, Nerve; W/Extensive Mobilization/Trans	N					MCG: GRG: SG-NS: Neurosurgery or	None	None	
IN	Medicaid/SCHIP/Family	64876	Suture, Nerve; W/Shortening, Bone, Extremity	N					None	None	None	
IN	Medicaid/SCHIP/Family	64885	Nerve Graft (Includes Obtaining Graft), Head/Neck	N								
IN	Medicaid/SCHIP/Family	64886	Nerve Graft (Includes Obtaining Graft), Head/Neck	N								
IN	Medicaid/SCHIP/Family	64890	Nerve Graft (Includes Obtaining Graft), Single S	N					None	None	None	
IN	Medicaid/SCHIP/Family	64891	Nerve Graft (Includes Obtaining Graft), Single S	N					None	None	None	
IN	Medicaid/SCHIP/Family	64892	Nerve Graft (Includes Obtaining Graft), Single S	N								
IN	Medicaid/SCHIP/Family	64893	Nerve Graft (Includes Obtaining Graft), Single S	N								
IN	Medicaid/SCHIP/Family	64895	Nerve Graft (Includes Obtaining Graft), Multiple	N					None	None	None	
IN	Medicaid/SCHIP/Family	64896	Nerve Graft (Includes Obtaining Graft), Multiple	N					None	None	None	
IN	Medicaid/SCHIP/Family	64897	Nerve Graft (Includes Obtaining Graft), Multiple	N								
IN	Medicaid/SCHIP/Family	64898	Nerve Graft (Includes Obtaining Graft), Multiple	N								
IN	Medicaid/SCHIP/Family	64901	Nerve Graft (Includes Obtaining Graft), Add'l Nerve	N					None	None	None	
IN	Medicaid/SCHIP/Family	64902	Nerve Graft (Includes Obtaining Graft), Add'l Nerve	N					None	None	None	
IN	Medicaid/SCHIP/Family	64905	Nerve Pedicle Transfer; 1st Stage	N								
IN	Medicaid/SCHIP/Family	64907	Nerve Pedicle Transfer; 2nd Stage	N								
IN	Medicaid/SCHIP/Family	64910	Nerve repair; with synthetic conduit or vein allo	N					None	None	None	
IN	Medicaid/SCHIP/Family	64911	Nerve repair; with autogenous vein graft (includ	N					None	None	None	
IN	Medicaid/SCHIP/Family	64912	Nerve repair; with nerve allograft, each nerve, f	N								
IN	Medicaid/SCHIP/Family	64913	Nerve repair; with nerve allograft, each addition	N								
IN	Medicaid/SCHIP/Family	64999	Unlisted Proc, Nervous System	N	CG-MED-63, CG-SURG-89, CG-SURG-91, DME.00011, SURG.00026,			This is a non-specific CPT code; see	None	None	None	
IN	Medicaid/SCHIP/Family	65091	Evisceration, Ocular Contents; W/O Implant	N								
IN	Medicaid/SCHIP/Family	65093	Evisceration, Ocular Contents; W/Implant	N								
IN	Medicaid/SCHIP/Family	65101	Enucleation, Eye; W/O Implant	N								
IN	Medicaid/SCHIP/Family	65103	Enucleation, Eye; W/Implant, Muscles Not Attache	N								
IN	Medicaid/SCHIP/Family	65105	Enucleation, Eye; W/Implant, Muscles Attached	N								
IN	Medicaid/SCHIP/Family	65110	Exenteration, Orbit (Does Not Include Skin Graf	N								
IN	Medicaid/SCHIP/Family	65112	Exenteration, Orbit (Does Not Include Skin Graf	N								
IN	Medicaid/SCHIP/Family	65114	Exenteration, Orbit (Does Not Include Skin Graf	N								
IN	Medicaid/SCHIP/Family	65125	Modification, Ocular Implant W/ Placement/Re	N								

IN	Medicaid/SCHIP/Family 67015	Aspiration/Release, Vitreous/Subretinal/Choro	N					None	None	None
IN	Medicaid/SCHIP/Family 67025	Injection, Vitreous Substitute, Pars Plana/Limbe	N							
IN	Medicaid/SCHIP/Family 67027	Implant, Intra vitreal Drug Delivery System W/R	N					ING-CC-0031	None	None
IN	Medicaid/SCHIP/Family 67028	Intra vitreal Injection, A Pharmacologic Agent (S	N					ING-CC-0031, ING-CC-0070	None	None
IN	Medicaid/SCHIP/Family 67030	Discission, Vitreous Strands (W/O Removal), Pa	N					MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 67031	Severing of vitreous strands, vitreous face adhe	N							
IN	Medicaid/SCHIP/Family 67036	Vitrectomy, Mechanical, Pars Plana Approach	N					None	None	None
IN	Medicaid/SCHIP/Family 67039	Vitrectomy, Mechanical, Pars Plana Approach; \	N					None	None	None
IN	Medicaid/SCHIP/Family 67040	Vitrectomy, Mechanical, Pars Plana Approach; \	N					None	None	None
IN	Medicaid/SCHIP/Family 67041	Vitrectomy, mechanical, pars plana approach; v	N					None	None	None
IN	Medicaid/SCHIP/Family 67042	Vitrectomy,mechanical, pars plana approach; w	N					None	None	None
IN	Medicaid/SCHIP/Family 67043	Vitrectomy,mechanical, pars plana approach; w	N					None	None	None
IN	Medicaid/SCHIP/Family 67101	Repair of retinal detachment, including drainag	N							
IN	Medicaid/SCHIP/Family 67105	Repair of retinal detachment, including drainag	N							
IN	Medicaid/SCHIP/Family 67107	Repair, Retinal Detachment; Scleral Buckling, W	N							
IN	Medicaid/SCHIP/Family 67108	Repair, Retinal Detachment; W/Vitrectomy, Am	N					None	None	None
IN	Medicaid/SCHIP/Family 67110	Repair, Retinal Detachment; Injection, Air/Othe	N							
IN	Medicaid/SCHIP/Family 67113	Repair of complex retinal detachment (eg. Prolif	N					None	None	None
IN	Medicaid/SCHIP/Family 67115	Release, Encircling Matl (Posterior Segment)	N							
IN	Medicaid/SCHIP/Family 67120	Removal, Implanted Matl, Posterior Segment; E	N							
IN	Medicaid/SCHIP/Family 67121	Removal, Implanted Matl, Posterior Segment; I	N							
IN	Medicaid/SCHIP/Family 67141	Prophylaxis of retinal detachment (eg. retinal b	N							
IN	Medicaid/SCHIP/Family 67145	Prophylaxis of retinal detachment (eg. retinal b	N							
IN	Medicaid/SCHIP/Family 67208	Destruction of localized lesion of retina (eg. ma	N							
IN	Medicaid/SCHIP/Family 67210	Destruction of localized lesion of retina (eg. ma	N					None	None	None
IN	Medicaid/SCHIP/Family 67218	Destruction of localized lesion of retina (eg. ma	Y			AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 67220	Destruction of localized lesion of choroid (eg. ct	Y			SURG.00070		MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 67221	Destruction, Localized Lesion, Choroid; Photody	N					None	None	None
IN	Medicaid/SCHIP/Family 67225	Destruction, Localized Lesion, Choroid; Photody	N					None	None	None
IN	Medicaid/SCHIP/Family 67227	Destruction of extensive or progressive retinop	N							
IN	Medicaid/SCHIP/Family 67228	Treatment of extensive or progressive retinopa	N					None	None	None
IN	Medicaid/SCHIP/Family 67229	Treatment of extensive or progressive retinopa	N							
IN	Medicaid/SCHIP/Family 67250	Scleral Reinforcement (Sep Proc); W/O Graft	N							
IN	Medicaid/SCHIP/Family 67255	Scleral Reinforcement (Sep Proc); W/Graft	N							
IN	Medicaid/SCHIP/Family 67299	Unlisted Proc, Posterior Segment	N					MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family 67311	Strabismus surgery, recession or resection proc	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67312	Strabismus surgery, recession or resection proc	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67314	Strabismus surgery, recession or resection proc	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67316	Strabismus surgery, recession or resection proc	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67318	Strabismus Surgery, Any Proc, Superior Oblique	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67320	Transposition Proc, Any Extraocular Muscle	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67331	Strabismus Surgery, Prior Eye Surgery/Injury Nc	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67332	Strabismus Surgery, Prior Scarring, Extraocular l	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67334	Strabismus Surgery, Posterior Fixation Suture, \	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67335	Placement, Adjustable Sutures During Strabism	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67340	Strabismus Surgery, Exploration &/Or Repair, D	N			CG-SURG-41		None	None	None
IN	Medicaid/SCHIP/Family 67343	Release, Extensive Scar Tissue W/O Detaching E	N							
IN	Medicaid/SCHIP/Family 67345	Chemodeneration, Extraocular Muscle	N					ING-CC-0032	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 67346	Biopsy of extraocular muscle	N							
IN	Medicaid/SCHIP/Family 67399	Unlisted Proc, Ocular Muscle	N							
IN	Medicaid/SCHIP/Family 67400	Orbitotomy W/O Bone Flap; Exploration, W/Wc	N							
IN	Medicaid/SCHIP/Family 67405	Orbitotomy W/O Bone Flap; W/Drainage Only	N							
IN	Medicaid/SCHIP/Family 67412	Orbitotomy W/O Bone Flap; W/Removal, Lesior	N							
IN	Medicaid/SCHIP/Family 67413	Orbitotomy W/O Bone Flap; W/Removal, Fb	N							
IN	Medicaid/SCHIP/Family 67414	Orbitotomy W/O Bone Flap; W/Removal, Bone,	N							
IN	Medicaid/SCHIP/Family 67415	Fine Needle Aspiration, Orbital Contents	N							
IN	Medicaid/SCHIP/Family 67420	Orbitotomy W/Bone Flap/Window, Lateral App	N							
IN	Medicaid/SCHIP/Family 67430	Orbitotomy W/Bone Flap/Window, Lateral App	N							
IN	Medicaid/SCHIP/Family 67440	Orbitotomy W/Bone Flap/Window, Lateral App	N							

IN	Medicaid/SCHIP/Family	68115	Excision, Lesion, Conjunctiva; > 1 Cm	N								
IN	Medicaid/SCHIP/Family	68130	Excision, Lesion, Conjunctiva; W/Adjacent Scler	N								
IN	Medicaid/SCHIP/Family	68135	Destruction, Lesion, Conjunctiva	N								
IN	Medicaid/SCHIP/Family	68200	Subconjunctival Injection	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68320	Conjunctivoplasty; W/Conjunctival Graft/Exten	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68325	Conjunctivoplasty; W/Buccal Mucous Membran	N								
IN	Medicaid/SCHIP/Family	68326	Conjunctivoplasty, Reconstruction Cul-De-Sac; \	N								
IN	Medicaid/SCHIP/Family	68328	Conjunctivoplasty, Reconstruction Cul-De-Sac; \	N								
IN	Medicaid/SCHIP/Family	68330	Repair, Symblepharon; Conjunctivoplasty, W/O	N								
IN	Medicaid/SCHIP/Family	68335	Repair, Symblepharon; W/Free Graft Conjuncti	N								
IN	Medicaid/SCHIP/Family	68340	Repair, Symblepharon; Division, Symblepharon	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68360	Conjunctival Flap; Bridge/Partial (Sep Proc)	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68362	Conjunctival Flap; Total, Gunderson Thin Flap/P	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68371	Harvesting Conjunctival Allograft, Living Donor	N								
IN	Medicaid/SCHIP/Family	68399	Unlisted Proc, Conjunctiva	N								
IN	Medicaid/SCHIP/Family	68400	Incision, Drainage, Lacrimal Gland	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68420	Incision, Drainage, Lacrimal Sac (Dacryocystoto	N								
IN	Medicaid/SCHIP/Family	68440	Snip Incision, Lacrimal Punctum	N								
IN	Medicaid/SCHIP/Family	68500	Excision, Lacrimal Gland (Dacryoadenectomy), E	N								
IN	Medicaid/SCHIP/Family	68505	Excision, Lacrimal Gland (Dacryoadenectomy), E	N								
IN	Medicaid/SCHIP/Family	68510	Bx, Lacrimal Gland	N								
IN	Medicaid/SCHIP/Family	68520	Excision, Lacrimal Sac (Dacryocystectomy)	N								
IN	Medicaid/SCHIP/Family	68525	Bx, Lacrimal Sac	N								
IN	Medicaid/SCHIP/Family	68530	Removal, Fb/Dacryolith, Lacrimal Passages	N								
IN	Medicaid/SCHIP/Family	68540	Excision, Lacrimal Gland Tumor; Frontal Approa	N								
IN	Medicaid/SCHIP/Family	68550	Excision, Lacrimal Gland Tumor; Involving Oste	N								
IN	Medicaid/SCHIP/Family	68700	Plastic Repair, Canaliculi	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68705	Correction, Everted Punctum, Cautery	N	CG-SURG-97			None		None		None
IN	Medicaid/SCHIP/Family	68720	Dacryocystorhinostomy (Fistulization, Lacrimal	N				None		None		None
IN	Medicaid/SCHIP/Family	68745	Conjunctivorhinostomy; W/O Tube	N								
IN	Medicaid/SCHIP/Family	68750	Conjunctivorhinostomy; W/Insertion, Tube/Ste	N								
IN	Medicaid/SCHIP/Family	68760	Closure, Lacrimal Punctum; Thermocauterizati	N								
IN	Medicaid/SCHIP/Family	68761	Closure, Lacrimal Punctum; Plug, Each	N								
IN	Medicaid/SCHIP/Family	68770	Closure, Lacrimal Fistula (Sep Proc)	N								
IN	Medicaid/SCHIP/Family	68801	Dilation, Lacrimal Punctum, W/Wo Irrigation	N								
IN	Medicaid/SCHIP/Family	68810	Probing, Nasolacrimal Duct, W/Wo Irrigation	N								
IN	Medicaid/SCHIP/Family	68811	Probing, Nasolacrimal Duct, W/Wo Irrigation; R	N								
IN	Medicaid/SCHIP/Family	68815	Probing, Nasolacrimal Duct, W/Wo Irrigation; \	N								
IN	Medicaid/SCHIP/Family	68816	Probing of nasolacrimal duct, with or without ir	N								
IN	Medicaid/SCHIP/Family	68840	Probing, Lacrimal Canaliculi, W/Wo Irrigation	N								
IN	Medicaid/SCHIP/Family	68850	Injection, Contrast Medium, Dacryocystograph	N								
IN	Medicaid/SCHIP/Family	68899	Unlisted Proc, Lacrimal System	N								
IN	Medicaid/SCHIP/Family	69000	Drainage Ext Ear, Abscess/Hematoma; Simple	N								
IN	Medicaid/SCHIP/Family	69005	Drainage Ext Ear, Abscess/Hematoma; Complic	N								
IN	Medicaid/SCHIP/Family	69020	Drainage Ext Auditory Canal, Abscess	N								
IN	Medicaid/SCHIP/Family	69090	Ear Piercing	X	ANC.00008			Non covered but for pediatric me	None	None		None
IN	Medicaid/SCHIP/Family	69100	Bx Ext Ear	N								
IN	Medicaid/SCHIP/Family	69105	Bx Ext Auditory Canal	N								
IN	Medicaid/SCHIP/Family	69110	Excision Ext Ear; Partial, Simple Repair	N								
IN	Medicaid/SCHIP/Family	69120	Excision Ext Ear; Complete Amputation	N								
IN	Medicaid/SCHIP/Family	69140	Excision Exostosis(Es), Ext Auditory Canal	N								
IN	Medicaid/SCHIP/Family	69145	Excision Soft Tissue Lesion, Ext Auditory Canal	N								
IN	Medicaid/SCHIP/Family	69150	Radical Excision Ext Auditory Canal Lesion; W/O	N								
IN	Medicaid/SCHIP/Family	69155	Radical Excision Ext Auditory Canal Lesion; W/N	N				This service must be performed in an inpatient setting.				
IN	Medicaid/SCHIP/Family	69200	Removal Fb, Ext Auditory Canal; W/O General A	N								
IN	Medicaid/SCHIP/Family	69205	Removal Fb, Ext Auditory Canal; W/General An	N								
IN	Medicaid/SCHIP/Family	69209	Removal impacted cerumen using irrigation/lav	N								
IN	Medicaid/SCHIP/Family	69210	Removal impacted cerumen requiring instrume	N								
IN	Medicaid/SCHIP/Family	69220	Debridement, Mastoidectomy Cavity, Simple	N								

IN	Medicaid/SCHIP/Family	69222	Debridement, Mastoidectomy Cavity, Complex	N							
IN	Medicaid/SCHIP/Family	69300	Otoplasty, Protruding Ear, W/Wo Size Reductio	Y		ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	69310	Reconstruction, Ext Auditory Canal (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	69320	Reconstruction, Ext Auditory Canal, Congenital	N							
IN	Medicaid/SCHIP/Family	69399	Unlisted Proc, Ext Ear	N		ANC.00008			None	None	None
IN	Medicaid/SCHIP/Family	69420	Myringotomy W/Aspiration &/Or Eustachian Tu	N		CG-SURG-46			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	69421	Myringotomy W/Aspiration &/Or Eustachian Tu	N		CG-SURG-46			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	69424	Ventilating Tube Removal Requiring General Ar	N							
IN	Medicaid/SCHIP/Family	69433	Tympanostomy (Requiring Insertion, Ventilatin	N		CG-SURG-46			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	69436	Tympanostomy (Requiring Insertion, Ventilatin	N		CG-SURG-46			MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	69440	Middle Ear Exploration Through Postauricular/E	N							
IN	Medicaid/SCHIP/Family	69450	Tympanolysis, Transcanal	N							
IN	Medicaid/SCHIP/Family	69501	Transmastoid Antrotomy (Simple Mastoidector	N							
IN	Medicaid/SCHIP/Family	69502	Mastoidectomy; Complete	N							
IN	Medicaid/SCHIP/Family	69505	Mastoidectomy; Modified Radical	N							
IN	Medicaid/SCHIP/Family	69511	Mastoidectomy; Radical	N							
IN	Medicaid/SCHIP/Family	69530	Petrous Apicectomy W/Radical Mastoidectomy	N							
IN	Medicaid/SCHIP/Family	69535	Resection Temporal Bone, Ext Approach	N							
IN	Medicaid/SCHIP/Family	69540	Excision Aural Polyp	N							
IN	Medicaid/SCHIP/Family	69550	Excision Aural Glomus Tumor; Transcanal	N							
IN	Medicaid/SCHIP/Family	69552	Excision Aural Glomus Tumor; Transmastoid	N							
IN	Medicaid/SCHIP/Family	69554	Excision Aural Glomus Tumor; Extended (Extrat	N							
IN	Medicaid/SCHIP/Family	69601	Revision Mastoidectomy; Resulting In Complet	N							
IN	Medicaid/SCHIP/Family	69602	Revision Mastoidectomy; Resulting In Modified	N							
IN	Medicaid/SCHIP/Family	69603	Revision Mastoidectomy; Resulting In Radical	N							
IN	Medicaid/SCHIP/Family	69604	Revision Mastoidectomy; Resulting In Tympanc	N							
IN	Medicaid/SCHIP/Family	69610	Tympanic Membrane Repair, W/Wo Site Prepai	N							
IN	Medicaid/SCHIP/Family	69620	Myringoplasty (Surgery Confined To Drumhead	N					None	None	None
IN	Medicaid/SCHIP/Family	69631	Tympanoplasty W/O Mastoidectomy Initial/Rev	N					None	None	None
IN	Medicaid/SCHIP/Family	69632	Tympanoplasty W/O Mastoidectomy Initial/Rev	N					None	None	None
IN	Medicaid/SCHIP/Family	69633	Tympanoplasty without mastoidectomy (includ	N					None	None	None
IN	Medicaid/SCHIP/Family	69635	Tympanoplasty W/Antrotomy/Mastoidotomy; '	N					None	None	None
IN	Medicaid/SCHIP/Family	69636	Tympanoplasty W/Antrotomy/Mastoidotomy; '	N							
IN	Medicaid/SCHIP/Family	69637	Tympanoplasty with antrotomy or mastoidotor	N					None	None	None
IN	Medicaid/SCHIP/Family	69641	Tympanoplasty W/Mastoidectomy; W/O Ossicl	N					None	None	None
IN	Medicaid/SCHIP/Family	69642	Tympanoplasty W/Mastoidectomy; W/Ossicle f	N					None	None	None
IN	Medicaid/SCHIP/Family	69643	Tympanoplasty W/Mastoidectomy; W/O Ossicl	N					None	None	None
IN	Medicaid/SCHIP/Family	69644	Tympanoplasty W/Mastoidectomy; W/Ossicle f	N					None	None	None
IN	Medicaid/SCHIP/Family	69645	Tympanoplasty W/Mastoidectomy; W/O Ossicl	N					None	None	None
IN	Medicaid/SCHIP/Family	69646	Tympanoplasty W/Mastoidectomy; W/Ossicle f	N					None	None	None
IN	Medicaid/SCHIP/Family	69650	Stapes Mobilization	N					None	None	None
IN	Medicaid/SCHIP/Family	69660	Stabedectomy/Stapedotomy, W/Wo Foreign M	N							
IN	Medicaid/SCHIP/Family	69661	Stabedectomy/Stapedotomy W/Wo Foreign Mi	N							
IN	Medicaid/SCHIP/Family	69662	Revision, Stapedectomy/Stapedotomy	N							
IN	Medicaid/SCHIP/Family	69666	Repair Oval Window Fistula	N							
IN	Medicaid/SCHIP/Family	69667	Repair Round Window Fistula	N							
IN	Medicaid/SCHIP/Family	69670	Mastoid Obliteration (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	69676	Tympanic Neurectomy	N							
IN	Medicaid/SCHIP/Family	69700	Closure Postauricular Fistula, Mastoid (Sep Proc)	N							
IN	Medicaid/SCHIP/Family	69705	Nasopharyngoscopy, surgical, with dilation of e	N		SURG.00151			None	None	None
IN	Medicaid/SCHIP/Family	69706	Nasopharyngoscopy, surgical, with dilation of e	N		SURG.00151			None	None	None
IN	Medicaid/SCHIP/Family	69710	Implantation/Replacement, Electromagnetic Bc	N		CG-SURG-82			None	None	None
IN	Medicaid/SCHIP/Family	69711	Removal/Repair, Electromagnetic Bone Conduc	N							
IN	Medicaid/SCHIP/Family	69714	Implantation, Osseointegrated Implant Tempor	N		CG-SURG-82			None	None	None
IN	Medicaid/SCHIP/Family	69715	Implantation, Osseointegrated Implant, Tempo	N		CG-SURG-82			None	None	None
IN	Medicaid/SCHIP/Family	69717	Replacement, Osseointegrated Implant, Tempo	N		CG-SURG-82			None	None	None
IN	Medicaid/SCHIP/Family	69718	Replacement, Osseointegrated Implant, Tempo	N		CG-SURG-82			None	None	None
IN	Medicaid/SCHIP/Family	69720	Decompression Facial Nerve, Intratemporal; Lai	N							
IN	Medicaid/SCHIP/Family	69725	Decompression Facial Nerve, Intratemporal; W;	N							

IN	Medicaid/SCHIP/Family	69740	Suture Facial Nerve, Intratemporal; Lateral To C	N				None	None	None
IN	Medicaid/SCHIP/Family	69745	Suture Facial Nerve, Intratemporal; Medial To C	N						
IN	Medicaid/SCHIP/Family	69799	Unlisted Proc, Middle Ear	N		SURG.00151, SURG.00084		None	None	None
IN	Medicaid/SCHIP/Family	69801	Labyrinthotomy, with perfusion of vestibuloact	N						
IN	Medicaid/SCHIP/Family	69805	Endolymphatic Sac Operation; W/O Shunt	N						
IN	Medicaid/SCHIP/Family	69806	Endolymphatic Sac Operation; W/Shunt	N						
IN	Medicaid/SCHIP/Family	69905	Labyrinthectomy; Transcanal	N						
IN	Medicaid/SCHIP/Family	69910	Labyrinthectomy; W/Mastoidectomy	N						
IN	Medicaid/SCHIP/Family	69915	Vestibular Nerve Section, Translabyrinthine App	N						
IN	Medicaid/SCHIP/Family	69930	Cochlear Device Implantation, W/Wo Mastoide	N		CG-SURG-81		MCG: GRG: SG-HNS: Head and Neck	None	None
IN	Medicaid/SCHIP/Family	69949	Unlisted Proc, Inner Ear	N		CG-SURG-81		None	None	None
IN	Medicaid/SCHIP/Family	69950	Vestibular Nerve Section, Transcranial Approach	N				This service must be performed in an inpatient setting.		
IN	Medicaid/SCHIP/Family	69955	Total Facial Nerve Decompression &/Or Repair,	Y		ANC.00008		None	None	None
IN	Medicaid/SCHIP/Family	69960	Decompression Int Auditory Canal	N						
IN	Medicaid/SCHIP/Family	69970	Removal, Tumor, Temporal Bone	N						
IN	Medicaid/SCHIP/Family	69979	Unlisted Proc, Temporal Bone, Middle Fossa Ap	N						
IN	Medicaid/SCHIP/Family	69990	Microsurgical Techniques, Requiring Operating	N						
IN	Medicaid/SCHIP/Family	70010	Myelography, Posterior Fossa, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	70015	Cisternography, Positive Contrast, Radiological	N						
IN	Medicaid/SCHIP/Family	70030	Radiologic Exam, Eye, Detection, Fb	N						
IN	Medicaid/SCHIP/Family	70100	Radiologic examination, mandible; partial, less	N						
IN	Medicaid/SCHIP/Family	7010F	Patient information entered into a recall system	R						
IN	Medicaid/SCHIP/Family	70110	Radiologic examination, mandible; complete, m	N						
IN	Medicaid/SCHIP/Family	70120	Radiologic examination, mastoids; less than 3 v	N						
IN	Medicaid/SCHIP/Family	70130	Radiologic examination, mastoids; complete, m	N						
IN	Medicaid/SCHIP/Family	70134	Radiologic Exam, Int Auditory Meati, Complete	N						
IN	Medicaid/SCHIP/Family	70140	Radiologic examination, facial bones; less than	N						
IN	Medicaid/SCHIP/Family	70150	Radiologic examination, facial bones; complete,	N						
IN	Medicaid/SCHIP/Family	70160	Radiologic Exam, Nasal Bones, Complete, Minin	N						
IN	Medicaid/SCHIP/Family	70170	Dacryocystography, Nasolacrimal Duct, Radiolo	N						
IN	Medicaid/SCHIP/Family	70190	Radiologic Exam; Optic Foramina	N						
IN	Medicaid/SCHIP/Family	70200	Radiologic examination; orbits, complete, minir	N						
IN	Medicaid/SCHIP/Family	7020F	Mammogram assessment category (eg, Mamm R	R						
IN	Medicaid/SCHIP/Family	70210	Radiologic examination, sinuses, paranasal, less	N						
IN	Medicaid/SCHIP/Family	70220	Radiologic examination, sinuses, paranasal, com	N						
IN	Medicaid/SCHIP/Family	70240	Radiologic Exam, Sella Turcica	N						
IN	Medicaid/SCHIP/Family	70250	Radiologic examination, skull; less than 4 views	N						
IN	Medicaid/SCHIP/Family	7025F	Patient information entered into a reminder sy; R	R						
IN	Medicaid/SCHIP/Family	70260	Radiologic examination, skull; complete, minim	N						
IN	Medicaid/SCHIP/Family	70300	Radiologic Exam, Teeth; Single View	N						
IN	Medicaid/SCHIP/Family	70310	Radiologic Exam, Teeth; Partial Exam, < Full Mo	N						
IN	Medicaid/SCHIP/Family	70320	Radiologic Exam, Teeth; Complete, Full Mouth	N						
IN	Medicaid/SCHIP/Family	70328	Radiologic Exam, Temporomandibular Joint, Op	N						
IN	Medicaid/SCHIP/Family	70330	Radiologic Exam, Temporomandibular Joint, Op	N						
IN	Medicaid/SCHIP/Family	70332	Temporomandibular Joint Arthrography, Radiol	N						
IN	Medicaid/SCHIP/Family	70336	Mri, Temporomandibular Joints	Y		AIM		AIM Radiology: Head and Neck Imag	None	None
IN	Medicaid/SCHIP/Family	70350	Cephalogram, Orthodontic	N						
IN	Medicaid/SCHIP/Family	70355	Orthopantogram (eg, panoramic x-ray)	N						
IN	Medicaid/SCHIP/Family	70360	Radiologic Exam; Neck, Soft Tissue	N						
IN	Medicaid/SCHIP/Family	70370	Radiologic Exam; Pharynx/Larynx, W/Fluorosco	N						
IN	Medicaid/SCHIP/Family	70371	Complex Dynamic Pharyngeal & Speech Evalua	N						
IN	Medicaid/SCHIP/Family	70380	Radiologic Exam, Salivary Gland, Calculus	N						
IN	Medicaid/SCHIP/Family	70390	Sialography, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	70450	Ct Scan, Head/Brain; W/O Contrast Matl	Y		AIM		AIM Radiology: Brain Imaging; AIM I	None	None
IN	Medicaid/SCHIP/Family	70460	Ct Scan, Head/Brain; W/Contrast Mat(S)	Y		AIM		AIM Radiology: Brain Imaging; AIM I	None	None
IN	Medicaid/SCHIP/Family	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Co	Y		AIM		AIM Radiology: Brain Imaging; AIM I	None	None
IN	Medicaid/SCHIP/Family	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Mid	Y		AIM		AIM Radiology: Brain Imaging; AIM I	None	None
IN	Medicaid/SCHIP/Family	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Mic	Y		AIM		AIM Radiology: Brain Imaging; AIM I	None	None
IN	Medicaid/SCHIP/Family	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Mic	Y		AIM		AIM Radiology: Brain Imaging; AIM I	None	None

IN	Medicaid/SCHIP/Family	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Ct	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70496	Computed tomographic angiography, head, wit	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	70498	Computed tomographic angiography, neck, wit Y	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	70540	Magnetic resonance (eg, proton) imaging, orbit	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70542	Magnetic resonance (eg, proton) imaging, orbit	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70543	Magnetic resonance (eg, proton) imaging, orbit	Y		AIM		AIM Radiology: Head & Neck Imagin	None	None
IN	Medicaid/SCHIP/Family	70544	Mra, Head; W/O Contrast Matl(S)	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70545	Mra, Head; W/Contrast Matl(S)	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70546	Mra, Head; W/O Contrast Matl(S), Followed By	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70547	Mra, Neck; W/O Contrast Matl(S)	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70548	Mra, Neck; W/Contrast Matl(S)	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70549	Mra, Neck; W/O Contrast Matl(S), Followed By	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	70551	Mri, Brain; W/O Contrast	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	70552	Mri, Brain; W/Contrast	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	70553	Mri, Brain; W/O Contrast, Then W/Contrast & F	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70554	Magnetic resonance imaging, brain, functional	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70555	Magnetic resonance imaging, brain, functional	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	70557	MRI, Brain (Including Brain Stem and Skull Base	N						
IN	Medicaid/SCHIP/Family	70558	MRI, Brain (Including Brain Stem and Skull Base	N						
IN	Medicaid/SCHIP/Family	70559	MRI, Brain (Including Brain Stem and Skull Base	N						
IN	Medicaid/SCHIP/Family	71045	Radiologic examination, chest; single view	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	71046	Radiologic examination, chest; 2 views	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	71047	Radiologic examination, chest; 3 views	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	71048	Radiologic examination, chest; 4 or more views	N						
IN	Medicaid/SCHIP/Family	71100	Radiologic examination, ribs, unilateral; 2 views	N						
IN	Medicaid/SCHIP/Family	71101	Radiologic examination, ribs, unilateral; includir	N						
IN	Medicaid/SCHIP/Family	71110	Radiologic examination, ribs, bilateral; 3 views	N						
IN	Medicaid/SCHIP/Family	71111	Radiologic examination, ribs, bilateral; including	N						
IN	Medicaid/SCHIP/Family	71120	Radiologic examination; sternum, minimum of	N						
IN	Medicaid/SCHIP/Family	71130	Radiologic examination; sternoclavicular joint o	N						
IN	Medicaid/SCHIP/Family	71250	Ct Scan, Thorax; W/O Contrast Matl	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	71260	Ct Scan, Thorax; W/Contrast Matl(S)	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contra	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	71271	Computed tomography, thorax, low dose for lu	N						
IN	Medicaid/SCHIP/Family	71275	Computed tomographic angiography, chest (no	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	71550	Mri, Chest; W/O Contrast Matl(S)	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	71551	Mri, Chest; W/Contrast Matl(S)	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	71552	Mri, Chest; W/O Contrast Matl(S), Followed By	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	71555	Mra, Chest (Exclude Myocardium), W/Wo Cont	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	72020	Radiologic Exam, Spine, Single View, Specify Lev	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72040	Radiologic examination, spine, cervical; 2 or 3 v	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72050	Radiologic examination, spine, cervical; 4 or 5 v	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72052	Radiologic examination, spine, cervical; 6 or mo	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72070	Radiologic examination, spine; thoracic, 2 views	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72072	Radiologic examination, spine; thoracic, 3 views	N						
IN	Medicaid/SCHIP/Family	72074	Radiologic examination, spine; thoracic, minim	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72080	Radiologic examination, spine; thoracolumbar, ;	N						
IN	Medicaid/SCHIP/Family	72081	Radiologic examination, spine, entire thoracic a	N						
IN	Medicaid/SCHIP/Family	72082	Radiologic examination, spine, entire thoracic a	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72083	Radiologic examination, spine, entire thoracic a	N						
IN	Medicaid/SCHIP/Family	72084	Radiologic examination, spine, entire thoracic a	N						
IN	Medicaid/SCHIP/Family	72100	Radiologic examination, spine, lumbosacral; 2 o	N						
IN	Medicaid/SCHIP/Family	72110	Radiologic examination, spine, lumbosacral; mii	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	72114	Radiologic examination, spine, lumbosacral; cor	N	CG-ADMIN-01			None	None	None

IN	Medicaid/SCHIP/Family 72120	Radiologic examination, spine, lumbosacral; bei	N							
IN	Medicaid/SCHIP/Family 72125	Ct Scan, Cervical Spine; W/O Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72126	Ct Scan, Cervical Spine; W/Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72127	Ct Scan, Cervical Spine; W/O Contrast, Then W/	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72128	Ct Scan, Thoracic Spine; W/Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72129	Cat,Thoracic Spine;w/Contrst Materl,18-2	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72130	Ct Scan, Thoracic Spine; W/O Contrast, Then W/	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72131	Ct Scan, Lumbar Spine; W/O Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72132	Ct Scan, Lumbar Spine; W/Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72133	Ct Scan, Lumbar Spine; W/O Contrast, Then W/	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72141	Mri, Cervical Spine; W/O Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72142	Mri, Cervical Spine; W/Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72146	Mri, Thoracic Spine; W/O Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72147	Mri, Thoracic Spine; W/Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72148	Mri, Lumbar Spine; W/O Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72149	Mri, Lumbar Spine; W/Contrast	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72156	Mri, Spine W/O Contrast, Then W/Contrast; Cer	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72157	Mri, Spine W/O Contrast, Then W/Contrast; Thi	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72158	Mri, Spine W/O Contrast, Then W/Contrast; Lur	Y			AIM			AIM Radiology: Oncologic Imaging; None	None
IN	Medicaid/SCHIP/Family 72159	Mra, Spine W/Wo Contrast	Y			AIM			AIM Radiology: Vascular Imaging	None
IN	Medicaid/SCHIP/Family 72170	Radiologic examination, pelvis; 1 or 2 views	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 72190	Radiologic examination, pelvis; complete, minir	N						None	None
IN	Medicaid/SCHIP/Family 72191	Computed tomographic angiography, pelvis, wi	Y			AIM			AIM Radiology: Vascular Imaging	None
IN	Medicaid/SCHIP/Family 72192	Ct Scan, Pelvis; W/O Contrast	Y			AIM			AIM Radiology: Abdomen and Pelvis	None
IN	Medicaid/SCHIP/Family 72193	Ct Scan, Pelvis; W/Contrast	Y			AIM			AIM Radiology: Abdomen and Pelvis	None
IN	Medicaid/SCHIP/Family 72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contras	Y			AIM			AIM Radiology: Abdomen and Pelvis	None
IN	Medicaid/SCHIP/Family 72195	Mri, Pelvis; W/O Contrast Matl(S)	Y			AIM			AIM Radiology: Abdomen and Pelvis	None
IN	Medicaid/SCHIP/Family 72196	Mri, Pelvis; W/Contrast Matl(S)	Y			AIM			AIM Radiology: Abdomen and Pelvis	None
IN	Medicaid/SCHIP/Family 72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By	Y			AIM			AIM Radiology: Abdomen and Pelvis	None
IN	Medicaid/SCHIP/Family 72198	Mra, Pelvis, W/Wo Contrast	Y			AIM			AIM Radiology: Vascular Imaging	None
IN	Medicaid/SCHIP/Family 72200	Radiologic examination, sacroiliac joints; less th	N							
IN	Medicaid/SCHIP/Family 72202	Radiologic examination, sacroiliac joints; 3 or m	N							
IN	Medicaid/SCHIP/Family 72220	Radiologic examination, sacrum and coccyx, mi	N							
IN	Medicaid/SCHIP/Family 72240	Myelography, Cervical, Radiological S&I	N						None	None
IN	Medicaid/SCHIP/Family 72255	Myelography, Thoracic, Radiological S&I	N						None	None
IN	Medicaid/SCHIP/Family 72265	Myelography, lumbosacral, radiological supervi	N						None	None
IN	Medicaid/SCHIP/Family 72270	Myelography, 2 or more regions (eg, lumbar/th	N							
IN	Medicaid/SCHIP/Family 72275	Epidurography, Radiological S&I	N							
IN	Medicaid/SCHIP/Family 72285	Discography, cervical or thoracic, radiological s	Y	RAD.00053					None	None
IN	Medicaid/SCHIP/Family 72295	Discography, lumbar, radiological supervision a	N	CG-SURG-29					None	None
IN	Medicaid/SCHIP/Family 73000	Radiologic Exam; Clavicle, Complete	N							
IN	Medicaid/SCHIP/Family 73010	Radiologic Exam; Scapula, Complete	N							
IN	Medicaid/SCHIP/Family 73020	Radiologic examination, shoulder; 1 view	N							
IN	Medicaid/SCHIP/Family 73030	Radiologic examination, shoulder; complete, mi	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 73040	Radiologic Exam, Shoulder, Arthrography, Radi	N						None	None
IN	Medicaid/SCHIP/Family 73050	Radiologic Exam; Acromioclavicular Joints, Bilat	N							
IN	Medicaid/SCHIP/Family 73060	Radiologic examination; humerus, minimum of	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 73070	Radiologic examination, elbow; 2 views	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 73080	Radiologic examination, elbow; complete, minir	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 73085	Radiologic Exam, Elbow, Arthrography, Radiolog	N							
IN	Medicaid/SCHIP/Family 73090	Radiologic examination; forearm, 2 views	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 73092	Radiologic examination; upper extremity, infan	N							
IN	Medicaid/SCHIP/Family 73100	Radiologic examination, wrist; 2 views	N							
IN	Medicaid/SCHIP/Family 73110	Radiologic examination, wrist; complete, minim	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 73115	Radiologic Exam, Wrist, Arthrography, Radiolog	N							
IN	Medicaid/SCHIP/Family 73120	Radiologic examination, hand; 2 views	N							
IN	Medicaid/SCHIP/Family 73130	Radiologic examination, hand; minimum of 3 vi	N	CG-ADMIN-01					None	None
IN	Medicaid/SCHIP/Family 73140	Radiologic examination, finger(s), minimum of 2	N							
IN	Medicaid/SCHIP/Family 73200	Ct Scan, Upper Extremity; W/O Contrast	Y			AIM			AIM Radiology: Extremity Imaging; None	None

IN	Medicaid/SCHIP/Family	73201	Ct Scan, Upper Extremity; W/Contrast	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73202	Ct Scan, Upper Extremity; W/O Contrast, Then	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73206	Computed tomographic angiography, upper ext	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	73218	Mri, Upper Extremity, Other Than Joint; W/O Co	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73219	Mri, Upper Extremity, Other Than Joint; W/Con	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73220	Mri, Upper Extremity, Other Than Joint; W/O Co	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73221	Mri, Any Joint, Upper Extremity; W/O Contrast	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73222	Mri, Any Joint, Upper Extremity; W/Contrast M	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73223	Mri, Any Joint Of Upper Extremity; W/O Contra	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73225	Mra, Upper Extremity, W/Wo Contrast	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	73501	Radiologic examination, hip, unilateral, with pel	N						
IN	Medicaid/SCHIP/Family	73502	Radiologic examination, hip, unilateral, with pel	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73503	Radiologic examination, hip, unilateral, with pel	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73521	Radiologic examination, hips, bilateral, with pel	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73522	Radiologic examination, hips, bilateral, with pel	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73523	Radiologic examination, hips, bilateral, with pel	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73525	Radiologic Exam, Hip, Arthrography, Radiologic	N						
IN	Medicaid/SCHIP/Family	73551	Radiologic examination, femur; 1 view	N				None	None	None
IN	Medicaid/SCHIP/Family	73552	Radiologic examination, femur; minimum 2 view	N				None	None	None
IN	Medicaid/SCHIP/Family	73560	Radiologic examination, knee; 1 or 2 views	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73562	Radiologic examination, knee; 3 views	N						
IN	Medicaid/SCHIP/Family	73564	Radiologic examination, knee; complete, 4 or m	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73565	Radiologic Exam, Knee; Both Knees, Standing, A	N						
IN	Medicaid/SCHIP/Family	73580	Radiologic Exam, Knee, Arthrography, Radiolog	N						
IN	Medicaid/SCHIP/Family	73590	Radiologic examination; tibia and fibula, 2 view	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73592	Radiologic examination; lower extremity, infant	N						
IN	Medicaid/SCHIP/Family	73600	Radiologic examination, ankle; 2 views	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73610	Radiologic examination, ankle; complete, minim	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73615	Radiologic Exam, Ankle, Arthrography, Radiolog	N						
IN	Medicaid/SCHIP/Family	73620	Radiologic examination, foot; 2 views	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73630	Radiologic examination, foot; complete, minim	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73650	Radiologic examination; calcaneus, minimum of	N						
IN	Medicaid/SCHIP/Family	73660	Radiologic examination; toe(s), minimum of 2 v	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	73700	Ct Scan, Lower Extremity; W/O Contrast	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73701	Ct Scan, Lower Extremity; W/Contrast	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73702	Ct Scan, Lower Extremity; W/O Contrast, Then	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73706	Computed tomographic angiography, lower ext	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	73718	Mri, Lower Extremity Other Than Joint; W/O Co	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73719	Mri, Lower Extremity Other Than Joint; W/Cont	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73720	Mri, Lower Extremity, Other Than Joint; W/O Co	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73721	Mri, Any Joint, Lower Extremity; W/O Contrast	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73722	Mri, Any Joint, Lower Extremity; W/Contrast M	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73723	Mri, Any Joint, Lower Extremity; W/O Contrast	Y		AIM		AIM Radiology: Extremity Imaging; /	None	None
IN	Medicaid/SCHIP/Family	73725	Mra, Lower Extremity, W/Wo Contrast	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74018	Radiologic examination, abdomen; 1 view	N						
IN	Medicaid/SCHIP/Family	74019	Radiologic examination, abdomen; 2 views	N						
IN	Medicaid/SCHIP/Family	74021	Radiologic examination, abdomen; 3 or more vi	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	74022	Radiologic Examination, Abdomen; Compl Acut	N						
IN	Medicaid/SCHIP/Family	74150	Ct Scan, Abdomen; W/O Contrast	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74160	Computed tomography, abdomen; with contra	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Con	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74174	Computed Tomographic Angiography, Abdom	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74175	Computed tomographic angiography, abdomen	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74176	Computed tomography, abdomen and pelvis; w	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74177	Computed tomography, abdomen and pelvis; w	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74178	Computed tomography, abdomen and pelvis; w	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74181	Mri, Abdomen; W/O Contrast Matl(S)	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	74182	Mri, Abdomen; W/Contrast Matl(S)	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	None
IN	Medicaid/SCHIP/Family	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	None

IN	Medicaid/SCHIP/Family	74185	Mra, Abdomen, W/Wo Contrast	Y		AIM		AIM Radiology: Vascular Imaging	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	74190	Peritoneogram, Radiological S&I	N							
IN	Medicaid/SCHIP/Family	74210	Radiologic Exam; Pharynx &/Or Cervical Esophag	N							
IN	Medicaid/SCHIP/Family	74220	Radiologic Exam; Esophagus	N							
IN	Medicaid/SCHIP/Family	74221	Radiologic examination, esophagus, including swa	N							
IN	Medicaid/SCHIP/Family	74230	Swallowing Function, W/Cineradiography &/Or	N							
IN	Medicaid/SCHIP/Family	74235	Removal Fb, Esophagus W/Balloon Catheter, Re	N							
IN	Medicaid/SCHIP/Family	74240	Radiologic Exam, Upper Gi Tract; W/Wo Delaye	N							
IN	Medicaid/SCHIP/Family	74246	Radiologic Exam, Upper Gi Tract W/Contrast W,	N				None	None	None	
IN	Medicaid/SCHIP/Family	74248	Radiologic small intestine follow-through study,	N							
IN	Medicaid/SCHIP/Family	74250	Radiologic Exam, Small Bowel, W/Multiple Seri	N							
IN	Medicaid/SCHIP/Family	74251	Radiologic Exam, Small Bowel, W/Multiple Seri	N							
IN	Medicaid/SCHIP/Family	74261	Computed tomographic (CT) colonography, dia	X				Non covered but for pediatric me	AIM Radiology: Abdomen and Pelvis	None	None
IN	Medicaid/SCHIP/Family	74262	Computed tomographic (CT) colonography, dia	X				Non covered but for pediatric me	AIM Radiology: Abdomen and Pelvis	None	None
IN	Medicaid/SCHIP/Family	74263	Computed tomographic (CT) colonography, scro	X				Non covered but for pediatric me	AIM Radiology: Abdomen and Pelvis	None	None
IN	Medicaid/SCHIP/Family	74270	Radiologic examination, colon; contrast (eg, bar	N				None	None	None	
IN	Medicaid/SCHIP/Family	74280	Radiologic Exam, Colon; Air Contrast W/Specific	N				None	None	None	
IN	Medicaid/SCHIP/Family	74283	Therapeutic Enema, Reduction, Intussusceptio	N							
IN	Medicaid/SCHIP/Family	74290	Cholecystography, Oral Contrast	N							
IN	Medicaid/SCHIP/Family	74300	Cholangiography &/Or Pancreatography; Intrac	N							
IN	Medicaid/SCHIP/Family	74301	Cholangiography &/Or Pancreatography; Intrac	N							
IN	Medicaid/SCHIP/Family	74328	Endoscopic Catheterization, Bile Duct, Radiolog	N							
IN	Medicaid/SCHIP/Family	74329	Endoscopic Catheterization, Pancreatic Ductal	S	N						
IN	Medicaid/SCHIP/Family	74330	Combined Endoscopic Catheterization Bile Duct	N							
IN	Medicaid/SCHIP/Family	74340	Introduction Long Gi Tube W/Multiple Fluorosc	N							
IN	Medicaid/SCHIP/Family	74355	Percutaneous Placement, Enteroclysis Tube, Ra	N							
IN	Medicaid/SCHIP/Family	74360	Intraluminal Dilatation Strictures &/Or Obstructi	N							
IN	Medicaid/SCHIP/Family	74363	Percutaneous Transhepatic Dilatation, Bile Duct	S	N						
IN	Medicaid/SCHIP/Family	74400	Urography (Pyelography), Iv, W/Wo Kub, W/Wo	N							
IN	Medicaid/SCHIP/Family	74410	Urography, Infusion, Drip Technique &/Or Bolu	N							
IN	Medicaid/SCHIP/Family	74415	Urography, Infusion, Drip Technique &/Or Bolu	N							
IN	Medicaid/SCHIP/Family	74420	Urography, Retrograde, W/Wo Kub	N				None	None	None	
IN	Medicaid/SCHIP/Family	74425	Urography, Antegrade, Radiological S&I	N							
IN	Medicaid/SCHIP/Family	74430	Cystography, 3+ Views, Radiological S&I	N							
IN	Medicaid/SCHIP/Family	74440	Vasography, Vesiculography/Epididymography,	N							
IN	Medicaid/SCHIP/Family	74445	Corpora Cavernosography, Radiological S&I	N							
IN	Medicaid/SCHIP/Family	74450	Urethrocytography, Retrograde, Radiological S	N							
IN	Medicaid/SCHIP/Family	74455	Urethrocytography, Voiding, Radiological S&I	N				None	None	None	
IN	Medicaid/SCHIP/Family	74470	Radiologic Exam, Renal Cyst Study, Translumb	N							
IN	Medicaid/SCHIP/Family	74485	Dilation of ureter(s) or urethra, radiological sup	N							
IN	Medicaid/SCHIP/Family	74710	Pelvimetry, W/Wo Placental Localization	N							
IN	Medicaid/SCHIP/Family	74712	Magnetic resonance (eg, proton) imaging, fetal,	Y		AIM		AIM Radiology: Abdomen and Pelvis	None	None	
IN	Medicaid/SCHIP/Family	74713	Magnetic resonance (eg, proton) imaging, fetal,	N							
IN	Medicaid/SCHIP/Family	74740	Hysterosalpingography, Radiological S&I	N				None	None	None	
IN	Medicaid/SCHIP/Family	74742	Transcervical Catheterization, Fallopian Tube, R	N							
IN	Medicaid/SCHIP/Family	74775	Perineogram	N							
IN	Medicaid/SCHIP/Family	75557	Cardiac magnetic resonance imaging for morph	Y		AIM		AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	75559	Cardiac magnetic resonance imaging for morph	Y		AIM		AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	75561	Cardiac magnetic resonance imaging for morph	Y		AIM		AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	75563	Cardiac magnetic resonance imaging for morph	Y		AIM		AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	75565	Cardiac magnetic resonance imaging for velocit	N				AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	75571	Computed tomography, heart, without contras	Y		AIM	RAD.00001	AIM Cardiology: Advanced Imaging	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	75572	Computed tomography, heart, with contrast m	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	75573	Computed tomography, heart, with contrast m	Y		AIM		AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	75574	Computed tomographic angiography, heart, coi	Y		AIM		AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	75600	Aortography, Thoracic, W/O Serialography, Rad	N							
IN	Medicaid/SCHIP/Family	75605	Aortography, Thoracic, Serialography, Radiologi	N							
IN	Medicaid/SCHIP/Family	75625	Aortography, Abdominal, Serialography, Radioli	N							
IN	Medicaid/SCHIP/Family	75630	Aortography, Abdominal & Bilat Iliofemoral Low	N							

IN	Medicaid/SCHIP/Family	75635	Computed tomographic angiography, abdomi	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family	75705	Angiography, Spinal, Selective, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75710	Angiography, Extremity, Unilat, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75716	Angiography, Extremity, Bilat, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75726	Angiography, Visceral, Selective/Supraselective	N						
IN	Medicaid/SCHIP/Family	75731	Angiography, Adrenal, Unilat, Selective, Radiolo	N						
IN	Medicaid/SCHIP/Family	75733	Angiography, Adrenal, Bilat, Selective, Radiolo	N						
IN	Medicaid/SCHIP/Family	75736	Angiography, Pelvic, Selective/Supraselective, F	N						
IN	Medicaid/SCHIP/Family	75741	Angiography, Pulmonary, Unilat, Selective, Radi	N						
IN	Medicaid/SCHIP/Family	75743	Angiography, Pulmonary, Bilat, Selective, Radio	N						
IN	Medicaid/SCHIP/Family	75746	Angiography, Pulmonary, Non-Selective Cathete	N						
IN	Medicaid/SCHIP/Family	75756	Angiography, Int Mammary, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75774	Angiography, Selective, Add'l Vessel(S), Radiolo	N						
IN	Medicaid/SCHIP/Family	75801	Lymphangiography, Extremity Only, Unilat, Rad	N						
IN	Medicaid/SCHIP/Family	75803	Lymphangiography, Extremity Only, Bilat, Radi	N						
IN	Medicaid/SCHIP/Family	75805	Lymphangiography, Pelvic/Abdominal, Unilat, R	N						
IN	Medicaid/SCHIP/Family	75807	Lymphangiography, Pelvic/Abdominal, Bilat, Ra	N						
IN	Medicaid/SCHIP/Family	75809	Shuntogram, Investigation Previous Nonvascul	N						
IN	Medicaid/SCHIP/Family	75810	Splenoportography, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75820	Venography, Extremity, Unilat, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75822	Venography, Extremity, Bilat, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75825	Venography, Caval, Inferior, W/Serialography, F	N						
IN	Medicaid/SCHIP/Family	75827	Venography, Caval, Superior, W/Serialography, N	N						
IN	Medicaid/SCHIP/Family	75831	Venography, Renal, Unilat, Selective, Radiologic	N						
IN	Medicaid/SCHIP/Family	75833	Venography, Renal, Bilat, Selective, Radiologica	N						
IN	Medicaid/SCHIP/Family	75840	Venography, Adrenal, Unilat, Selective, Radiolo	N						
IN	Medicaid/SCHIP/Family	75842	Venography, Adrenal, Bilat, Selective, Radiologi	N						
IN	Medicaid/SCHIP/Family	75860	Venography, Sinus/Jugular, Catheter, Radiologi	N						
IN	Medicaid/SCHIP/Family	75870	Venography, Superior Sagittal Sinus, Radiologic	N						
IN	Medicaid/SCHIP/Family	75872	Venography, Epidural, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75880	Venography, Orbital, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75885	Percutaneous Transhepatic Portography, W/He	N						
IN	Medicaid/SCHIP/Family	75887	Percutaneous Transhepatic Portography, W/O I	N						
IN	Medicaid/SCHIP/Family	75889	Hepatic Venography, Wedge/Free W/Hemodyn	N						
IN	Medicaid/SCHIP/Family	75891	Hepatic Venography, Wedge/Free W/O Hemod	N						
IN	Medicaid/SCHIP/Family	75893	Venous Sample, Catheter, W/Wo Angiography, N	N						
IN	Medicaid/SCHIP/Family	75894	Transcatheter Therapy, Embolization, Any Mett	Y		RAD.00059, SURG.00062, CG-SURG-28		MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	75898	Angiography through existing catheter for follo	N						
IN	Medicaid/SCHIP/Family	75901	Mechanical Remove, Pericatheter Obstructive I	N						
IN	Medicaid/SCHIP/Family	75902	Mechanical Remove, Intraluminal Obstructive I	N						
IN	Medicaid/SCHIP/Family	75956	Endovascular repair of descending thoracic aort	N		CG-SURG-86	This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	75957	Endovascular repair of descending thoracic aort	N		CG-SURG-86	This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	75958	Placement of proximal extension prosthesis for	N		CG-SURG-86	This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	75959	Placement of distal extension prosthesis(s) (del	N		CG-SURG-86	This service must be performed i	MCG: GRG: SG-CVS: Cardiovascular	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	75970	Transcatheter Bx, Radiological S&I	N						
IN	Medicaid/SCHIP/Family	75984	Change of percutaneous tube or drainage cathe	N						
IN	Medicaid/SCHIP/Family	75989	Radiological Guided, Percut Drainage, W/Cathe	N						
IN	Medicaid/SCHIP/Family	76000	Fluoroscopy (separate procedure), up to 1 hour	N						
IN	Medicaid/SCHIP/Family	76010	Radiologic Exam, Nose To Rectum, Fb, Single Vi	N						
IN	Medicaid/SCHIP/Family	76080	Radiologic Exam, Abscess/Fistula/Sinus Tract, R	N						
IN	Medicaid/SCHIP/Family	76098	Radiological Exam, Surgical Specimen	N						
IN	Medicaid/SCHIP/Family	76100	Radiologic Exam, Single Plane Body Section, Ott	N						
IN	Medicaid/SCHIP/Family	76101	Radiologic Exam, Complex Motion Body Section	N						
IN	Medicaid/SCHIP/Family	76102	Radiologic Exam, Complex Motion Body Section	N						
IN	Medicaid/SCHIP/Family	76120	Cineradiography/Videoradiology, Except Where	Y		RAD.00034		None	None	None
IN	Medicaid/SCHIP/Family	76125	Cineradiography/Videoradiography W/Routine	Y		RAD.00034		None	None	None
IN	Medicaid/SCHIP/Family	76140	Consultation on X-ray examination made elsew	N						
IN	Medicaid/SCHIP/Family	76145	Medical physics dose evaluation for radiation e	N						
IN	Medicaid/SCHIP/Family	76376	3D rendering with interpretation and reporting	N		CG-MED-51, RAD.00038		ascular Imaging	None	None

IN	Medicaid/SCHIP/Family	76377	3D rendering with interpretation and reporting	N	CG-MED-51, RAD.00038			ascular Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	76380	Ct Scan, Limited/Localized Follow-Up Study	N						
IN	Medicaid/SCHIP/Family	76390	Mr Spectroscopy	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	76391	Magnetic resonance (eg, vibration) elastograph	N				AIM Radiology: Abdomen and Pelvis	None	None
IN	Medicaid/SCHIP/Family	76496	Unlisted Fluoroscopic Procedure	N	RAD.00034			None	None	None
IN	Medicaid/SCHIP/Family	76497	Unlisted Ct Procedure	N	RAD.00037			None	None	None
IN	Medicaid/SCHIP/Family	76498	Unlisted Mr Procedure	N	RAD.00044, RAD.00052, RAD.00063			None	None	None
IN	Medicaid/SCHIP/Family	76499	Unlisted Dx Radiographic Procedure	Y	RAD.00038			None	None	None
IN	Medicaid/SCHIP/Family	76506	Echoencephalography, real time with image do	N				None	None	None
IN	Medicaid/SCHIP/Family	76510	Ophthalmic Ultrasound, Diagnostic; B-Scan And	N						
IN	Medicaid/SCHIP/Family	76511	Ophthalmic Ultrasound, Echography, Dx; A-Scar	N						
IN	Medicaid/SCHIP/Family	76512	Ophthalmic Ultrasound, Echography, Dx; Conta	N						
IN	Medicaid/SCHIP/Family	76513	Ophthalmic Ultrasound, Echography, Dx; Anteri	N						
IN	Medicaid/SCHIP/Family	76514	Ophthalmic Ultrasound, Echography, Diagnosti	N						
IN	Medicaid/SCHIP/Family	76516	Ophthalmic Biometry, Ultrasound Echography,	N						
IN	Medicaid/SCHIP/Family	76519	Ophthalmic Biometry, Ultrasound Echography,	N						
IN	Medicaid/SCHIP/Family	76529	Ophthalmic Ultrasonic Fb Localization	N						
IN	Medicaid/SCHIP/Family	76536	Ultrasound, soft tissues of head and neck (eg, t	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	76604	Ultrasound, chest (includes mediastinum), real	N						
IN	Medicaid/SCHIP/Family	76641	Ultrasound, breast, unilateral, real time with im	N						
IN	Medicaid/SCHIP/Family	76642	Ultrasound, breast, unilateral, real time with im	N						
IN	Medicaid/SCHIP/Family	76700	Ultrasound, abdominal, real time with image dc	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	76705	Ultrasound, abdominal, real time with image dc	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	76706	Ultrasound, abdominal aorta, real time with im	N						
IN	Medicaid/SCHIP/Family	76770	Ultrasound, retroperitoneal (eg, renal, aorta, nc	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	76775	Ultrasound, retroperitoneal (eg, renal, aorta, nc	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	76776	Ultrasound, transplanted kidney, real time and	N						
IN	Medicaid/SCHIP/Family	76800	Echography, Spinal Canal & Contents	N						
IN	Medicaid/SCHIP/Family	76801	Us, Preg Uter, Real Time W/Image Document, F	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76802	Us, Preg Uter, Real Time W/Image Document, F	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76805	Us, Preg Uter, Rltime W/Image Document, Feta	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76810	Us, Preg Uter, Real Time W/Image Document E	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76811	Us, Preg Uter, Real Time W/Image Doc, Fetl &	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76812	Us, Preg Uter, Real Time W/Image Doc, Fetal &	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76813	Ultrasound, pregnant uterus, real time with im	N						
IN	Medicaid/SCHIP/Family	76814	Ultrasound, pregnant uterus, real time with im	N						
IN	Medicaid/SCHIP/Family	76815	Ultrasound, pregnant uterus, real time with im	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76816	Us, Pregnant Uterus, Real Time W/Image Docu	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76817	Us, Pregnant Uterus, Real Time W/Image Docu	N	CG-MED-42			None	None	None
IN	Medicaid/SCHIP/Family	76818	Fetal Biophysical Profile; W/Non-Stress Testin	N				None	None	None
IN	Medicaid/SCHIP/Family	76819	Fetal Biophysical Profile; W/O Non-Stress Testir	N				None	None	None
IN	Medicaid/SCHIP/Family	76820	Doppler Velocimetry, Fetal; Umbilical Artery	N						
IN	Medicaid/SCHIP/Family	76821	Doppler Velocimetry, Fetal; Middle Cerebral Ar	N						
IN	Medicaid/SCHIP/Family	76825	Echocardiography, Fetal, Cardiovascular System	N				None	None	None
IN	Medicaid/SCHIP/Family	76826	Echocardiography, Fetal, Cardiovascular System	N				None	None	None
IN	Medicaid/SCHIP/Family	76827	Echocardiography, Fetal, Doppler, Cardiovascul	N				None	None	None
IN	Medicaid/SCHIP/Family	76828	Echocardiography, Fetal, Doppler, Cardiovascul	N				None	None	None
IN	Medicaid/SCHIP/Family	76830	Echography, Transvaginal	N	CG-MED-56			None	None	None
IN	Medicaid/SCHIP/Family	76831	SIS, Including Color Flow Doppler	N				None	None	None
IN	Medicaid/SCHIP/Family	76856	Ultrasound, pelvic (nonobstetric), real time with	N				None	None	None
IN	Medicaid/SCHIP/Family	76857	Ultrasound, pelvic (nonobstetric), real time with	N				None	None	None
IN	Medicaid/SCHIP/Family	76870	Echography, Scrotum & Contents	N	CG-MED-48			None	None	None
IN	Medicaid/SCHIP/Family	76872	Ultrasound, Transrectal	N	CG-MED-45			None	None	None
IN	Medicaid/SCHIP/Family	76873	Echography, Transrectal; Prostate Volume Stud	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	76881	Ultrasound, complete joint (ie, joint space and j	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	76882	Ultrasound, limited, joint or other nonvascular	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family	76885	Ultrasound, infant hips, real time with imaging	N				None	None	None
IN	Medicaid/SCHIP/Family	76886	Ultrasound, infant hips, real time with imaging	N				None	None	None
IN	Medicaid/SCHIP/Family	76932	Us Guidance, Endomyocardial Bx, Imaging S&I	N						

IN	Medicaid/SCHIP/Family	76936	Us Guided, Compression Repair, Pseudo-Aneur	N							
IN	Medicaid/SCHIP/Family	76937	Ultrasound Guidance for Vascular Access, with	N							
IN	Medicaid/SCHIP/Family	76940	Ultrasound guidance for, and monitoring of, pai	N				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	76941	Us Guidance, Intrauterine Fetal Transfusion/Co	N							
IN	Medicaid/SCHIP/Family	76942	Us Guidance, Needle Placement, Radiological Si	N				None	None		None
IN	Medicaid/SCHIP/Family	76945	Us Guidance, Chorionic Villus Sampling, Imagin	N							
IN	Medicaid/SCHIP/Family	76946	Us Guidance, Amniocentesis, Imaging S&I	N							
IN	Medicaid/SCHIP/Family	76948	Us Guidance, Aspiration, Ova, Imaging S&I	N							
IN	Medicaid/SCHIP/Family	76965	Us Guided, Interstitial Radioelement Applicatio	Y			AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	76975	Gi Endoscopic Us, S&I	N							
IN	Medicaid/SCHIP/Family	76977	Us Bone Density Measurement & Interpretatio	Y		CG-MED-39			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	76978	Ultrasound, targeted dynamic microbubble son	N					None	None	None
IN	Medicaid/SCHIP/Family	76979	Ultrasound, targeted dynamic microbubble son	N							
IN	Medicaid/SCHIP/Family	76981	Ultrasound, elastography; parenchyma (eg, org	N							
IN	Medicaid/SCHIP/Family	76982	Ultrasound, elastography; first target lesion	N							
IN	Medicaid/SCHIP/Family	76983	Ultrasound, elastography; each additional targe	N							
IN	Medicaid/SCHIP/Family	76998	Ultrasonic guidance, intraoperative	N							
IN	Medicaid/SCHIP/Family	76999	Unlisted Ultrasound Procedure	N							
IN	Medicaid/SCHIP/Family	77001	Fluoroscopic guidance for central venous acces	N							
IN	Medicaid/SCHIP/Family	77002	Fluoroscopic guidance for needle placement (eg	N							
IN	Medicaid/SCHIP/Family	77003	Fluoroscopic guidance and localization of needl	N							
IN	Medicaid/SCHIP/Family	77011	Computed tomography guidance for stereotact	N							
IN	Medicaid/SCHIP/Family	77012	Computed tomography guidance for needle pla	N							
IN	Medicaid/SCHIP/Family	77013	Computerized tomography guidance for, and m	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	77014	Computed tomography guidance for placement	Y			AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	77021	Magnetic resonance imaging guidance for need	N		CG-SURG-98			None	None	None
IN	Medicaid/SCHIP/Family	77022	Magnetic resonance imaging guidance for, and	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	77046	Magnetic resonance imaging, breast, without c	Y		RAD.00036	AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	77047	Magnetic resonance imaging, breast, without c	Y		RAD.00036	AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	77048	Magnetic resonance imaging, breast, without a	Y		RAD.00036	AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	77049	Magnetic resonance imaging, breast, without a	Y		RAD.00036	AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	77053	Mammary ductogram or galactogram, single du	N							
IN	Medicaid/SCHIP/Family	77054	Mammary ductogram or galactogram, multiple	N							
IN	Medicaid/SCHIP/Family	77061	Digital breast tomosynthesis; unilateral	N							
IN	Medicaid/SCHIP/Family	77062	Digital breast tomosynthesis; bilateral	N							
IN	Medicaid/SCHIP/Family	77063	Screening digital breast tomosynthesis, bilatera	N							
IN	Medicaid/SCHIP/Family	77065	Diagnostic mammography, including computer-	N							
IN	Medicaid/SCHIP/Family	77066	Diagnostic mammography, including computer-	N							
IN	Medicaid/SCHIP/Family	77067	Screening mammography, bilateral (2-view stud	N							
IN	Medicaid/SCHIP/Family	77071	Manual application of stress performed by phys	N							
IN	Medicaid/SCHIP/Family	77072	Bone age studies	N							
IN	Medicaid/SCHIP/Family	77073	Bone length studies (orthoroentgenogram, scar	N							
IN	Medicaid/SCHIP/Family	77074	Radiologic examination, osseous survey; limite	N							
IN	Medicaid/SCHIP/Family	77075	Radiologic examination, osseous survey; compl	N							
IN	Medicaid/SCHIP/Family	77076	Radiologic examination, osseous survey, infant	N							
IN	Medicaid/SCHIP/Family	77077	Joint survey, single view, 2 or more joints (spec	N							
IN	Medicaid/SCHIP/Family	77078	Computed tomography, bone mineral density s	Y			AIM		AIM Radiology: Spine Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	77080	Dual-energy X-ray absorptiometry (DXA), bone	N		CG-MED-39			None	None	None
IN	Medicaid/SCHIP/Family	77081	Dual-energy X-ray absorptiometry (DXA), bone	N		CG-MED-39			None	None	None
IN	Medicaid/SCHIP/Family	77084	Magnetic resonance (eg, proton) imaging, bone	Y		RAD.00054	AIM		AIM Radiology: Oncologic Imaging	None	None
IN	Medicaid/SCHIP/Family	77085	Dual-energy X-ray absorptiometry (DXA), bone	N		CG-MED-39			None	None	None
IN	Medicaid/SCHIP/Family	77086	Vertebral fracture assessment via dual-energy	N		CG-MED-39			None	None	None
IN	Medicaid/SCHIP/Family	77261	Therapeutic Radiology Treatment Planning; Sim	N		CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	77262	Therapeutic Radiology Treatment Planning; Int	N							
IN	Medicaid/SCHIP/Family	77263	Therapeutic Radiology Treatment Planning; Cor	N							
IN	Medicaid/SCHIP/Family	77280	Therapeutic Radiology Simulation-Aided Field	S					None	None	None
IN	Medicaid/SCHIP/Family	77285	Therapeutic Radiology Simulation-Aided Field	S					None	None	None
IN	Medicaid/SCHIP/Family	77290	Therapeutic Radiology Simulation-Aided Field	S		CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family	77293	Respiratory motion management simulation (Li	N					None	None	None

IN	Medicaid/SCHIP/Family 77295	3-dimensional radiotherapy plan, including dosimetry	N				AIM: Radiation Oncology, AIM: Prot	None	None
IN	Medicaid/SCHIP/Family 77299	Unlisted Proc, Therapeutic Radiology Clinical Trial	N	THER-RAD.00012, CG-DME-44			None	None	None
IN	Medicaid/SCHIP/Family 77300	Radiation Therapy, Dosimetry Plan	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family 77301	Intensity Modulated Radiotherapy Plan W/Dosimetry	Y		AIM		AIM: Radiation Oncology, AIM: Prot	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77306	Teletherapy isodose plan; simple (1 or 2 unmodulated)	N						
IN	Medicaid/SCHIP/Family 77307	Teletherapy isodose plan; complex (multiple treatment areas)	N						
IN	Medicaid/SCHIP/Family 77316	Brachytherapy isodose plan; simple (calculation of dose)	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77317	Brachytherapy isodose plan; intermediate (calculation of dose)	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77318	Brachytherapy isodose plan; complex (calculation of dose)	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77321	Special Teletherapy Port Plan, Particles, Hemibrachytherapy	N						
IN	Medicaid/SCHIP/Family 77331	Radiation Therapy, Special Dosimetry	N						
IN	Medicaid/SCHIP/Family 77332	Treatment Devices, Design & Construction; Simple	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family 77333	Treatment Devices, Design & Construction; Intermediate	N						
IN	Medicaid/SCHIP/Family 77334	Treatment Devices, Design & Construction; Complex	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family 77336	Continuing Medical Physics Consultation, Per Visit	N						
IN	Medicaid/SCHIP/Family 77338	Multi-leaf collimator (MLC) device(s) for intensity modulated	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77370	Special Medical Radiation Physics Consultation	Y		AIM1		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77371	Radiation treatment delivery, stereotactic radiotherapy	Y		AIM		AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77372	Radiation treatment delivery, stereotactic radiotherapy	Y		AIM		AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77373	Stereotactic body radiation therapy, treatment Y	Y	THER-RAD.00012,	AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77385	Intensity modulated radiation treatment delivery	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77386	Intensity modulated radiation treatment delivery	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77387	Guidance for localization of target volume for deep	X			Non covered but for pediatric medicine	AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77399	Unlisted Proc, Radiation/Physics/Dosimetry & Treatment	N	THER-RAD.00012			None	None	None
IN	Medicaid/SCHIP/Family 77401	Radiation Treatment Delivery, Superficial &/Oral	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family 77402	Radiation Treatment Delivery, Single Area, Single	Y	CG-SURG-31	AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77407	Radiation treatment delivery, 2 separate treatment areas	Y	CG-SURG-31	AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77412	Radiation treatment delivery, 3 or more separate	Y	CG-SURG-31	AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77417	Therapeutic Radiology Port Film(S)	N						
IN	Medicaid/SCHIP/Family 77423	High energy neutron radiation treatment delivery	Y	THER-RAD.00008			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77424	Intraoperative Radiation Treatment Delivery, X-Ray	X			Non covered but for pediatric medicine	AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77425	Intraoperative Radiation Treatment Delivery, External	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77427	Radiation treatment management, 5 treatment areas	N						
IN	Medicaid/SCHIP/Family 77431	Radiation therapy management with complete body	N	CG-SURG-31			None	None	None
IN	Medicaid/SCHIP/Family 77432	Stereotactic radiation treatment management	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77435	Stereotactic body radiation therapy, treatment	Y	THER-RAD.00012	AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77469	Intraoperative Radiation Treatment Management	Y				AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77470	Special treatment procedure (eg, total body irradiation)	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77499	Unlisted Proc, Therapeutic Radiology Treatment	N						
IN	Medicaid/SCHIP/Family 77520	Proton Treatment Delivery; Simple W/O Compensation	Y		AIM		AIM: Proton Beam Therapy; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77522	Proton Treatment Delivery; Simple W/Compensation	Y		AIM		AIM: Proton Beam Therapy; MCG: GR	None	None
IN	Medicaid/SCHIP/Family 77523	Proton Treatment Delivery; Intermediate	Y		AIM		AIM: Proton Beam Therapy; MCG: GR	None	None
IN	Medicaid/SCHIP/Family 77525	Proton Treatment Delivery; Complex	Y		AIM		AIM: Proton Beam Therapy; MCG: GR	None	None
IN	Medicaid/SCHIP/Family 77600	Hyperthermia, Externally Generated; Superficial	X	CG-MED-72		Non covered but for pediatric medicine	None	None	None
IN	Medicaid/SCHIP/Family 77605	Hyperthermia, Externally Generated; Deep	X	CG-MED-72		Non covered but for pediatric medicine	None	None	None
IN	Medicaid/SCHIP/Family 77610	Hyperthermia Generated, Interstitial Probe(S)	X	CG-MED-72		Non covered but for pediatric medicine	None	None	None
IN	Medicaid/SCHIP/Family 77615	Hyperthermia Generated, Interstitial Probe(S)	X	CG-MED-72		Non covered but for pediatric medicine	None	None	None
IN	Medicaid/SCHIP/Family 77620	Hyperthermia Generated, Intracavitary Probe(S)	X	CG-MED-72		Non covered but for pediatric medicine	None	None	None
IN	Medicaid/SCHIP/Family 77750	Infusion or instillation of radioelement solution	N						
IN	Medicaid/SCHIP/Family 77761	Intracavitary Radiation Source Application; Simple	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77762	Intracavitary Radiation Source Application; Intermediate	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77763	Intracavitary Radiation Source Application; Complex	Y		AIM		AIM: Radiation Oncology	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77767	Remote afterloading high dose rate radionuclide	N				AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77768	Remote afterloading high dose rate radionuclide	N				AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77770	Remote afterloading high dose rate radionuclide	Y	CG-THER-RAD-07	AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77771	Remote afterloading high dose rate radionuclide	Y	CG-THER-RAD-07	AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77772	Remote afterloading high dose rate radionuclide	Y	CG-THER-RAD-07	AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family 77778	Interstitial Radioelement Application; Complex	Y		AIM		AIM: Radiation Oncology; MCG: GR	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 77789	Surface Application, Radiation Source	N						

IN	Medicaid/SCHIP/Family	77790	Supervision, Handling, Loading, Radiation Sourc	Y		AIM		AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	77799	Unlisted Proc, Clinical Brachytherapy	N						
IN	Medicaid/SCHIP/Family	78012	Thyroid uptake, single or multiple quantitative	N				None	None	None
IN	Medicaid/SCHIP/Family	78013	Thyroid imaging (including vascular flow, when	N				None	None	None
IN	Medicaid/SCHIP/Family	78014	Thyroid imaging (including vascular flow, when	N				None	None	None
IN	Medicaid/SCHIP/Family	78015	Thyroid Carcinoma Metastases Imaging; Limite	N						
IN	Medicaid/SCHIP/Family	78016	Thyroid Carcinoma Metastases Imaging; W/Ad	N						
IN	Medicaid/SCHIP/Family	78018	Thyroid Carcinoma Metastases Imaging; Whole	N						
IN	Medicaid/SCHIP/Family	78020	Thyroid Carcinoma Metastases Uptake	N						
IN	Medicaid/SCHIP/Family	78070	Parathyroid planar imaging (including subtracti	N						
IN	Medicaid/SCHIP/Family	78071	Parathyroid planar imaging (including subtracti	Y	CG-MED-87			None	None	None
IN	Medicaid/SCHIP/Family	78072	Parathyroid planar imaging (including subtracti	N	CG-MED-77			None	None	None
IN	Medicaid/SCHIP/Family	78075	Adrenal Imaging, Cortex &/Or Medulla	N						
IN	Medicaid/SCHIP/Family	78099	Unlisted Endocrine Proc, Dx Nuclear Medicine	N						
IN	Medicaid/SCHIP/Family	78102	Bone Marrow Imaging; Limited Area	N						
IN	Medicaid/SCHIP/Family	78103	Bone Marrow Imaging; Multiple Areas	N						
IN	Medicaid/SCHIP/Family	78104	Bone Marrow Imaging; Whole Body	N						
IN	Medicaid/SCHIP/Family	78110	Plasma Volume, Radiopharmaceutical Volume-I	N						
IN	Medicaid/SCHIP/Family	78111	Plasma Volume, Radiopharmaceutical Volume-I	N						
IN	Medicaid/SCHIP/Family	78120	Red Cell Volume Determination (Sep Proc); Sing	N						
IN	Medicaid/SCHIP/Family	78121	Red Cell Volume Determination (Sep Proc); Mul	N						
IN	Medicaid/SCHIP/Family	78122	Whole Blood Volume Determination, Radiophai	N						
IN	Medicaid/SCHIP/Family	78130	Red Cell Survival Study	N						
IN	Medicaid/SCHIP/Family	78140	Labeled Red Cell Sequestration, Differential Org	N						
IN	Medicaid/SCHIP/Family	78185	Spleen Imaging Only, W/Wo Vascular Flow	N						
IN	Medicaid/SCHIP/Family	78191	Platelet Survival Study	N						
IN	Medicaid/SCHIP/Family	78195	Lymphatics & Lymph Glands Imaging	N						
IN	Medicaid/SCHIP/Family	78199	Unlisted Hematopoietic/Reticuloendothelial/Ly	N						
IN	Medicaid/SCHIP/Family	78201	Liver Imaging; Static Only	N						
IN	Medicaid/SCHIP/Family	78202	Liver Imaging; W/Vascular Flow	N						
IN	Medicaid/SCHIP/Family	78215	Liver & Spleen Imaging; Static Only	N						
IN	Medicaid/SCHIP/Family	78216	Liver & Spleen Imaging; W/Vascular Flow	N						
IN	Medicaid/SCHIP/Family	78226	Hepatobiliary System Imaging, Including Gallbla	N				None	None	None
IN	Medicaid/SCHIP/Family	78227	Hepatobiliary System Imaging, Including Gallbla	N				None	None	None
IN	Medicaid/SCHIP/Family	78230	Salivary Gland Imaging	N						
IN	Medicaid/SCHIP/Family	78231	Salivary Gland Imaging; W/Serial Images	N						
IN	Medicaid/SCHIP/Family	78232	Salivary Gland Function Study	N						
IN	Medicaid/SCHIP/Family	78258	Esophageal Motility	N						
IN	Medicaid/SCHIP/Family	78261	Gastric Mucosa Imaging	N						
IN	Medicaid/SCHIP/Family	78262	Gastroesophageal Reflux Study	N						
IN	Medicaid/SCHIP/Family	78264	Gastric Emptying Study	N						
IN	Medicaid/SCHIP/Family	78265	Gastric emptying imaging study (eg, solid, liqui	N						
IN	Medicaid/SCHIP/Family	78266	Gastric emptying imaging study (eg, solid, liqui	N						
IN	Medicaid/SCHIP/Family	78267	Breath Test, C-14 Urea; Acquisition & Analysis	N						
IN	Medicaid/SCHIP/Family	78268	Breath Test, C-14 Urea; Analysis	N						
IN	Medicaid/SCHIP/Family	78278	Acute Gi Blood Loss Imaging	N						
IN	Medicaid/SCHIP/Family	78282	Gi Protein Loss	N						
IN	Medicaid/SCHIP/Family	78290	Bowel Imaging	N						
IN	Medicaid/SCHIP/Family	78291	Peritoneal-Venous Shunt Patency Test	N						
IN	Medicaid/SCHIP/Family	78299	Unlisted Gi Proc, Dx Nuclear Medicine	N						
IN	Medicaid/SCHIP/Family	78300	Bone &/Or Joint Imaging; Limited Area	N				None	None	None
IN	Medicaid/SCHIP/Family	78305	Bone &/Or Joint Imaging; Multiple Areas	N				None	None	None
IN	Medicaid/SCHIP/Family	78306	Bone &/Or Joint Imaging; Whole Body	N				None	None	None
IN	Medicaid/SCHIP/Family	78315	Bone and/or joint imaging; 3 phase study	N				None	None	None
IN	Medicaid/SCHIP/Family	78350	Bone density (bone mineral content) study, 1 o	Y	CG-MED-39			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78351	Bone density (bone mineral content) study, 1 o	N	CG-MED-39			None	None	None
IN	Medicaid/SCHIP/Family	78399	Unlisted Musculoskeletal Proc, Dx Nuclear Med	N				None	None	None
IN	Medicaid/SCHIP/Family	78414	Determination, Central C-V Hemodynamics, No	N						
IN	Medicaid/SCHIP/Family	78428	Cardiac Shunt Detection	N						

IN	Medicaid/SCHIP/Family	78429	Myocardial imaging, positron emission tomogra	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78430	Myocardial imaging, positron emission tomogra	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78431	Myocardial imaging, positron emission tomogra	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78432	Myocardial imaging, positron emission tomogra	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78433	Myocardial imaging, positron emission tomogra	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78434	Absolute quantitation of myocardial blood flow	N						
IN	Medicaid/SCHIP/Family	78445	Non-Cardiac Vascular Flow Imaging	N						
IN	Medicaid/SCHIP/Family	78451	Myocardial perfusion imaging, tomographic (SP	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78452	Myocardial perfusion imaging, tomographic (SP	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78453	Myocardial perfusion imaging, tomographic (SP	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78454	Myocardial perfusion imaging, tomographic (SP	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78456	Imaging, Peptide, Acute Venous Thrombosis	N						
IN	Medicaid/SCHIP/Family	78457	Venous Thrombosis, Imaging, Venogram; Unilat	N						
IN	Medicaid/SCHIP/Family	78458	Venous Thrombosis, Imaging, Venogram; Bilat	N						
IN	Medicaid/SCHIP/Family	78459	Myocardial Imaging, Positron Emission Tomogr	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78466	Myocardial Imaging, Infarct Avid, Planar; Qualit	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78468	Myocardial Imaging, Infarct Avid, Planar; W/Eje	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78469	Myocardial Imaging, Infarct Avid, Planar; Tomo	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Y	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Y	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Si	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; M	Y		AIM		AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78491	Myocardial Pet; Single Study, Rest/Stress	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78492	Myocardial Pet; Multiple Studies, Rest &/Or Str	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Y	Y		AIM		AIM Cardiology: Advanced Imaging	None	None
IN	Medicaid/SCHIP/Family	78496	Cardiac Blood Pool Imaging, Gated Equilibrium, N	N				AIM Cardiology: Advanced Imaging	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78499	Unlisted Cardiovascular Proc, Dx Nuclear Medic	N						
IN	Medicaid/SCHIP/Family	78579	Pulmonary Ventilation Imaging (Eg, Aerosol Or	N						
IN	Medicaid/SCHIP/Family	78580	Pulmonary perfusion imaging (eg, particulate)	N						
IN	Medicaid/SCHIP/Family	78582	Pulmonary Ventilation (Eg, Aerosol Or Gas) And	N						
IN	Medicaid/SCHIP/Family	78597	Quantitative Differential Pulmonary Perfusion, N	N						
IN	Medicaid/SCHIP/Family	78598	Quantitative Differential Pulmonary Perfusion, N	N						
IN	Medicaid/SCHIP/Family	78599	Unlisted Respiratory Proc, Dx Nuclear Medicine	N						
IN	Medicaid/SCHIP/Family	78600	Brain imaging, less than 4 static views;	N						
IN	Medicaid/SCHIP/Family	78601	Brain imaging, less than 4 static views; with vas	N						
IN	Medicaid/SCHIP/Family	78605	Brain imaging, minimum 4 static views;	N						
IN	Medicaid/SCHIP/Family	78606	Brain imaging, minimum 4 static views; with va	N						
IN	Medicaid/SCHIP/Family	78608	Brain Imaging, Positron Emission Tomography (	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78609	Brain Imaging, Positron Emission Tomography (	Y		AIM		AIM Radiology: Brain Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78610	Brain Imaging, Vascular Flow Only	N						
IN	Medicaid/SCHIP/Family	78630	Cerebrospinal Fluid Flow, Imaging (Not W/Intro	N						
IN	Medicaid/SCHIP/Family	78635	Cerebrospinal Fluid Flow, Imaging (Not W/Intro	N						
IN	Medicaid/SCHIP/Family	78645	Cerebrospinal Fluid Flow, Imaging (Not W/Intro	N						
IN	Medicaid/SCHIP/Family	78650	Csf Leakage Detection & Localization	N						
IN	Medicaid/SCHIP/Family	78660	Radiopharmaceutical Dacryocystography	N						
IN	Medicaid/SCHIP/Family	78699	Unlisted Nervous System Proc, Dx Nuclear Med	N	CG-MED-87			None	None	None
IN	Medicaid/SCHIP/Family	78700	Kidney imaging morphology;	N						
IN	Medicaid/SCHIP/Family	78701	Kidney imaging morphology; with vascular flow	N						
IN	Medicaid/SCHIP/Family	78707	Kidney imaging morphology; with vascular flow	N						
IN	Medicaid/SCHIP/Family	78708	Kidney imaging morphology; with vascular flow	N						
IN	Medicaid/SCHIP/Family	78709	Kidney imaging morphology; with vascular flow	N						
IN	Medicaid/SCHIP/Family	78725	Kidney Function Study, Non-Imaging Radioisotc	N						
IN	Medicaid/SCHIP/Family	78730	Urinary bladder residual study (List separately i	N						
IN	Medicaid/SCHIP/Family	78740	Ureteral Reflux Study (Radiopharmaceutical Vo	N						
IN	Medicaid/SCHIP/Family	78761	Testicular imaging with vascular flow	N						
IN	Medicaid/SCHIP/Family	78799	Unlisted Genitourinary Proc, Dx Nuclear Medic	N						
IN	Medicaid/SCHIP/Family	78800	Radiopharmaceutical Localization, Tumor; Limit	N						
IN	Medicaid/SCHIP/Family	78801	Radiopharmaceutical Localization, Tumor; Mult	N						
IN	Medicaid/SCHIP/Family	78802	Radiopharmaceutical Localization, Tumor; Who	N						

IN	Medicaid/SCHIP/Family	78803	Radiopharmaceutical Localization, Tumor; Tomo	N	CG-MED-87			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	78804	Radiopharmaceutical localization of tumor or di	N						
IN	Medicaid/SCHIP/Family	78808	Injection procedure for radiopharmaceutical lo	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	78811	Positron emission tomography (PET) imaging; li	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78812	Positron emission tomography (PET) imaging; si	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78813	Positron emission tomography (PET) imaging; w	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78814	Positron emission tomography (PET) with conc	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78815	Positron emission tomography (PET) with conc	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78816	Positron emission tomography (PET) with conc	Y		AIM		AIM Radiology: Chest Imaging; AIM	None	None
IN	Medicaid/SCHIP/Family	78830	Radiopharmaceutical localization of tumor, infl	N	CG-MED-77			None	None	None
IN	Medicaid/SCHIP/Family	78831	Radiopharmaceutical localization of tumor, infl	N	CG-MED-87			None	None	None
IN	Medicaid/SCHIP/Family	78832	Radiopharmaceutical localization of tumor, infl	N	CG-MED-77			None	None	None
IN	Medicaid/SCHIP/Family	78835	Radiopharmaceutical quantification measurem	N						
IN	Medicaid/SCHIP/Family	78999	Unlisted Miscellaneous Proc, Dx Nuclear Medic	N	RAD.00061, CG-MED-77			None	None	None
IN	Medicaid/SCHIP/Family	79005	Radiopharmaceutical Therapy, By Oral Adminis	N				None	None	None
IN	Medicaid/SCHIP/Family	79101	Radiopharmaceutical Therapy, By Intravenous /	N				ING-CC-0118, ING-CC-0112	None	None
IN	Medicaid/SCHIP/Family	79200	Intracavitary Radioactive Colloid Therapy	N						
IN	Medicaid/SCHIP/Family	79300	Interstitial Radioactive Colloid Therapy	N						
IN	Medicaid/SCHIP/Family	79403	Radiopharmaceutical Therapy, Radiolabeled Me	N				ING-CC-0118; MCG: GRG: PG-ONC:	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	79440	Intra-Articular Radiopharmaceutical Therapy	N						
IN	Medicaid/SCHIP/Family	79445	Radiopharmaceutical Therapy, By Intra-Arterial	N	CG-SURG-78			None	None	None
IN	Medicaid/SCHIP/Family	79999	Unlisted Radiopharmaceutical Therapeutic Proc	N						
IN	Medicaid/SCHIP/Family	80047	Basic metabolic panel (Calcium, ionized) This pa	N	CG-MED-61			None	None	None
IN	Medicaid/SCHIP/Family	80048	Basic metabolic panel (Calcium, total) This pane	N	CG-MED-61			None	None	None
IN	Medicaid/SCHIP/Family	80050	General Health Panel	N						
IN	Medicaid/SCHIP/Family	80051	Electrolyte Panel	N						
IN	Medicaid/SCHIP/Family	80053	Comprehensive metabolic panel This panel mus	N						
IN	Medicaid/SCHIP/Family	80055	Obstetric panel This panel must include the foll	N						
IN	Medicaid/SCHIP/Family	80061	Lipid Panel	N						
IN	Medicaid/SCHIP/Family	80069	Renal function panel This panel must include th	N						
IN	Medicaid/SCHIP/Family	80074	Acute Hepatitis Panel	N						
IN	Medicaid/SCHIP/Family	80076	Hepatic Function Panel	N						
IN	Medicaid/SCHIP/Family	80081	Obstetric panel (includes HIV testing)	N						
IN	Medicaid/SCHIP/Family	80143	Acetaminophen	N						
IN	Medicaid/SCHIP/Family	80145	Adalimumab	N	LAB.00030			None	None	None
IN	Medicaid/SCHIP/Family	80150	Assay Of Amikacin	N						
IN	Medicaid/SCHIP/Family	80151	Amiodarone	N						
IN	Medicaid/SCHIP/Family	80155	Caffeine	N						
IN	Medicaid/SCHIP/Family	80156	Assay Of Carbamazepine; Total	N						
IN	Medicaid/SCHIP/Family	80157	Assay Of Carbamazepine; Free	N						
IN	Medicaid/SCHIP/Family	80158	Assay Of Cyclosporine	N						
IN	Medicaid/SCHIP/Family	80159	Clozapine	N						
IN	Medicaid/SCHIP/Family	80161	Carbamazepine; -10,11-epoxide	N						
IN	Medicaid/SCHIP/Family	80162	Assay Of Digoxin	N						
IN	Medicaid/SCHIP/Family	80163	Digoxin; free	N						
IN	Medicaid/SCHIP/Family	80164	Assay Of Dipropylacetic Acid (Valproic Acid)	N						
IN	Medicaid/SCHIP/Family	80165	Valproic acid (dipropylacetic acid); free	N						
IN	Medicaid/SCHIP/Family	80167	Felbamate	N						
IN	Medicaid/SCHIP/Family	80168	Assay Of Ethosuximide	N						
IN	Medicaid/SCHIP/Family	80169	Everolimus	N						
IN	Medicaid/SCHIP/Family	80170	Assay Of Gentamicin	N						
IN	Medicaid/SCHIP/Family	80171	Gabapentin	N						
IN	Medicaid/SCHIP/Family	80173	Assay Of Haloperidol	N						
IN	Medicaid/SCHIP/Family	80175	Lamotrigine	N						
IN	Medicaid/SCHIP/Family	80176	Assay Of Lidocaine	N						
IN	Medicaid/SCHIP/Family	80177	Levetiracetam	N						
IN	Medicaid/SCHIP/Family	80178	Assay Of Lithium	N						
IN	Medicaid/SCHIP/Family	80179	Salicylate	N						
IN	Medicaid/SCHIP/Family	80180	Mycophenolate (mycophenolic acid)	N						

IN	Medicaid/SCHIP/Family 80181	Flecainide	N								
IN	Medicaid/SCHIP/Family 80183	Oxcarbazepine	N								
IN	Medicaid/SCHIP/Family 80184	Assay Of Phenobarbital	N								
IN	Medicaid/SCHIP/Family 80185	Assay Of Phenytoin; Total	N								
IN	Medicaid/SCHIP/Family 80186	Assay Of Phenytoin; Free	N								
IN	Medicaid/SCHIP/Family 80187	Posaconazole	N								
IN	Medicaid/SCHIP/Family 80188	Assay Of Primidone	N								
IN	Medicaid/SCHIP/Family 80189	Itraconazole	N								
IN	Medicaid/SCHIP/Family 80190	Assay Of Procainamide	N								
IN	Medicaid/SCHIP/Family 80192	Assay Of Procainamide; W/Metabolites	N								
IN	Medicaid/SCHIP/Family 80193	Leflunomide	N								
IN	Medicaid/SCHIP/Family 80194	Assay Of Quinidine	N								
IN	Medicaid/SCHIP/Family 80195	Sirolimus	N								
IN	Medicaid/SCHIP/Family 80197	Assay Of Tacrolimus	N								
IN	Medicaid/SCHIP/Family 80198	Assay Of Theophylline	N								
IN	Medicaid/SCHIP/Family 80199	Tiagabine	N								
IN	Medicaid/SCHIP/Family 80200	Assay Of Tobramycin	N								
IN	Medicaid/SCHIP/Family 80201	Assay Of Topiramate	N								
IN	Medicaid/SCHIP/Family 80202	Assay Of Vancomycin	N								
IN	Medicaid/SCHIP/Family 80203	Zonisamide	N								
IN	Medicaid/SCHIP/Family 80204	Methotrexate	N								
IN	Medicaid/SCHIP/Family 80210	Rufinamide	N								
IN	Medicaid/SCHIP/Family 80230	Infliximab	N		LAB.00030			None		None	None
IN	Medicaid/SCHIP/Family 80235	Lacosamide	N								
IN	Medicaid/SCHIP/Family 80280	Vedolizumab	N		LAB.00030			None		None	None
IN	Medicaid/SCHIP/Family 80285	Voriconazole	N								
IN	Medicaid/SCHIP/Family 80299	Quantitation, Drug, Not Elsewhere Specified	N								
IN	Medicaid/SCHIP/Family 80305	Drug test(s), presumptive, any number of drug	N		CG-LAB-09			None		None	None
IN	Medicaid/SCHIP/Family 80306	Drug test(s), presumptive, any number of drug	N		CG-LAB-09			None		None	None
IN	Medicaid/SCHIP/Family 80307	Drug test(s), presumptive, any number of drug	N		CG-LAB-09			None		None	None
IN	Medicaid/SCHIP/Family 80320	Alcohols	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80321	Alcohol biomarkers; 1 or 2	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80322	Alcohol biomarkers; 3 or more	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80323	Alkaloids, not otherwise specified	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80324	Amphetamines; 1 or 2	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80325	Amphetamines; 3 or 4	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80326	Amphetamines; 5 or more	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80327	Anabolic steroids; 1 or 2	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80328	Anabolic steroids; 3 or more	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80329	Analgesics, non-opioid; 1 or 2	N		CG-LAB-09			None		None	None
IN	Medicaid/SCHIP/Family 80330	Analgesics, non-opioid; 3-5	N		CG-LAB-09			None		None	None
IN	Medicaid/SCHIP/Family 80331	Analgesics, non-opioid; 6 or more	N		CG-LAB-09			None		None	None
IN	Medicaid/SCHIP/Family 80332	Antidepressants, serotonergic class; 1 or 2	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80333	Antidepressants, serotonergic class; 3-5	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80334	Antidepressants, serotonergic class; 6 or more	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80335	Antidepressants, tricyclic and other cyclicals; 1	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80336	Antidepressants, tricyclic and other cyclicals; 3-	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80337	Antidepressants, tricyclic and other cyclicals; 6	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80338	Antidepressants, not otherwise specified	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80339	Antiepileptics, not otherwise specified; 1-3	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80340	Antiepileptics, not otherwise specified; 4-6	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80341	Antiepileptics, not otherwise specified; 7 or mo	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80342	Antipsychotics, not otherwise specified; 1-3	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80343	Antipsychotics, not otherwise specified; 4-6	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80344	Antipsychotics, not otherwise specified; 7 or mo	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80345	Barbiturates	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80346	Benzodiazepines; 1-12	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80347	Benzodiazepines; 13 or more	Y		CG-LAB-09			None		Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family 80348	Buprenorphine	N		CG-LAB-09			Prior authorization is required aft	None	None	None

IN	Medicaid/SCHIP/Family	80349	Cannabinoids, natural	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80350	Cannabinoids, synthetic; 1-3	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80351	Cannabinoids, synthetic; 4-6	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80352	Cannabinoids, synthetic; 7 or more	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80353	Cocaine	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80354	Fentanyl	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80355	Gabapentin, non-blood	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80356	Heroin metabolite	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80357	Ketamine and norketamine	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80358	Methadone	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80359	Methylenedioxymphetamines (MDA, MDEA, M	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80360	Methylphenidate	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80361	Opiates, 1 or more	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80362	Opioids and opiate analogs; 1 or 2	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80363	Opioids and Opiate analogs; 3 or 4	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80364	Opioids and Opiate analogs; 5 or more	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80365	Oxycodone	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80366	Pregabalin	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80367	Propoxyphene	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	80368	Sedative hypnotics (non-benzodiazepines)	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80369	Skeletal muscle relaxants; 1 or 2	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80370	Skeletal muscle relaxants; 3 or more	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80371	Stimulants, synthetic	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80372	Tapentadol	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80373	Tramadol	N	CG-LAB-09	Prior authorization is required af	None	None	None
IN	Medicaid/SCHIP/Family	80374	Stereoisomer (enantiomer) analysis, single drug	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80375	Drug(s) or substance(s), definitive, qualitative o	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80376	Drug(s) or substance(s), definitive, qualitative o	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80377	Drug(s) or substance(s), definitive, qualitative o	Y	CG-LAB-09		None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	80400	Acth Stimulation Panel; Adrenal Insufficiency	N			None	None	None
IN	Medicaid/SCHIP/Family	80402	Acth Stimulation Panel; 21 Hydroxylase Deficien	N					
IN	Medicaid/SCHIP/Family	80406	Acth Stimulation Panel; 3 Beta-Hydroxydehydr	N					
IN	Medicaid/SCHIP/Family	80408	Aldosterone Suppression Eval Panel	N					
IN	Medicaid/SCHIP/Family	80410	Calcitonin Stimulation Panel	N					
IN	Medicaid/SCHIP/Family	80412	Corticotrophic Releasing Hormone (Crh) Stimulat	N					
IN	Medicaid/SCHIP/Family	80414	Chorionic Gonadotropin Stimulation Panel; Test	N					
IN	Medicaid/SCHIP/Family	80415	Chorionic Gonadotropin Stimulation Panel; Estr	N					
IN	Medicaid/SCHIP/Family	80416	Renal Vein Renin Stimulation Panel	N					
IN	Medicaid/SCHIP/Family	80417	Peripheral Vein Renin Stimulation Panel	N					
IN	Medicaid/SCHIP/Family	80418	Combined Rapid Anterior Pituitary Eval Panel	N					
IN	Medicaid/SCHIP/Family	80420	Dexamethasone Suppression Panel, 48 Hr	N					
IN	Medicaid/SCHIP/Family	80422	Glucagon Tolerance Panel; Insulinoma	N					
IN	Medicaid/SCHIP/Family	80424	Glucagon Tolerance Panel; Pheochromocytoma	N					
IN	Medicaid/SCHIP/Family	80426	Gonadotropin Releasing Hormone Stimulation I	N					
IN	Medicaid/SCHIP/Family	80428	Growth Hormone Stimulation Panel	N					
IN	Medicaid/SCHIP/Family	80430	Growth Hormone Suppression Panel (Glucose A	N					
IN	Medicaid/SCHIP/Family	80432	Insulin-Induced C-Peptide Suppression Panel	N					
IN	Medicaid/SCHIP/Family	80434	Insulin Tolerance Panel; Acth Insufficiency	N					
IN	Medicaid/SCHIP/Family	80435	Insulin Tolerance Panel; Growth Hormone Defic	N					
IN	Medicaid/SCHIP/Family	80436	Metyrapone Panel	N					
IN	Medicaid/SCHIP/Family	80438	Thyrotropin releasing hormone (TRH) stimulat	N					
IN	Medicaid/SCHIP/Family	80439	Thyrotropin releasing hormone (TRH) stimulat	N					
IN	Medicaid/SCHIP/Family	80500	Clinical Pathology Consultation; Limited, W/O R	N					
IN	Medicaid/SCHIP/Family	80502	Clinical Pathology Consultation; Comprehensive	N					
IN	Medicaid/SCHIP/Family	81000	Urinalysis, Dip Stick/Tablet Reagent; Non-Autor	N					
IN	Medicaid/SCHIP/Family	81001	Urinalysis, Dip Stick/Tablet Reagent; Automate	N					
IN	Medicaid/SCHIP/Family	81002	Urinalysis, Dip Stick/Tablet Reagent; Non-Autor	N					
IN	Medicaid/SCHIP/Family	81003	Urinalysis, Dip Stick/Tablet Reagent; Automate	N					
IN	Medicaid/SCHIP/Family	81005	Urinalysis; Qualitative/Semiquantitative, Excep	N					

IN	Medicaid/SCHIP/Family 81007	Urinalysis; Bacteriuria Screen, Except By Culture	N										
IN	Medicaid/SCHIP/Family 81015	Urinalysis; Microscopic Only	N										
IN	Medicaid/SCHIP/Family 81020	Urinalysis; 2 or 3 glass test	N										
IN	Medicaid/SCHIP/Family 81025	Urine Pregnancy Test, Visual Color Comparison	N						None		None		None
IN	Medicaid/SCHIP/Family 81050	Volume Measurement, Timed Collection, Each	N										
IN	Medicaid/SCHIP/Family 81099	Unlisted Urinalysis Proc	N										
IN	Medicaid/SCHIP/Family 81105	Human Platelet Antigen 1 genotyping (HPA-1), I	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81106	Human Platelet Antigen 2 genotyping (HPA-2), I	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81107	Human Platelet Antigen 3 genotyping (HPA-3), I	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81108	Human Platelet Antigen 4 genotyping (HPA-4), I	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81109	Human Platelet Antigen 5 genotyping (HPA-5), I	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81110	Human Platelet Antigen 6 genotyping (HPA-6w)	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81111	Human Platelet Antigen 9 genotyping (HPA-9w)	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81112	Human Platelet Antigen 15 genotyping (HPA-15)	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], sol	X	CG-GENE-14					None		None		None
IN	Medicaid/SCHIP/Family 81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mit	X	CG-GENE-14					None		None		None
IN	Medicaid/SCHIP/Family 81161	DMD (dystrophin) (eg, Duchenne/Becker musc	N	CG-GENE-05					None		None		None
IN	Medicaid/SCHIP/Family 81162	BRCA1 (BRCA1, DNA repair associated), BRCA2	Y	CG-GENE-16	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81163	BRCA1 (BRCA1, DNA repair associated), BRCA2	Y	CG-GENE-16	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81164	BRCA1 (BRCA1, DNA repair associated), BRCA2	Y	CG-GENE-16	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81165	BRCA1 (BRCA1, DNA repair associated) (eg, her	Y	CG-GENE-16	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81166	BRCA1 (BRCA1, DNA repair associated) (eg, her	Y	CG-GENE-16	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81167	BRCA2 (BRCA2, DNA repair associated) (eg, her	Y	CG-GENE-16	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphom	X										
IN	Medicaid/SCHIP/Family 81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrc	X	CG-GENE-07					None		None		None
IN	Medicaid/SCHIP/Family 81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81173	AR (androgen receptor) (eg, spinal and bulbar	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81174	AR (androgen receptor) (eg, spinal and bulbar	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81175	ASXL1 (additional sex combs like 1, transcriptio	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81176	ASXL1 (additional sex combs like 1, transcriptio	X										Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidolu	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) ge	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) ge	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Mi	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) ge	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81182	ATXN8OS (ATXN8 opposite strand [non-protein	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia)	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81184	CACNA1A (calcium voltage-gated channel subu	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81185	CACNA1A (calcium voltage-gated channel subu	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81186	CACNA1A (calcium voltage-gated channel subu	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81187	CNBP (CCHC-type zinc finger nucleic acid bindin	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81188	CSTB (cystatin B) (eg, Unverricht-Lundborg dise	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81189	CSTB (cystatin B) (eg, Unverricht-Lundborg dise	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81190	CSTB (cystatin B) (eg, Unverricht-Lundborg dise	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81191	NTRK1 (neurotrophic receptor tyrosine kinase 1	Y	CG-GENE-14					None		None		None
IN	Medicaid/SCHIP/Family 81192	NTRK2 (neurotrophic receptor tyrosine kinase 2	Y	CG-GENE-14					None		None		None
IN	Medicaid/SCHIP/Family 81193	NTRK3 (neurotrophic receptor tyrosine kinase 3	Y	CG-GENE-14					None		None		None
IN	Medicaid/SCHIP/Family 81194	NTRK (neurotrophic-tropomyosin receptor tyro	Y	CG-GENE-14					None		None		None
IN	Medicaid/SCHIP/Family 81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gr	Y	CG-GENE-13	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81201	APC (adenomatous polyposis coli) (eg, familial	Y	CG-GENE-15	AIM				None		None		CMS Guidelines
IN	Medicaid/SCHIP/Family 81202	APC (adenomatous polyposis coli) (eg, familial	Y	CG-GENE-15	AIM				None		None		CMS Guidelines
IN	Medicaid/SCHIP/Family 81203	APC (adenomatous polyposis coli) (eg, familial	Y	CG-GENE-15	AIM				None		None		None
IN	Medicaid/SCHIP/Family 81204	AR (androgen receptor) (eg, spinal and bulbar	N	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81205	Bckdhd (Branched-Chain Keto Acid Dehydrogen	X	CG-GENE-13					None		None		None
IN	Medicaid/SCHIP/Family 81206	Bcr/Ab11 (T(9;22)) (Eg, Chronic Myelogenous Le	N						None		None		None
IN	Medicaid/SCHIP/Family 81207	Bcr/Ab11 (T(9;22)) (Eg, Chronic Myelogenous Le	N						None		None		None
IN	Medicaid/SCHIP/Family 81208	Bcr/Ab11 (T(9;22)) (Eg, Chronic Myelogenous Le	N						None		None		None
IN	Medicaid/SCHIP/Family 81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, X	X	CG-GENE-13					None		None		None

IN	Medicaid/SCHIP/Family 81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Ho	X	CG-GENE-03		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81212	BRCA1 (BRCA1, DNA repair associated), BRCA2	Y	CG-GENE-16	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81215	BRCA1 (BRCA1, DNA repair associated) (eg, heri	Y	CG-GENE-16	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81216	BRCA2 (BRCA2, DNA repair associated) (eg, heri	Y	CG-GENE-16	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81217	BRCA2 (BRCA2, DNA repair associated) (eg, heri	Y	CG-GENE-16	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81218	CEBPA (CCAAT/enhancer binding protein [C/EBI	N				None	None	None
IN	Medicaid/SCHIP/Family 81219	CALR (calreticulin) (eg, myeloproliferative disor	Y	CG-GENE-01			None	None	None
IN	Medicaid/SCHIP/Family 81220	Cftr (Cystic Fibrosis Transmembrane Conductar	N	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81221	Cftr (Cystic Fibrosis Transmembrane Conductar	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81222	Cftr (Cystic Fibrosis Transmembrane Conductar	X	CG-GENE-13, GENE.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81223	Cftr (Cystic Fibrosis Transmembrane Conductar	X	CG-GENE-13, GENE.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81224	Cftr (Cystic Fibrosis Transmembrane Conductar	X	CG-GENE-13, GENE.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamil	X	GENE.00010		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81226	CYP2D6 (cytochrome P450, family 2, subfamily	X	GENE.00010		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily	X	GENE.00010		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81228	Cytogenomic constitutional (genome-wide) mic	Y	GENE.00003, CG-GENE-10	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81229	Cytogenomic constitutional (genome-wide) mic	Y	GENE.00003, CG-GENE-10	AIM	Service may be approved in com	None	None	None
IN	Medicaid/SCHIP/Family 81230	CYP3A4 (cytochrome P450 family 3 subfamily A	Y	GENE.00010, CG-GENE-11	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81231	CYP3A5 (cytochrome P450 family 3 subfamily A	Y	GENE.00010, CG-GENE-11	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81232	DPYD (dihydropyrimidine dehydrogenase) (eg, !	Y	GENE.00010, CG-GENE-11	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymf	N						
IN	Medicaid/SCHIP/Family 81234	DMPK (DM1 protein kinase) (eg, myotonic dyst	N	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81235	EGFR (epidermal growth factor receptor) (eg, n	Y	CG-GENE-20	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81236	EZH2 (enhancer of zeste 2 polycomb repressive	N						
IN	Medicaid/SCHIP/Family 81237	EZH2 (enhancer of zeste 2 polycomb repressive	N						
IN	Medicaid/SCHIP/Family 81238	F9 (coagulation factor IX) (eg, hemophilia B), ful	Y		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81239	DMPK (DM1 protein kinase) (eg, myotonic dyst	N	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Her	X	GENE.00046		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81241	F5 (Coagulation Factor V) (Eg, Hereditary Hyper	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81242	Fancc (Fanconi Anemia, Complementation Gro	X	CG-GENE-13, CG-GENE-14		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81243	Fmr1 (Fragile X Mental Retardation 1) (Eg, Fragi	Y	CG-BEH-01, CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81244	FMR1 (fragile X mental retardation 1) (eg, fragil	Y		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81245	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute	X	CG-GENE-14		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute	Y	CG-GENE-14	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81247	G6PD (glucose-6-phosphate dehydrogenase) (e	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81248	G6PD (glucose-6-phosphate dehydrogenase) (e	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81249	G6PD (glucose-6-phosphate dehydrogenase) (e	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subuni	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Dise	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81252	GJB2 (gap junction protein, beta 2, 26kDa, conn	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81253	GJB2 (gap junction protein, beta 2, 26kDa; conn	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81254	GJB6 (gap junction protein, beta 6, 30kDa, conn	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemoc	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81260	IKBKAP (inhibitor of kappa light polypeptide ger	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81261	IGH@ (Immunoglobulin heavy chain locus) (eg, X	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81262	IGH@ (Immunoglobulin heavy chain locus) (eg, X	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81263	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, X	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81264	Igk@ (Immunoglobulin Kappa Light Chain Locus	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81265	Comparative analysis using Short Tandem Repe	X	GENE.00041		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81266	Comparative analysis using Short Tandem Repe	X	GENE.00041		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81267	Chimerism (engraftment) analysis, post transpl	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81268	Chimerism (engraftment) analysis, post transpl	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2)	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Di	Y	CG-GENE-01	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81271	HTT (huntingtin) (eg, Huntington disease) gene	N	CG-GENE-13			None	None	None

IN	Medicaid/SCHIP/Family 81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma vir X	CG-GENE-14		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma vir X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 81274	HTT (huntingtin) (eg, Huntington disease) gene N	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncog	CG-GENE-02		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81276	KRAS (Kirsten rat sarcoma viral oncogene homc	CG-GENE-02	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81277	Cytogenomic neoplasia (genome-wide) microar						
IN	Medicaid/SCHIP/Family 81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) N						
IN	Medicaid/SCHIP/Family 81279	JAK2 (Janus kinase 2) (eg, myeloproliferative di	CG-GENE-01			None	None	None
IN	Medicaid/SCHIP/Family 81283	IFNL3 (interferon, lambda 3) (eg, drug response X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 81284	FXN (frataxin) (eg, Friedreich ataxia) gene analy	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81285	FXN (frataxin) (eg, Friedreich ataxia) gene analy	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81286	FXN (frataxin) (eg, Friedreich ataxia) gene analy	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81287	MGMT (O-6-methylguanine-DNA methyltransfe			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 81288	MLH1 (mutL homolog 1, colon cancer, nonpoly; Y	CG-GENE-15	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81289	FXN (frataxin) (eg, Friedreich ataxia) gene analy	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81290	Mcoln1 (Mucopolipin 1) (Eg, Mucopolipidosis, Type I	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81291	Mthfr (5,10-Methylenetetrahydrofolate Reduct	GENE.00010, GENE.00047		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpoly; Y	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpoly; Y	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpoly; Y	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpoly Y	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpoly Y	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpoly Y	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Heredita	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Heredita	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Heredita	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81301	Microsatellite instability analysis (eg, heredita		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Y		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Y		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Y		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81305	MYD88 (myeloid differentiation primary respon						
IN	Medicaid/SCHIP/Family 81306	NUDT15 (nudix hydrolase 15) (eg, drug metabo						
IN	Medicaid/SCHIP/Family 81307	PALB2 (partner and localizer of BRCA2) (eg, bre	CG-GENE-14	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81308	PALB2 (partner and localizer of BRCA2) (eg, bre	CG-GENE-04	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81309	PIK3CA (phosphatidylinositol-4, 5-bisphosphate	CG-GENE-12	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leu				None	None	None
IN	Medicaid/SCHIP/Family 81311	NRAS (neuroblastoma RAS viral [v-ras] oncogen	CG-GENE-02			None	None	None
IN	Medicaid/SCHIP/Family 81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, N	CG-GENE-13			None	None	None
IN	Medicaid/SCHIP/Family 81313	PCA3/KLK3 (prostate cancer antigen 3 [non-pro	GENE.00009		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81314	PDGFRA (platelet-derived growth factor recept	CG-GENE-14		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81315	PML/RARalpha, (t(15;17)), (promyelocytic leuke		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81316	PML/RARalpha, (t(15;17)), (promyelocytic leuke		AIM		None	None	None
IN	Medicaid/SCHIP/Family 81317	Pms2 (Postmeiotic Segregation Increased 2 [S. l	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81318	Pms2 (Postmeiotic Segregation Increased 2 [S. l	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81319	Pms2 (Postmeiotic Segregation Increased 2 [S. l	CG-GENE-15	AIM		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 81320	PLCG2 (phospholipase C gamma 2) (eg, chronic						
IN	Medicaid/SCHIP/Family 81321	PTEN (phosphatase and tensin homolog) (eg, C	CG-GENE-08	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81322	PTEN (phosphatase and tensin homolog) (eg, C	CG-GENE-08	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81323	PTEN (phosphatase and tensin homolog) (eg, C	CG-GENE-08	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81324	PMP22 (peripheral myelin protein 22) (eg, Char	GENE.00033		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81325	PMP22 (peripheral myelin protein 22) (eg, Char	GENE.00033		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81326	PMP22 (peripheral myelin protein 22) (eg, Char	GENE.00033		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81327	SEPT9 (Septin9) (eg, colorectal cancer) promot			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family 81328	SLCO1B1 (solute carrier organic anion transport	GENE.00038	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81329	SMN1 (survival of motor neuron 1, telomeric) (	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Ac	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81332	SERPINA1 (serpin peptidase inhibitor, clade A, a			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81333	TGFB1 (transforming growth factor beta-induce	CG-GENE-13			None	None	None

IN	Medicaid/SCHIP/Family 81334	RUNX1 (runt related transcription factor 1) (eg, X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81335	TPMT (thiopurine S-methyltransferase) (eg, dru Y		AIM					
IN	Medicaid/SCHIP/Family 81336	SMN1 (survival of motor neuron 1, telomeric) (t Y	CG-GENE-13	AIM			None	None	None
IN	Medicaid/SCHIP/Family 81337	SMN1 (survival of motor neuron 1, telomeric) (t Y	CG-GENE-13	AIM			None	None	None
IN	Medicaid/SCHIP/Family 81338	MPL (MPL proto-oncogene, thrombopoietin rec Y	CG-GENE-01				None	None	None
IN	Medicaid/SCHIP/Family 81339	MPL (MPL proto-oncogene, thrombopoietin rec Y	CG-GENE-01				None	None	None
IN	Medicaid/SCHIP/Family 81340	TRB@ (T cell antigen receptor, beta) (eg, leuker X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81341	TRB@ (T cell antigen receptor, beta) (eg, leuker X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81342	Trg@ (T Cell Antigen Receptor, Gamma) (Eg, Le X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81343	PPP2R2B (protein phosphatase 2 regulatory sut N	CG-GENE-13				None	None	None
IN	Medicaid/SCHIP/Family 81344	TBP (TATA box binding protein) (eg, spinocereb N	CG-GENE-13				None	None	None
IN	Medicaid/SCHIP/Family 81345	TERT (telomerase reverse transcriptase) (eg, th N					None	None	None
IN	Medicaid/SCHIP/Family 81346	TYMS (thymidylate synthetase) (eg, 5-fluoroura Y	GENE.00010, CG-GENE-11	AIM			None	None	None
IN	Medicaid/SCHIP/Family 81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myel N							
IN	Medicaid/SCHIP/Family 81348	SRSF2 (serine and arginine-rich splicing factor 2 N							
IN	Medicaid/SCHIP/Family 81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, N	GENE.00010				None	None	None
IN	Medicaid/SCHIP/Family 81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndr Y	CG-GENE-18				None	None	None
IN	Medicaid/SCHIP/Family 81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndr Y	CG-GENE-18				None	None	None
IN	Medicaid/SCHIP/Family 81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndr Y	CG-GENE-18				None	None	None
IN	Medicaid/SCHIP/Family 81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, X	GENE.00010			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) N							
IN	Medicaid/SCHIP/Family 81360	ZRSR2 (zinc finger CCCH-type, RNA binding mot N							
IN	Medicaid/SCHIP/Family 81361	HBB (hemoglobin, subunit beta) (eg, sickle cell i X	CG-GENE-13			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81362	HBB (hemoglobin, subunit beta) (eg, sickle cell i X	CG-GENE-13			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81363	HBB (hemoglobin, subunit beta) (eg, sickle cell i X	CG-GENE-13			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81364	HBB (hemoglobin, subunit beta) (eg, sickle cell i X	CG-GENE-13			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81370	Hla Class I And Ii Typing, Low Resolution (Eg, An X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81371	Hla Class I and II typing, low resolution (eg, ant X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81372	Hla Class I Typing, Low Resolution (Eg, Antigen I X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81373	Hla Class I Typing, Low Resolution (Eg, Antigen I X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81374	Hla Class I Typing, Low Resolution (Eg, Antigen I X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81375	Hla Class II Typing, Low Resolution (Eg, Antigen X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81376	Hla Class II typing, low resolution (eg, antigen e X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81377	Hla Class II Typing, Low Resolution (Eg, Antigen X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81378	Hla Class I And Ii Typing, High Resolution (Ie, All X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81379	Hla Class I Typing, High Resolution (Ie, Alleles O X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81380	Hla Class I Typing, High Resolution (Ie, Alleles O X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81381	Hla Class I Typing, High Resolution (Ie, Alleles O X	GENE.00010			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81382	Hla Class II typing, high resolution (Ie, alleles o X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81383	Hla Class II Typing, High Resolution (Ie, Alleles C X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 X	CG-GENE-13, GENE.00038, GENE.00046, GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 X	CG-BEH-01, CG-GENE-07, CG-GENE-13, CG-GENE-15, GENE.00003,			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 X	CG-GENE-01, CG-GENE-13, GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4 N	CG-GENE-01, CG-GENE-02, CG-GENE-09, CG-GENE-13, CG-GENE-15, GENE.00017, GENE.00033, GENI			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 N	CG-GENE-02, CG-GENE-12, CG-GENE-13, CG-GENE-17, CG-GENE-18, GENE.00007, GENE.00033, GENI			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 N	CG-GENE-10, CG-GENE-13, CG-GENE-17, CG-GENE-18, GENE.00003, GENE.00007, GENE.00017, GENI			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 X	CG-GENE-03, CG-GENE-13, CG-GENE-15, GENE.00003, GENE.00000;			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 Y	CG-GENE- 09, CG-GENE-13, GENE.00007, GENE.00017, GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 X	CG-GENE-05, CG-GENE-13, GENE.00007, GENE.00017, GENE.00003;			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81410	Aortic dysfunction or dilation (eg, Marfan syndr X	GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81411	Aortic dysfunction or dilation (eg, Marfan syndr X	GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81412	Ashkenazi Jewish associated disorders (eg, Bloc X	GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81413	Cardiac ion channelopathies (eg, Brugada syndr X	GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81414	Cardiac ion channelopathies (eg, Brugada syndr X	GENE.00007			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81415	Exome (eg, unexplained constitutional or herita X	GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81416	Exome (eg, unexplained constitutional or herita X	GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81417	Exome (eg, unexplained constitutional or herita X	CG-GENE-13, GENE.00052			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81419	Epilepsy genomic sequence analysis panel, mus N							
IN	Medicaid/SCHIP/Family 81420	Fetal chromosomal aneuploidy (eg, trisomy 21, N	CG-GENE-21				None	None	None

IN	Medicaid/SCHIP/Family 81422	Fetal chromosomal microdeletion(s) genomic si	X	CG-GENE-21		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81425	Genome (eg, unexplained constitutional or heri	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81426	Genome (eg, unexplained constitutional or heri	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81427	Genome (eg, unexplained constitutional or heri	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81430	Hearing loss (eg, nonsyndromic hearing loss, Us	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81431	Hearing loss (eg, nonsyndromic hearing loss, Us	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81432	Hereditary breast cancer-related disorders (eg,	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81433	Hereditary breast cancer-related disorders (eg,	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81434	Hereditary retinal disorders (eg, retinitis pigme	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81435	Hereditary colon cancer disorders (eg, Lynch sy	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81436	Hereditary colon cancer disorders (eg, Lynch sy	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81437	Hereditary neuroendocrine tumor disorders (eg	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81438	Hereditary neuroendocrine tumor disorders (eg	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81439	Hereditary cardiomyopathy (eg, hypertrophic c	Y	GENE.00017	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81440	Nuclear encoded mitochondrial genes (eg, neur	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81442	Noonan spectrum disorders (eg, Noonan syndr	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81443	Genetic testing for severe inherited conditions	N	GENE.00052			None	None	None
IN	Medicaid/SCHIP/Family 81445	Targeted genomic sequence analysis panel, soli	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81448	Hereditary peripheral neuropathies (eg, Charco	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81450	Targeted genomic sequence analysis panel, her	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81455	Targeted genomic sequence analysis panel, soli	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81460	Whole mitochondrial genome (eg, Leigh syndro	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81465	Whole mitochondrial genome large deletion an	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81470	X-linked intellectual disability (XLID) (eg, syndr	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81471	X-linked intellectual disability (XLID) (eg, syndr	X	GENE.00052		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81479	Unlisted molecular pathology procedure	Y	00033	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81490	Autoimmune (rheumatoid arthritis), analysis of	X	LAB.00035		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81493	Coronary artery disease, mRNA, gene expressio	X	CG-GENE-13, GENE.00050		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81500	Oncology (Ovarian), Biochemical Assays Of Two	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81503	Oncology (Ovarian), Biochemical Assays Of Five	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81504	Oncology (tissue of origin), microarray gene exp	Y	GENE.00018	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81506	Endocrinology, Biochemical Assays Of Seven An	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81507	Fetal aneuploidy (trisomy 21, 18, and 13) dna se	N	CG-GENE-21			None	None	None
IN	Medicaid/SCHIP/Family 81508	Fetal Congenital Abnormalities, Assays Of Two	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81509	Fetal Congenital Abnormalities, Assays Of Three	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81510	Fetal Congenital Abnormalities, Assays Of Three	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81511	Fetal Congenital Abnormalities, Assays Of Four	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81512	Fetal Congenital Abnormalities, Assays Of Five	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family 81513	Infectious disease, bacterial vaginosis, quantita	N						
IN	Medicaid/SCHIP/Family 81514	Infectious disease, bacterial vaginosis and vagir	N						
IN	Medicaid/SCHIP/Family 81518	Oncology (breast), mRNA, gene expression prof	Y	GENE.00011	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81519	Oncology (breast), mRNA, gene expression prof	Y	GENE.00011	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81520	Oncology (breast), mRNA gene expression profi	X	GENE.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81521	Oncology (breast), mRNA, microarray gene exp	X	GENE.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81522	Oncology (breast), mRNA, gene expression prof	Y	GENE.00011, GENE.00023	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81525	Oncology (colon), mRNA, gene expression profi	X	GENE.00016		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81528	Oncology (colorectal) screening, quantitative re	N				None	None	None
IN	Medicaid/SCHIP/Family 81529	Oncology (cutaneous melanoma), mRNA, gene	N	GENE.00023			None	None	None
IN	Medicaid/SCHIP/Family 81535	Oncology (gynecologic), live tumor cell culture	X	LAB.00003		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81536	Oncology (gynecologic), live tumor cell culture	X	LAB.00003		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81538	Oncology (lung), mass spectrometric 8-protein	X	LAB.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81539	Oncology (high-grade prostate cancer), biochem	N	LAB.00033			None	None	None
IN	Medicaid/SCHIP/Family 81540	Oncology (tumor of unknown origin), mRNA, ge	X	GENE.00018		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81541	Oncology (prostate), mRNA gene expression pr	X	GENE.00009		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81542	Oncology (prostate), mRNA, microarray gene e	Y	GENE.00009	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81546	Oncology (thyroid), mRNA, gene expression an	Y	CG-GENE-04			None	None	None
IN	Medicaid/SCHIP/Family 81551	Oncology (prostate), promoter methylation pr	X	GENE.00009		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 81552	Oncology (uveal melanoma), mRNA, gene expr	Y	GENE.00023	AIM		None	None	None
IN	Medicaid/SCHIP/Family 81554	Pulmonary disease (idiopathic pulmonary fibros	N						

IN	Medicaid/SCHIP/Family	81595	Cardiology (heart transplant), mRNA, gene expr	X	TRANS.00025		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	81596	Infectious disease, chronic hepatitis C virus (HC	N	LAB.00019			None	None	None
IN	Medicaid/SCHIP/Family	81599	Unlisted Multianalyte Assay With Algorithmic A	Y	CG-GENE-04, CG-GENE-19, CG-GENE-21, GENE.00009, GENE.00011, GENE.00016, GENE.00018, GENI			None	None	None
IN	Medicaid/SCHIP/Family	82009	Ketone body(s) (eg, acetone, acetoacetic acid, t	N						
IN	Medicaid/SCHIP/Family	82010	Ketone body(s) (eg, acetone, acetoacetic acid, t	N						
IN	Medicaid/SCHIP/Family	82013	Acetylcholinesterase	N						
IN	Medicaid/SCHIP/Family	82016	Acylcarnitines; Qualitative, Each Specimen	N						
IN	Medicaid/SCHIP/Family	82017	Acylcarnitines; Quantitative, Each Specimen	N						
IN	Medicaid/SCHIP/Family	82024	Assay Of Adrenocorticotrophic Hormone (Acth)	N						
IN	Medicaid/SCHIP/Family	82030	Adenosine, 5-Monophosphate, Cyclic (Cyclic An	N						
IN	Medicaid/SCHIP/Family	82040	Albumin; serum, plasma or whole blood	N						
IN	Medicaid/SCHIP/Family	82042	Albumin; other source, quantitative, each speci	N						
IN	Medicaid/SCHIP/Family	82043	Albumin; urine (eg, microalbumin), quantitative	N						
IN	Medicaid/SCHIP/Family	82044	Albumin; urine (eg, microalbumin), semiquantit	N						
IN	Medicaid/SCHIP/Family	82045	Albumin; Ischemia Modified	N						
IN	Medicaid/SCHIP/Family	82075	Alcohol (Ethanol); Breath	N						
IN	Medicaid/SCHIP/Family	82077	Alcohol (ethanol); any specimen except urine ai	N						
IN	Medicaid/SCHIP/Family	82085	Aldolase	N						
IN	Medicaid/SCHIP/Family	82088	Aldosterone	N						
IN	Medicaid/SCHIP/Family	82103	Alpha-1-Antitrypsin; Total	N				None	None	None
IN	Medicaid/SCHIP/Family	82104	Alpha-1-Antitrypsin; Phenotype	N				None	None	None
IN	Medicaid/SCHIP/Family	82105	Alpha-fetoprotein (AFP); serum	N						
IN	Medicaid/SCHIP/Family	82106	Alpha-fetoprotein (AFP); amniotic fluid	N						
IN	Medicaid/SCHIP/Family	82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoforr	N						
IN	Medicaid/SCHIP/Family	82108	Aluminum	N						
IN	Medicaid/SCHIP/Family	82120	Amines, Vaginal Fluid, Qualitative	N						
IN	Medicaid/SCHIP/Family	82127	Amino Acids; Single, Qualitative, Each Specimen	N						
IN	Medicaid/SCHIP/Family	82128	Amino Acids; Multiple, Qualitative, Each Specim	N						
IN	Medicaid/SCHIP/Family	82131	Amino Acids; Single, Quantitative, Each Specim	N						
IN	Medicaid/SCHIP/Family	82135	Aminolevulinic Acid, Delta (Ala)	N						
IN	Medicaid/SCHIP/Family	82136	Amino Acids, 2-5 Amino Acids, Quantitative, Ea	N				None	None	None
IN	Medicaid/SCHIP/Family	82139	Amino Acids, 6+ Amino Acids, Quantitative, Eac	N				None	None	None
IN	Medicaid/SCHIP/Family	82140	Ammonia	N				None	None	None
IN	Medicaid/SCHIP/Family	82143	Amniotic Fluid Scan (Spectrophotometric)	N						
IN	Medicaid/SCHIP/Family	82150	Amylase	N	CG-LAB-16			None	None	None
IN	Medicaid/SCHIP/Family	82154	Androstenediol Glucuronide	N						
IN	Medicaid/SCHIP/Family	82157	Androstenedione	N						
IN	Medicaid/SCHIP/Family	82160	Androsterone	N						
IN	Medicaid/SCHIP/Family	82163	Angiotensin Ii	N						
IN	Medicaid/SCHIP/Family	82164	Angiotensin I - Converting Enzyme (Ace)	N				None	None	None
IN	Medicaid/SCHIP/Family	82172	Apolipoprotein, Each	N	LAB.00031			None	None	None
IN	Medicaid/SCHIP/Family	82175	Arsenic	N						
IN	Medicaid/SCHIP/Family	82180	Ascorbic Acid (Vitamin C), Blood	N						
IN	Medicaid/SCHIP/Family	82190	Atomic Absorption Spectroscopy, Each Analyte	N						
IN	Medicaid/SCHIP/Family	82232	Beta-2 Microglobulin	N						
IN	Medicaid/SCHIP/Family	82239	Bile Acids; Total	N						
IN	Medicaid/SCHIP/Family	82240	Bile Acids; Cholyglycine	N						
IN	Medicaid/SCHIP/Family	82247	Bilirubin; Total	N				None	None	None
IN	Medicaid/SCHIP/Family	82248	Bilirubin; Direct	N				None	None	None
IN	Medicaid/SCHIP/Family	82252	Bilirubin; Feces, Qualitative	N				None	None	None
IN	Medicaid/SCHIP/Family	82261	Biotinidase, Each Specimen	N						
IN	Medicaid/SCHIP/Family	82270	Blood, occult, by peroxidase activity (eg, guaiac	N						
IN	Medicaid/SCHIP/Family	82271	Blood, occult, by peroxidase activity (eg, guaiac	N						
IN	Medicaid/SCHIP/Family	82272	Blood, occult, by peroxidase activity (eg, guaiac	N						
IN	Medicaid/SCHIP/Family	82274	Blood, Occult, Fecal Hemoglobin Determin, Imn	N						
IN	Medicaid/SCHIP/Family	82286	Bradykinin	N						
IN	Medicaid/SCHIP/Family	82300	Cadmium	N						
IN	Medicaid/SCHIP/Family	82306	Vitamin D; 25 hydroxy, includes fraction(s), if pe	N	CG-LAB-11			None	None	None
IN	Medicaid/SCHIP/Family	82308	Calcitonin	N						

IN	Medicaid/SCHIP/Family 82310	Calcium; Total	N							
IN	Medicaid/SCHIP/Family 82330	Calcium; Ionized	N							
IN	Medicaid/SCHIP/Family 82331	Calcium; After Calcium Infusion Test	N							
IN	Medicaid/SCHIP/Family 82340	Calcium; Urine Quantitative, Timed Specimen	N							
IN	Medicaid/SCHIP/Family 82355	Calculus; Qualitative Analysis	N							
IN	Medicaid/SCHIP/Family 82360	Calculus; Quantitative Analysis, Chemical	N							
IN	Medicaid/SCHIP/Family 82365	Calculus; Infrared Spectroscopy	N							
IN	Medicaid/SCHIP/Family 82370	Calculus; X-Ray Diffraction	N							
IN	Medicaid/SCHIP/Family 82373	Carbohydrate Deficient Transferrin	N							
IN	Medicaid/SCHIP/Family 82374	Carbon Dioxide (Bicarbonate)	N							
IN	Medicaid/SCHIP/Family 82375	Carboxyhemoglobin; quantitative	N							
IN	Medicaid/SCHIP/Family 82376	Carboxyhemoglobin; qualitative	N							
IN	Medicaid/SCHIP/Family 82378	Carcinoembryonic Antigen (Cea)	N							
IN	Medicaid/SCHIP/Family 82379	Carnitine (Total & Free), Quantitative, Each Spe	N							
IN	Medicaid/SCHIP/Family 82380	Carotene	N							
IN	Medicaid/SCHIP/Family 82382	Catecholamines; Total Urine	N							
IN	Medicaid/SCHIP/Family 82383	Catecholamines; Blood	N							
IN	Medicaid/SCHIP/Family 82384	Catecholamines; Fractionated	N							
IN	Medicaid/SCHIP/Family 82387	Cathepsin-D	N							
IN	Medicaid/SCHIP/Family 82390	Ceruloplasmin	N							
IN	Medicaid/SCHIP/Family 82397	Chemiluminescent Assay	N							
IN	Medicaid/SCHIP/Family 82415	Chloramphenicol	N							
IN	Medicaid/SCHIP/Family 82435	Chloride; Blood	N							
IN	Medicaid/SCHIP/Family 82436	Chloride; Urine	N							
IN	Medicaid/SCHIP/Family 82438	Chloride; Other Source	N							
IN	Medicaid/SCHIP/Family 82441	Chlorinated Hydrocarbons, Screen	N							
IN	Medicaid/SCHIP/Family 82465	Cholesterol, Serum/Whole Blood, Total	N							
IN	Medicaid/SCHIP/Family 82480	Cholinesterase; Serum	N							
IN	Medicaid/SCHIP/Family 82482	Cholinesterase; Rbc	N							
IN	Medicaid/SCHIP/Family 82485	Chondroitin B Sulfate, Quantitative	N							
IN	Medicaid/SCHIP/Family 82495	Chromium	N							
IN	Medicaid/SCHIP/Family 82507	Citrate	N							
IN	Medicaid/SCHIP/Family 82523	Collagen Cross Links, Any Method	N							
IN	Medicaid/SCHIP/Family 82525	Copper	N							
IN	Medicaid/SCHIP/Family 82528	Corticosterone	N							
IN	Medicaid/SCHIP/Family 82530	Cortisol; Free	N							
IN	Medicaid/SCHIP/Family 82533	Cortisol; Total	N							
IN	Medicaid/SCHIP/Family 82540	Creatine	N					None	None	None
IN	Medicaid/SCHIP/Family 82542	Column Chromatography/Mass Spectrometry; I	N					None	None	None
IN	Medicaid/SCHIP/Family 82550	Creatine Kinase (Ck), (Cpk); Total	N							
IN	Medicaid/SCHIP/Family 82552	Creatine Kinase (Ck), (Cpk); Isoenzymes	N							
IN	Medicaid/SCHIP/Family 82553	Creatine Kinase (Ck), (Cpk); Mb Fraction Only	N							
IN	Medicaid/SCHIP/Family 82554	Creatine Kinase (Ck), (Cpk); Isoforms	N							
IN	Medicaid/SCHIP/Family 82565	Creatinine; Blood	N							
IN	Medicaid/SCHIP/Family 82570	Creatinine; Other Source	N							
IN	Medicaid/SCHIP/Family 82575	Creatinine; Clearance	N							
IN	Medicaid/SCHIP/Family 82585	Cryofibrinogen	N							
IN	Medicaid/SCHIP/Family 82595	Cryoglobulin, Qualitative Or Semi-Quantitative	N							
IN	Medicaid/SCHIP/Family 82600	Cyanide	N							
IN	Medicaid/SCHIP/Family 82607	Cyanocobalamin (Vitamin B-12)	N							
IN	Medicaid/SCHIP/Family 82608	Cyanocobalamin (Vitamin B-12); Unsaturated B	N							
IN	Medicaid/SCHIP/Family 82610	Cystatin C	N							
IN	Medicaid/SCHIP/Family 82615	Cystine & Homocystine, Urine, Qualitative	N							
IN	Medicaid/SCHIP/Family 82626	Dehydroepiandrosterone (Dhea)	N							
IN	Medicaid/SCHIP/Family 82627	Dehydroepiandrosterone-Sulfate (Dhea-S)	N							
IN	Medicaid/SCHIP/Family 82633	Desoxycorticosterone, 11-	N							
IN	Medicaid/SCHIP/Family 82634	Deoxycortisol, 11-	N							
IN	Medicaid/SCHIP/Family 82638	Dibucaine Number	N							
IN	Medicaid/SCHIP/Family 82642	Dihydrotestosterone (DHT)	N							

IN	Medicaid/SCHIP/Family	82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s),	N	CG-LAB-11			None	None	None
IN	Medicaid/SCHIP/Family	82656	Doxepin	N						
IN	Medicaid/SCHIP/Family	82657	Enzyme Activity, Cells/Tissue Not Elsewhere Sp	N				None	None	None
IN	Medicaid/SCHIP/Family	82658	Enzyme Activity, Cells/Tissue Not Elsewhere Sp	N						
IN	Medicaid/SCHIP/Family	82664	Electrophoretic Technique, Not Elsewhere Spec	N						
IN	Medicaid/SCHIP/Family	82668	Erythropoietin	N						
IN	Medicaid/SCHIP/Family	82670	Estradiol	N						
IN	Medicaid/SCHIP/Family	82671	Estrogens; Fractionated	N						
IN	Medicaid/SCHIP/Family	82672	Estrogens; Total	N						
IN	Medicaid/SCHIP/Family	82677	Estriol	N						
IN	Medicaid/SCHIP/Family	82679	Estrone	N						
IN	Medicaid/SCHIP/Family	82681	Estradiol; free, direct measurement (eg, equilib	N						
IN	Medicaid/SCHIP/Family	82693	Ethylene Glycol	N						
IN	Medicaid/SCHIP/Family	82696	Etiocolanolone	N						
IN	Medicaid/SCHIP/Family	82705	Fat/Lipids, Feces; Qualitative	N						
IN	Medicaid/SCHIP/Family	82710	Fat/Lipids, Feces; Quantitative	N						
IN	Medicaid/SCHIP/Family	82715	Fat Differential, Feces, Quantitative	N						
IN	Medicaid/SCHIP/Family	82725	Fatty Acids, Nonesterified	N						
IN	Medicaid/SCHIP/Family	82726	Very Long Chain Fatty Acids	N						
IN	Medicaid/SCHIP/Family	82728	Ferritin	N				None	None	None
IN	Medicaid/SCHIP/Family	82731	Fetal Fibronectin, Cervicovaginal Secretions, Se	N						
IN	Medicaid/SCHIP/Family	82735	Fluoride	N						
IN	Medicaid/SCHIP/Family	82746	Folic Acid; Serum	N						
IN	Medicaid/SCHIP/Family	82747	Folic Acid; Rbc	N	CG-LAB-15			None	None	None
IN	Medicaid/SCHIP/Family	82757	Fructose, Semen	N						
IN	Medicaid/SCHIP/Family	82759	Galactokinase, Rbc	N						
IN	Medicaid/SCHIP/Family	82760	Galactose	N						
IN	Medicaid/SCHIP/Family	82775	Galactose-1-Phosphate Uridyl Transferase; Qua	N						
IN	Medicaid/SCHIP/Family	82776	Galactose-1-Phosphate Uridyl Transferase; Scre	N						
IN	Medicaid/SCHIP/Family	82777	Galectin-3	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	82784	Gammaglobulin (immunoglobulin); IgA, IgG, IgG	N				None	None	None
IN	Medicaid/SCHIP/Family	82785	Gammaglobulin (immunoglobulin); IgE	N						
IN	Medicaid/SCHIP/Family	82787	Gammaglobulin (immunoglobulin); immunoglob	N	LAB.00027			None	None	None
IN	Medicaid/SCHIP/Family	82800	Gases, Blood, Ph Only	N						
IN	Medicaid/SCHIP/Family	82803	Gases, Blood, Ph, Pco2, Po2, Co2, Hco3, (W/Cali	N						
IN	Medicaid/SCHIP/Family	82805	Gases, Blood, Ph, Pco2, Po2, Co2, Hco3; W/O2 S	N						
IN	Medicaid/SCHIP/Family	82810	Gases, Blood, O2 Sat Only, Direct Measure, Not	N						
IN	Medicaid/SCHIP/Family	82820	Hemoglobin-Oxygen Affinity (Po2, 50 Pct Hemo	N						
IN	Medicaid/SCHIP/Family	82930	Gastric acid analysis, includes pH if performed,	N						
IN	Medicaid/SCHIP/Family	82938	Gastrin After Secretin Stimulation	N						
IN	Medicaid/SCHIP/Family	82941	Gastrin	N						
IN	Medicaid/SCHIP/Family	82943	Glucagon	N						
IN	Medicaid/SCHIP/Family	82945	Glucose, Body Fluid, Other Than Blood	N						
IN	Medicaid/SCHIP/Family	82946	Glucagon Tolerance Test	N						
IN	Medicaid/SCHIP/Family	82947	Glucose; Quantitative, Blood (Except Reagent S	N						
IN	Medicaid/SCHIP/Family	82948	Glucose; Blood, Reagent Strip	N						
IN	Medicaid/SCHIP/Family	82950	Glucose; Post Glucose Dose (Includes Glucose)	N						
IN	Medicaid/SCHIP/Family	82951	Glucose; Tolerance Test (Gtt), 3 Specimens (Inc	N						
IN	Medicaid/SCHIP/Family	82952	Glucose; tolerance test, each additional beyon	N						
IN	Medicaid/SCHIP/Family	82955	Glucose-6-Phosphate Dehydrogenase (G6pd); C	N						
IN	Medicaid/SCHIP/Family	82960	Glucose-6-Phosphate Dehydrogenase (G6pd); S	N						
IN	Medicaid/SCHIP/Family	82962	Glucose, Blood, Glucose Monitoring Device(S) C	N						
IN	Medicaid/SCHIP/Family	82963	Glucosidase, Beta	N						
IN	Medicaid/SCHIP/Family	82965	Glutamate Dehydrogenase	N						
IN	Medicaid/SCHIP/Family	82977	Glutamyltransferase, Gamma (Ggt)	N						
IN	Medicaid/SCHIP/Family	82978	Glutathione	N						
IN	Medicaid/SCHIP/Family	82979	Glutathione Reductase, Rbc	N						
IN	Medicaid/SCHIP/Family	82985	Glycated Protein	N						
IN	Medicaid/SCHIP/Family	83001	Gonadotropin; Follicle Stimulating Hormone (Fs	N						

IN	Medicaid/SCHIP/Family 83002	Gonadotropin; Luteinizing Hormone (Lh)	N							
IN	Medicaid/SCHIP/Family 83003	Growth Hormone, Human (Hgh) (Somatotropin	N							
IN	Medicaid/SCHIP/Family 83006	Growth stimulation expressed gene 2 (ST2, Inte	N							
IN	Medicaid/SCHIP/Family 83009	Helicobacter Pylori, Blood Test Analysis For Ure	N							
IN	Medicaid/SCHIP/Family 83010	Haptoglobin; Quantitative	N							
IN	Medicaid/SCHIP/Family 83012	Haptoglobin; Phenotypes	N							
IN	Medicaid/SCHIP/Family 83013	H. Pylori; Analysis For Urease Activity, Non-Rad	N					None	None	None
IN	Medicaid/SCHIP/Family 83014	Breath Test, H. Pylori, Mass Spectrometry, Drug	N							
IN	Medicaid/SCHIP/Family 83015	Heavy metal (eg, arsenic, barium, beryllium, bis	N							
IN	Medicaid/SCHIP/Family 83018	Heavy metal (eg, arsenic, barium, beryllium, bis	N							
IN	Medicaid/SCHIP/Family 83020	Hemoglobin Fractionation & Quantitation; Elect	N					None	None	None
IN	Medicaid/SCHIP/Family 83021	Hemoglobin Fractionation & Quantitation; Chrc	N					None	None	None
IN	Medicaid/SCHIP/Family 83026	Hemoglobin; Copper Sulfate Method, Non-Autc	N							
IN	Medicaid/SCHIP/Family 83030	Hemoglobin; F (Fetal), Chemical	N							
IN	Medicaid/SCHIP/Family 83033	Hemoglobin; F Fetal), Qualitative	N							
IN	Medicaid/SCHIP/Family 83036	Hemoglobin; glycosylated (A1C)	N							
IN	Medicaid/SCHIP/Family 83037	Hemoglobin; glycosylated (A1C) by device clear	N							
IN	Medicaid/SCHIP/Family 83045	Hemoglobin; Methemoglobin, Qualitative	N							
IN	Medicaid/SCHIP/Family 83050	Hemoglobin; Methemoglobin, Quantitative	N							
IN	Medicaid/SCHIP/Family 83051	Hemoglobin; Plasma	N							
IN	Medicaid/SCHIP/Family 83060	Hemoglobin; Sulphemoglobin, Quantitative	N							
IN	Medicaid/SCHIP/Family 83065	Hemoglobin; Thermolabile	N							
IN	Medicaid/SCHIP/Family 83068	Hemoglobin; Unstable, Screen	N							
IN	Medicaid/SCHIP/Family 83069	Hemoglobin; Urine	N							
IN	Medicaid/SCHIP/Family 83070	Hemosiderin; Qualitative	N							
IN	Medicaid/SCHIP/Family 83080	B-Hexosaminidase, Each Assay	N					None	None	None
IN	Medicaid/SCHIP/Family 83088	Histamine	N							
IN	Medicaid/SCHIP/Family 83090	Homocysteine	N							
IN	Medicaid/SCHIP/Family 83150	Homovanillic Acid (Hva)	N							
IN	Medicaid/SCHIP/Family 83491	Hydroxycorticosteroids, 17- (17-Ohcs)	N							
IN	Medicaid/SCHIP/Family 83497	Hydroxyindolacetic Acid, 5-(Hiaa)	N							
IN	Medicaid/SCHIP/Family 83498	Hydroxyprogesterone, 17-D	N					None	None	None
IN	Medicaid/SCHIP/Family 83500	Hydroxyproline; Free	N							
IN	Medicaid/SCHIP/Family 83505	Hydroxyproline; Total	N							
IN	Medicaid/SCHIP/Family 83516	Immunoassay for analyte other than infectious	N	LAB.00027				None	None	None
IN	Medicaid/SCHIP/Family 83518	Immunoassay for analyte other than infectious	N							
IN	Medicaid/SCHIP/Family 83519	Immunoassay for analyte other than infectious	N	LAB.00033				None	None	None
IN	Medicaid/SCHIP/Family 83520	Immunoassay for analyte other than infectious	Y	GENE.00003, LAB.00011				None	None	None
IN	Medicaid/SCHIP/Family 83525	Insulin; Total	N							
IN	Medicaid/SCHIP/Family 83527	Insulin; Free	N							
IN	Medicaid/SCHIP/Family 83528	Intrinsic Factor	N							
IN	Medicaid/SCHIP/Family 83540	Iron	N					None	None	None
IN	Medicaid/SCHIP/Family 83550	Iron Binding Capacity	N					None	None	None
IN	Medicaid/SCHIP/Family 83570	Isocitric Dehydrogenase (ldh)	N							
IN	Medicaid/SCHIP/Family 83582	Ketogenic Steroids, Fractionation	N							
IN	Medicaid/SCHIP/Family 83586	Ketosteroids, 17- (17-Ks); Total	N							
IN	Medicaid/SCHIP/Family 83593	Ketosteroids, 17- (17-Ks); Fractionation	N							
IN	Medicaid/SCHIP/Family 83605	Lactate (Lactic Acid)	N							
IN	Medicaid/SCHIP/Family 83615	Lactate Dehydrogenase (Ld), (Ldh)	N							
IN	Medicaid/SCHIP/Family 83625	Lactate Dehydrogenase (Ld), (Ldh); Isoenzymes	N							
IN	Medicaid/SCHIP/Family 83630	Lactoferrin, fecal; qualitative	N							
IN	Medicaid/SCHIP/Family 83631	Lactoferrin, fecal; quantitative	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 83632	Lactogen, Human Placental (Hpl) Human Choric	N							
IN	Medicaid/SCHIP/Family 83633	Lactose, Urine; Qualitative	N							
IN	Medicaid/SCHIP/Family 83655	Lead	N	CG-BEH-01				None	None	None
IN	Medicaid/SCHIP/Family 83661	Fetal Lung Maturity Assessment; Lecithin Sphin	N							
IN	Medicaid/SCHIP/Family 83662	Fetal Lung Maturity Assessment; Foam Stability	N							
IN	Medicaid/SCHIP/Family 83663	Fetal Lung Maturity Assessment; Fluorescence	N							
IN	Medicaid/SCHIP/Family 83664	Fetal Lung Maturity Assessment; Lamellar Body	N							

IN	Medicaid/SCHIP/Family	83670	Leucine Aminopeptidase (Lap)	N						
IN	Medicaid/SCHIP/Family	83690	Lipase	N						
IN	Medicaid/SCHIP/Family	83695	Lipoprotein (a)	N	LAB.00031			None	None	None
IN	Medicaid/SCHIP/Family	83698	Lipoprotein-associated phospholipase A2, (Lp-P	N	LAB.00031			None	None	None
IN	Medicaid/SCHIP/Family	83700	Lipoprotein, blood; electrophoretic separation	N	LAB.00031			None	None	None
IN	Medicaid/SCHIP/Family	83701	Lipoprotein, blood; high resolution fractionation	N	LAB.00031			None	None	None
IN	Medicaid/SCHIP/Family	83704	Lipoprotein, blood; quantitation of lipoprotein	N	LAB.00031			None	None	None
IN	Medicaid/SCHIP/Family	83718	Lipoprotein, Direct Measurement; High Density	N						
IN	Medicaid/SCHIP/Family	83719	Lipoprotein, direct measurement; VLDL cholest	N						
IN	Medicaid/SCHIP/Family	83721	Lipoprotein, direct measurement; LDL cholest	N						
IN	Medicaid/SCHIP/Family	83722	Lipoprotein, direct measurement; small dense	N						
IN	Medicaid/SCHIP/Family	83727	Luteinizing Releasing Factor (Lrh)	N						
IN	Medicaid/SCHIP/Family	83735	Magnesium	N						
IN	Medicaid/SCHIP/Family	83775	Malate Dehydrogenase	N						
IN	Medicaid/SCHIP/Family	83785	Manganese	N						
IN	Medicaid/SCHIP/Family	83789	Mass/Tandem Spectrometry, Analyte Not Elsew	N				None	None	None
IN	Medicaid/SCHIP/Family	83825	Mercury, Quantitative	N						
IN	Medicaid/SCHIP/Family	83835	Metanephrines	N						
IN	Medicaid/SCHIP/Family	83857	Methemalbumin	N						
IN	Medicaid/SCHIP/Family	83861	Microfluidic analysis utilizing an integrated colle	N						
IN	Medicaid/SCHIP/Family	83864	Mucopolysaccharides, Acid; Quantitative	N						
IN	Medicaid/SCHIP/Family	83872	Mucin, Synovial Fluid (Ropes Test)	N						
IN	Medicaid/SCHIP/Family	83873	Myelin Basic Protein, Csf	N						
IN	Medicaid/SCHIP/Family	83874	Myoglobin	N						
IN	Medicaid/SCHIP/Family	83876	Myeloperoxidase (MPO)	N						
IN	Medicaid/SCHIP/Family	83880	Natriuretic Peptide	N						
IN	Medicaid/SCHIP/Family	83883	Nephelometry, Each Analyte Not Elsewhere Sp	N						
IN	Medicaid/SCHIP/Family	83885	Nickel	N						
IN	Medicaid/SCHIP/Family	83915	Nucleotidase 5-	N						
IN	Medicaid/SCHIP/Family	83916	Oligoclonal Immunoglobulin (Oligoclonal Bands	N						
IN	Medicaid/SCHIP/Family	83918	Organic Acids; Total, Quantitative, Each Specim	N						
IN	Medicaid/SCHIP/Family	83919	Organic Acids; Qualitative, Each Specimen	N						
IN	Medicaid/SCHIP/Family	83921	Organic Acid, Single, Quantitative	N				None	None	None
IN	Medicaid/SCHIP/Family	83930	Osmolality; Blood	N						
IN	Medicaid/SCHIP/Family	83935	Osmolality; Urine	N						
IN	Medicaid/SCHIP/Family	83937	Osteocalcin (Bone G1a Protein)	N						
IN	Medicaid/SCHIP/Family	83945	Oxalate	N						
IN	Medicaid/SCHIP/Family	83950	Oncoprotein; HER-2/neu	N				None	None	None
IN	Medicaid/SCHIP/Family	83951	Oncoprotein; des-gamma-carboxy-prothrombin	N						
IN	Medicaid/SCHIP/Family	83970	Parathormone (Parathyroid Hormone)	N						
IN	Medicaid/SCHIP/Family	83986	pH; body fluid, not otherwise specified	N						
IN	Medicaid/SCHIP/Family	83987	pH; exhaled breath condensate	N	MED.00126			None	None	None
IN	Medicaid/SCHIP/Family	83992	Phencyclidine (Pcp)	Y	CG-LAB-09			None	None	None
IN	Medicaid/SCHIP/Family	83993	Calprotectin, fecal	N						
IN	Medicaid/SCHIP/Family	84030	Phenylalanine (Pku), Blood	N						
IN	Medicaid/SCHIP/Family	84035	Phenylketones, Qualitative	N						
IN	Medicaid/SCHIP/Family	84060	Phosphatase, Acid; Total	N						
IN	Medicaid/SCHIP/Family	84066	Phosphatase, Acid; Prostatic	N						
IN	Medicaid/SCHIP/Family	84075	Phosphatase, Alkaline	N				None	None	None
IN	Medicaid/SCHIP/Family	84078	Phosphatase, Alkaline; Heat Stable (Total Not Ir	N						
IN	Medicaid/SCHIP/Family	84080	Phosphatase, Alkaline; Isoenzymes	N						
IN	Medicaid/SCHIP/Family	84081	Phosphatidylglycerol	N						
IN	Medicaid/SCHIP/Family	84085	Phosphogluconate, 6-, Dehydrogenase, Rbc	N						
IN	Medicaid/SCHIP/Family	84087	Phosphohexose Isomerase	N						
IN	Medicaid/SCHIP/Family	84100	Phosphorus Inorganic (Phosphate)	N						
IN	Medicaid/SCHIP/Family	84105	Phosphorus Inorganic (Phosphate); Urine	N						
IN	Medicaid/SCHIP/Family	84106	Porphobilinogen, Urine; Qualitative	N						
IN	Medicaid/SCHIP/Family	84110	Porphobilinogen, Urine; Quantitative	N						
IN	Medicaid/SCHIP/Family	84112	Evaluation of cervicovaginal fluid for specific arr	N	LAB.00029			None	None	None

IN	Medicaid/SCHIP/Family 84119	Porphyrins, Urine; Qualitative	N							
IN	Medicaid/SCHIP/Family 84120	Porphyrins, Urine; Quantitation & Fractionation	N							
IN	Medicaid/SCHIP/Family 84126	Porphyrins, Feces; Quantitative	N							
IN	Medicaid/SCHIP/Family 84132	Potassium; serum, plasma or whole blood	N							
IN	Medicaid/SCHIP/Family 84133	Potassium; Urine	N							
IN	Medicaid/SCHIP/Family 84134	Prealbumin	N							
IN	Medicaid/SCHIP/Family 84135	Pregnanediol	N							
IN	Medicaid/SCHIP/Family 84138	Pregnanetriol	N							
IN	Medicaid/SCHIP/Family 84140	Pregnenolone	N							
IN	Medicaid/SCHIP/Family 84143	17-Hydroxypregnenolone	N							
IN	Medicaid/SCHIP/Family 84144	Progesterone	N							
IN	Medicaid/SCHIP/Family 84145	Procalcitonin (PCT)	N							
IN	Medicaid/SCHIP/Family 84146	Prolactin	N							
IN	Medicaid/SCHIP/Family 84150	Prostaglandin, Each	N							
IN	Medicaid/SCHIP/Family 84152	Prostate Specific Antigen (Psa); Complexed (Dir	N							
IN	Medicaid/SCHIP/Family 84153	Prostate Specific Antigen (Psa); Total	N							
IN	Medicaid/SCHIP/Family 84154	Prostate Specific Antigen (Psa); Free	N							
IN	Medicaid/SCHIP/Family 84155	Protein, total, except by refractometry; serum,	N				None	None	None	
IN	Medicaid/SCHIP/Family 84156	Protein, Total, Except By Refractometry; Urine	N							
IN	Medicaid/SCHIP/Family 84157	Protein, Total, Except By Refractometry; Other	N							
IN	Medicaid/SCHIP/Family 84160	Protein; Refractometric	N							
IN	Medicaid/SCHIP/Family 84163	Pregnancy-Associated Plasma Protein-A (Papp-	N							
IN	Medicaid/SCHIP/Family 84165	Protein; Electrophoretic Fractionation & Quanti	N							
IN	Medicaid/SCHIP/Family 84166	Protein; Electrophoretic Fractionation And Qua	N							
IN	Medicaid/SCHIP/Family 84181	Protein; Western Blot, W/Interpretation & Rep	N				None	None	None	
IN	Medicaid/SCHIP/Family 84182	Protein; Western Blot, W/Interpretation & Rep	N				None	None	None	
IN	Medicaid/SCHIP/Family 84202	Protoporphyrin, Rbc; Quantitative	N							
IN	Medicaid/SCHIP/Family 84203	Protoporphyrin, Rbc; Screen	N							
IN	Medicaid/SCHIP/Family 84206	Proinsulin	N							
IN	Medicaid/SCHIP/Family 84207	Pyridoxal Phosphate (Vitamin B-6)	N							
IN	Medicaid/SCHIP/Family 84210	Pyruvate	N							
IN	Medicaid/SCHIP/Family 84220	Pyruvate Kinase	N							
IN	Medicaid/SCHIP/Family 84228	Quinine	N							
IN	Medicaid/SCHIP/Family 84233	Receptor Assay; Estrogen	N							
IN	Medicaid/SCHIP/Family 84234	Receptor Assay; Progesterone	N							
IN	Medicaid/SCHIP/Family 84235	Receptor Assay; Endocrine, Other Than Estroge	N							
IN	Medicaid/SCHIP/Family 84238	Receptor assay; non-endocrine (specify receptc	N							
IN	Medicaid/SCHIP/Family 84244	Renin	N							
IN	Medicaid/SCHIP/Family 84252	Riboflavin (Vitamin B-2)	N							
IN	Medicaid/SCHIP/Family 84255	Selenium	N							
IN	Medicaid/SCHIP/Family 84260	Serotonin	N							
IN	Medicaid/SCHIP/Family 84270	Sex Hormone Binding Globulin (Shbg)	N							
IN	Medicaid/SCHIP/Family 84275	Sialic Acid	N							
IN	Medicaid/SCHIP/Family 84285	Silica	N							
IN	Medicaid/SCHIP/Family 84295	Sodium; serum, plasma or whole blood	N							
IN	Medicaid/SCHIP/Family 84300	Sodium; Urine	N							
IN	Medicaid/SCHIP/Family 84302	Sodium; Other Source	N							
IN	Medicaid/SCHIP/Family 84305	Somatomedin	N							
IN	Medicaid/SCHIP/Family 84307	Somatostatin	N							
IN	Medicaid/SCHIP/Family 84311	Spectrophotometry, Analyte Not Elsewhere Spe	N							
IN	Medicaid/SCHIP/Family 84315	Specific Gravity (Except Urine)	N							
IN	Medicaid/SCHIP/Family 84375	Sugars, Chromatographic, Tlc/Paper Chromatog	N							
IN	Medicaid/SCHIP/Family 84376	Sugars (Mono, Di, & Oligosaccharides); Single Q	N							
IN	Medicaid/SCHIP/Family 84377	Sugars (Mono, Di, & Oligosaccharides); Multiple	N							
IN	Medicaid/SCHIP/Family 84378	Sugars (Mono, Di, & Oligosaccharides); Single Q	N							
IN	Medicaid/SCHIP/Family 84379	Sugars (Mono, Di, & Oligosaccharides); Multiple	N							
IN	Medicaid/SCHIP/Family 84392	Sulfate, Urine	N							
IN	Medicaid/SCHIP/Family 84402	Testosterone; Free	N							
IN	Medicaid/SCHIP/Family 84403	Testosterone; Total	N							

IN	Medicaid/SCHIP/Family 85018	Blood Count; Hemoglobin	N							
IN	Medicaid/SCHIP/Family 85025	Blood Count; Complete Cbc, Automated (Hgb, H	N	CG-MED-61			None	None	None	
IN	Medicaid/SCHIP/Family 85027	Blood Count; Complete Cbc, Automated (Hgb, H	N	CG-MED-61			None	None	None	
IN	Medicaid/SCHIP/Family 85032	Blood Count; Manual Cell (Erythrocyte, Leukocy	N							
IN	Medicaid/SCHIP/Family 85041	Blood Count; Red Blood Cell (Rbc), Automated	N							
IN	Medicaid/SCHIP/Family 85044	Blood Count; Reticulocyte, Manual	N							
IN	Medicaid/SCHIP/Family 85045	Blood Count; Reticulocyte, Automated	N							
IN	Medicaid/SCHIP/Family 85046	Blood count; reticulocytes, automated, includin	N							
IN	Medicaid/SCHIP/Family 85048	Blood Count; Leukocyte (Wbc), Automated	N							
IN	Medicaid/SCHIP/Family 85049	Blood Count; Platelet, Automated	N							
IN	Medicaid/SCHIP/Family 85055	Reticulated Platelet Assay	N							
IN	Medicaid/SCHIP/Family 85060	Blood Smear, Peripheral, Interpretation, Physi	N							
IN	Medicaid/SCHIP/Family 85097	Bone Marrow, Smear Interpretation	N							
IN	Medicaid/SCHIP/Family 85130	Chromogenic Substrate Assay	N							
IN	Medicaid/SCHIP/Family 85170	Clot Retraction	N							
IN	Medicaid/SCHIP/Family 85175	Clot Lysis Time, Whole Blood Dilution	N							
IN	Medicaid/SCHIP/Family 85210	Clotting; Factor Ii, Prothrombin, Specific	N							
IN	Medicaid/SCHIP/Family 85220	Clotting; Factor V (Acg/Proaccelerin), Labile Fac	N							
IN	Medicaid/SCHIP/Family 85230	Clotting; Factor Vii (Proconvertin, Stable Factor	N							
IN	Medicaid/SCHIP/Family 85240	Clotting; Factor Viii (Ahg), One Stage	N				None	None	None	
IN	Medicaid/SCHIP/Family 85244	Clotting; Factor Viii Related Antigen	N							
IN	Medicaid/SCHIP/Family 85245	Clotting; Factor Viii, Vw Factor, Ristocetin Cofac	N							
IN	Medicaid/SCHIP/Family 85246	Clotting; Factor Viii, Vw Factor Antigen	N							
IN	Medicaid/SCHIP/Family 85247	Clotting; Factor Viii, Vw Factor, Multimetric Ana	N							
IN	Medicaid/SCHIP/Family 85250	Clotting; Factor Ix (Ptc/Christmas)	N				None	None	None	
IN	Medicaid/SCHIP/Family 85260	Clotting; Factor X (Stuart-Prower)	N							
IN	Medicaid/SCHIP/Family 85270	Clotting; Factor Xi (Pta)	N							
IN	Medicaid/SCHIP/Family 85280	Clotting; Factor Xii (Hageman)	N							
IN	Medicaid/SCHIP/Family 85290	Clotting; Factor Xiii (Fibrin Stabilizing)	N				None	None	None	
IN	Medicaid/SCHIP/Family 85291	Clotting; Factor Xiii (Fibrin Stabilizing), Screen S	N				None	None	None	
IN	Medicaid/SCHIP/Family 85292	Clotting; Prekallikrein Assay (Fletcher Factor As	N							
IN	Medicaid/SCHIP/Family 85293	Clotting; High Molecular Wt Kininogen Assay (F	N							
IN	Medicaid/SCHIP/Family 85300	Clotting Inhibitors/Anticoagulants; Antithrombi	N							
IN	Medicaid/SCHIP/Family 85301	Clotting Inhibitors/Anticoagulants; Antithrombi	N							
IN	Medicaid/SCHIP/Family 85302	Clotting Inhibitors/Anticoagulants; Protein C, Ai	N							
IN	Medicaid/SCHIP/Family 85303	Clotting Inhibitors/Anticoagulants; Protein C, Ai	N							
IN	Medicaid/SCHIP/Family 85305	Clotting Inhibitors/Anticoagulants; Protein S, Tc	N							
IN	Medicaid/SCHIP/Family 85306	Clotting Inhibitors/Anticoagulants; Protein S, Fr	N							
IN	Medicaid/SCHIP/Family 85307	Activated Protein C (Apc) Resistance Assay	N							
IN	Medicaid/SCHIP/Family 85335	Factor Inhibitor Test	N							
IN	Medicaid/SCHIP/Family 85337	Thrombomodulin	N							
IN	Medicaid/SCHIP/Family 85345	Coagulation Time; Lee & White	N							
IN	Medicaid/SCHIP/Family 85347	Coagulation Time; Activated	N							
IN	Medicaid/SCHIP/Family 85348	Coagulation Time; Other Methods	N							
IN	Medicaid/SCHIP/Family 85360	Euglobulin Lysis	N							
IN	Medicaid/SCHIP/Family 85362	Fibrin(Ogen) Degradation (Split) Products (Fdp)	N							
IN	Medicaid/SCHIP/Family 85366	Fibrin(Ogen) Degradation (Split) Products (Fdp)	N							
IN	Medicaid/SCHIP/Family 85370	Fibrin(Ogen) Degradation (Split) Products (Fdp)	N							
IN	Medicaid/SCHIP/Family 85378	Fibrin Degradation Products, D-Dimer; Qualitati	N							
IN	Medicaid/SCHIP/Family 85379	Fibrin Degradation Products, D-Dimer; Quantita	N							
IN	Medicaid/SCHIP/Family 85380	Fibrin Degradation Products, D-Dimer; Ultrasen	N							
IN	Medicaid/SCHIP/Family 85384	Fibrinogen; Activity	N							
IN	Medicaid/SCHIP/Family 85385	Fibrinogen; Antigen	N							
IN	Medicaid/SCHIP/Family 85390	Fibrinolysins/Coagulopathy Screen, Interpretati	N							
IN	Medicaid/SCHIP/Family 85396	Coagulation/Fibrinolysis Assay, Whole Blood, In	N							
IN	Medicaid/SCHIP/Family 85397	Coagulation and fibrinolysis, functional activity,	N							
IN	Medicaid/SCHIP/Family 85400	Fibrinolytic Factors & Inhibitors; Plasmin	N							
IN	Medicaid/SCHIP/Family 85410	Fibrinolytic Factors & Inhibitors; Alpha-2 Antipl	N							
IN	Medicaid/SCHIP/Family 85415	Fibrinolytic Factors & Inhibitors; Plasminogen A	N							

IN	Medicaid/SCHIP/Family	85420	Fibrinolytic Factors & Inhibitors; Plasminogen, E	N							
IN	Medicaid/SCHIP/Family	85421	Fibrinolytic Factors & Inhibitors; Plasminogen, F	N							
IN	Medicaid/SCHIP/Family	85441	Heinz Bodies; Direct	N							
IN	Medicaid/SCHIP/Family	85445	Heinz Bodies; Induced, Acetyl Phenylhydrazine	N							
IN	Medicaid/SCHIP/Family	85460	Hemoglobin/Rbcs, Fetal, Fetomaternal Hemorrh	N							
IN	Medicaid/SCHIP/Family	85461	Hemoglobin/Rbcs, Fetal, Fetomaternal Hemorrh	N							
IN	Medicaid/SCHIP/Family	85475	Hemolysin, Acid	N							
IN	Medicaid/SCHIP/Family	85520	Heparin Assay	N							
IN	Medicaid/SCHIP/Family	85525	Heparin Neutralization	N							
IN	Medicaid/SCHIP/Family	85530	Heparin-Protamine Tolerance Test	N							
IN	Medicaid/SCHIP/Family	85536	Iron Stain Peripheral Blood	N							
IN	Medicaid/SCHIP/Family	85540	Leukocyte Alkaline Phosphatase W/Count	N							
IN	Medicaid/SCHIP/Family	85547	Mechanical Fragility, Rbc	N							
IN	Medicaid/SCHIP/Family	85549	Muramidase	N							
IN	Medicaid/SCHIP/Family	85555	Osmotic Fragility, Rbc; Unincubated	N							
IN	Medicaid/SCHIP/Family	85557	Osmotic Fragility, Rbc; Incubated	N							
IN	Medicaid/SCHIP/Family	85576	Platelet, Aggregation (In Vitro), Each Agent	N							
IN	Medicaid/SCHIP/Family	85597	Phospholipid neutralization; platelet	N							
IN	Medicaid/SCHIP/Family	85598	Phospholipid neutralization; hexagonal phospho	N							
IN	Medicaid/SCHIP/Family	85610	Prothrombin Time	N	CG-MED-61			None		None	None
IN	Medicaid/SCHIP/Family	85611	Prothrombin Time; Substitution, Plasma Fraction	N							
IN	Medicaid/SCHIP/Family	85612	Russell Viper Venom Time (Includes Venom); Un	N							
IN	Medicaid/SCHIP/Family	85613	Russell Viper Venom Time (Includes Venom); Di	N							
IN	Medicaid/SCHIP/Family	85635	Reptilase Test	N							
IN	Medicaid/SCHIP/Family	85651	Sedimentation Rate, Erythrocyte; Non-Automat	N							
IN	Medicaid/SCHIP/Family	85652	Sedimentation Rate, Erythrocyte; Automated	N							
IN	Medicaid/SCHIP/Family	85660	Sickling, Rbc, Reduction	N							
IN	Medicaid/SCHIP/Family	85670	Thrombin Time; Plasma	N							
IN	Medicaid/SCHIP/Family	85675	Thrombin Time; Titer	N							
IN	Medicaid/SCHIP/Family	85705	Thromboplastin Inhibition; Tissue	N							
IN	Medicaid/SCHIP/Family	85730	Thromboplastin Time, Partial (Ptt); Plasma/Wh	N	CG-MED-61			None		None	None
IN	Medicaid/SCHIP/Family	85732	Thromboplastin Time, Partial (Ptt); Substitution	N							
IN	Medicaid/SCHIP/Family	85810	Viscosity	N							
IN	Medicaid/SCHIP/Family	85999	Unlisted Hematology & Coagulation Proc	N							
IN	Medicaid/SCHIP/Family	86000	Agglutinins, Febrile, Each Antigen	N							
IN	Medicaid/SCHIP/Family	86001	Allergen Specific IgG Quantitative/Semiquantita	N	LAB.00027			None		None	None
IN	Medicaid/SCHIP/Family	86003	Allergen specific IgE; quantitative or semiquant	N							
IN	Medicaid/SCHIP/Family	86005	Allergen specific IgE; qualitative, multiallergen s	N							
IN	Medicaid/SCHIP/Family	86008	Allergen specific IgE; quantitative or semiquant	N							
IN	Medicaid/SCHIP/Family	86021	Antibody Identification; Leukocyte Antibodies	N							
IN	Medicaid/SCHIP/Family	86022	Antibody Identification; Platelet Antibodies	N							
IN	Medicaid/SCHIP/Family	86023	Antibody Identification; Platelet Associated Imr	N							
IN	Medicaid/SCHIP/Family	86038	Antinuclear Antibodies (Ana)	N							
IN	Medicaid/SCHIP/Family	86039	Antinuclear Antibodies (Ana); Titer	N							
IN	Medicaid/SCHIP/Family	86060	Antistreptolysin O; Titer	N							
IN	Medicaid/SCHIP/Family	86063	Antistreptolysin O; Screen	N							
IN	Medicaid/SCHIP/Family	86077	Blood Bank Physician Services; Difficult Cross M	N							
IN	Medicaid/SCHIP/Family	86078	Blood Bank Physician Services; Investigation, Tr	N							
IN	Medicaid/SCHIP/Family	86079	Blood Bank Physician Services; Authorization, D	N							
IN	Medicaid/SCHIP/Family	86140	C-Reactive Protein	N							
IN	Medicaid/SCHIP/Family	86141	C-Reactive Protein; High Sensitivity (Hscrp)	N							
IN	Medicaid/SCHIP/Family	86146	Beta 2 Glycoprotein I Antibody, Ea	N							
IN	Medicaid/SCHIP/Family	86147	Cardiolipin (Phospholipid) Antibody, Ea Ig Class	N							
IN	Medicaid/SCHIP/Family	86148	Anti-Phosphatidylserine (Phospholipid) Antibod	N							
IN	Medicaid/SCHIP/Family	86152	Cell enumeration using immunologic selection i	X	LAB.00015			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	86153	Cell enumeration using immunologic selection i	X	LAB.00015			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	86155	Chemotaxis Assay, Specify Method	N							
IN	Medicaid/SCHIP/Family	86156	Cold Agglutinin; Screen	N							
IN	Medicaid/SCHIP/Family	86157	Cold Agglutinin; Titer	N							

IN	Medicaid/SCHIP/Family	86160	Complement; Antigen, Each Component	N							
IN	Medicaid/SCHIP/Family	86161	Complement; Functional Activity, Each Component	N							
IN	Medicaid/SCHIP/Family	86162	Complement; Total Hemolytic (Ch50)	N							
IN	Medicaid/SCHIP/Family	86171	Complement Fixation Tests, Each Antigen	N							
IN	Medicaid/SCHIP/Family	86200	Cyclic citrullinated peptide (CCP), antibody	N							
IN	Medicaid/SCHIP/Family	86215	Deoxyribonuclease, Antibody	N							
IN	Medicaid/SCHIP/Family	86225	Deoxyribonucleic Acid (Dna) Antibody; Native/Un	N							
IN	Medicaid/SCHIP/Family	86226	Deoxyribonucleic Acid (Dna) Antibody; Single Str	N							
IN	Medicaid/SCHIP/Family	86235	Extractable Nuclear Antigen, Antibody To, Any I	N							
IN	Medicaid/SCHIP/Family	86255	Fluorescent Noninfectious Agent Antibody; Screen	N	LAB.00011			None		None	None
IN	Medicaid/SCHIP/Family	86256	Fluorescent Noninfectious Agent Antibody; Titer	N	LAB.00011			None		None	None
IN	Medicaid/SCHIP/Family	86277	Growth Hormone, Human (Hgh), Antibody	N							
IN	Medicaid/SCHIP/Family	86280	Hemagglutination Inhibition Test (Hai)	N							
IN	Medicaid/SCHIP/Family	86294	Immunoassay For Tumor Antigen, Qualitative/Screen	N							
IN	Medicaid/SCHIP/Family	86300	Immunoassay, Tumor Antigen, Quantitative; Calcium	N				None		None	None
IN	Medicaid/SCHIP/Family	86301	Immunoassay, Tumor Antigen, Quantitative; Calcium	N				None		None	None
IN	Medicaid/SCHIP/Family	86304	Immunoassay, Tumor Antigen, Quantitative; Calcium	N							
IN	Medicaid/SCHIP/Family	86305	Human epididymis protein 4 (HE4)	N							
IN	Medicaid/SCHIP/Family	86308	Heterophile Antibodies; Screening	N							
IN	Medicaid/SCHIP/Family	86309	Heterophile Antibodies; Titer	N							
IN	Medicaid/SCHIP/Family	86310	Heterophile Antibodies; Titers After Absorption	N							
IN	Medicaid/SCHIP/Family	86316	Immunoassay, Tumor Antigen; Other Antigen, Calcium	N				None		None	None
IN	Medicaid/SCHIP/Family	86317	Immunoassay, Infectious Agent Antibody, Qualitative	N				None		None	None
IN	Medicaid/SCHIP/Family	86318	Immunoassay, Infectious Agent Antibody, Qualitative	N				None		None	None
IN	Medicaid/SCHIP/Family	86320	Immunelectrophoresis; Serum	N							
IN	Medicaid/SCHIP/Family	86325	Immunelectrophoresis; Other Fluids W/Concentrate	N							
IN	Medicaid/SCHIP/Family	86327	Immunelectrophoresis; Crossed (2-Dimension)	N							
IN	Medicaid/SCHIP/Family	86328	Immunoassay for infectious agent antibody (ies)	N							
IN	Medicaid/SCHIP/Family	86329	Immunodiffusion; Not Elsewhere Specified	N							
IN	Medicaid/SCHIP/Family	86331	Immunodiffusion; Gel Diffusion, Qualitative (Ouch	N							
IN	Medicaid/SCHIP/Family	86332	Immune Complex Assay	N							
IN	Medicaid/SCHIP/Family	86334	Immunofixation Electrophoresis	N							
IN	Medicaid/SCHIP/Family	86335	Immunoglob Typing (Gc Gm Inv),Ea	N							
IN	Medicaid/SCHIP/Family	86336	Inhibin A	N							
IN	Medicaid/SCHIP/Family	86337	Insulin Antibodies	N							
IN	Medicaid/SCHIP/Family	86340	Intrinsic Factor Antibodies	N							
IN	Medicaid/SCHIP/Family	86341	Islet Cell Antibody	N							
IN	Medicaid/SCHIP/Family	86343	Leukocyte Histamine Release Test (Lhr)	N	LAB.00027			None		None	None
IN	Medicaid/SCHIP/Family	86344	Leukocyte Phagocytosis	N							
IN	Medicaid/SCHIP/Family	86352	Cellular function assay involving stimulation (eg, N	N	LAB.00024			None		None	None
IN	Medicaid/SCHIP/Family	86353	Lymphocyte Transformation, Mitogen (Phyto)	N							
IN	Medicaid/SCHIP/Family	86355	B cells, total count	N							
IN	Medicaid/SCHIP/Family	86356	Mononuclear cell antigen, quantitative (eg, flo	N							
IN	Medicaid/SCHIP/Family	86357	Natural killer (NK) cells, total count	N							
IN	Medicaid/SCHIP/Family	86359	T Cells; Total Count	N							
IN	Medicaid/SCHIP/Family	86360	T Cells; Absolute Cd4 & Cd8 Count, W/Ratio	N							
IN	Medicaid/SCHIP/Family	86361	T Cells; Absolute Cd4 Count	N							
IN	Medicaid/SCHIP/Family	86367	Stem cells (ie, CD34), total count	N							
IN	Medicaid/SCHIP/Family	86376	Microsomal Antibodies, Each	N							
IN	Medicaid/SCHIP/Family	86382	Neutralization Test, Viral	N							
IN	Medicaid/SCHIP/Family	86384	Nitroblue Tetrazolium Dye Test (Ntd)	N							
IN	Medicaid/SCHIP/Family	86386	Nuclear Matrix Protein 22 (Nmp22), Qualitative	N							
IN	Medicaid/SCHIP/Family	86403	Particle Agglutination; Screen, Each Antibody	N							
IN	Medicaid/SCHIP/Family	86406	Particle Agglutination; Titer, Each Antibody	N							
IN	Medicaid/SCHIP/Family	86408	Neutralizing antibody, severe acute respiratory	N							
IN	Medicaid/SCHIP/Family	86409	Neutralizing antibody, severe acute respiratory	N							
IN	Medicaid/SCHIP/Family	86413	Severe acute respiratory syndrome coronavirus	N							
IN	Medicaid/SCHIP/Family	86430	Rheumatoid Factor; Qualitative	N							
IN	Medicaid/SCHIP/Family	86431	Rheumatoid Factor; Quantitative	N							

IN	Medicaid/SCHIP/Family	86480	Tuberculosis test, cell mediated immunity antig	N							
IN	Medicaid/SCHIP/Family	86481	Tuberculosis test, cell mediated immunity antig	N							
IN	Medicaid/SCHIP/Family	86485	Skin Test; Candida	N							
IN	Medicaid/SCHIP/Family	86486	Skin test; unlisted antigen, each	N							
IN	Medicaid/SCHIP/Family	86490	Skin Test; Coccidioidomycosis	N							
IN	Medicaid/SCHIP/Family	86510	Skin Test; Histoplasmosis	N							
IN	Medicaid/SCHIP/Family	86580	Skin Test; Tuberculosis, Intradermal	N							
IN	Medicaid/SCHIP/Family	86590	Streptokinase, Antibody	N							
IN	Medicaid/SCHIP/Family	86592	Syphilis test, non-treponemal antibody; qualitat	N							
IN	Medicaid/SCHIP/Family	86593	Syphilis test, non-treponemal antibody; quantita	N							
IN	Medicaid/SCHIP/Family	86602	Antibody; Actinomyces	N							
IN	Medicaid/SCHIP/Family	86603	Antibody; Adenovirus	N							
IN	Medicaid/SCHIP/Family	86606	Antibody; Aspergillus	N							
IN	Medicaid/SCHIP/Family	86609	Antibody; Bacterium, Not Elsewhere Specified	N							
IN	Medicaid/SCHIP/Family	86611	Antibody; Bartonella	N							
IN	Medicaid/SCHIP/Family	86612	Antibody; Blastomyces	N							
IN	Medicaid/SCHIP/Family	86615	Antibody; Bordetella	N							
IN	Medicaid/SCHIP/Family	86617	Antibody; Borrelia Burgdorferi (Lyme Disease) C	N							
IN	Medicaid/SCHIP/Family	86618	Antibody; Borrelia Burgdorferi (Lyme Disease)	N							
IN	Medicaid/SCHIP/Family	86619	Antibody; Borrelia (Relapsing Fever)	N							
IN	Medicaid/SCHIP/Family	86622	Antibody; Brucella	N							
IN	Medicaid/SCHIP/Family	86625	Antibody; Campylobacter	N							
IN	Medicaid/SCHIP/Family	86628	Antibody; Candida	N				None	None	None	
IN	Medicaid/SCHIP/Family	86631	Antibody; Chlamydia	N							
IN	Medicaid/SCHIP/Family	86632	Antibody; Chlamydia, Igm	N							
IN	Medicaid/SCHIP/Family	86635	Antibody; Coccidioides	N							
IN	Medicaid/SCHIP/Family	86638	Antibody; Coxiella Brunetii (Q Fever)	N							
IN	Medicaid/SCHIP/Family	86641	Antibody; Cryptococcus	N							
IN	Medicaid/SCHIP/Family	86644	Antibody; Cytomegalovirus (Cmv)	N				None	None	None	
IN	Medicaid/SCHIP/Family	86645	Antibody; Cytomegalovirus (Cmv), Igm	N				None	None	None	
IN	Medicaid/SCHIP/Family	86648	Antibody; Diphtheria	N							
IN	Medicaid/SCHIP/Family	86651	Antibody; Encephalitis, California (La Crosse)	N							
IN	Medicaid/SCHIP/Family	86652	Antibody; Encephalitis, Eastern Equine	N							
IN	Medicaid/SCHIP/Family	86653	Antibody; Encephalitis, St. Louis	N							
IN	Medicaid/SCHIP/Family	86654	Antibody; Encephalitis, Western Equine	N							
IN	Medicaid/SCHIP/Family	86658	Antibody; Enterovirus	N				None	None	None	
IN	Medicaid/SCHIP/Family	86663	Antibody; Epstein-Barr (Eb) Virus, Early Antigen	N				None	None	None	
IN	Medicaid/SCHIP/Family	86664	Antibody; Epstein-Barr (Eb) Virus, Nuclear Antig	N				None	None	None	
IN	Medicaid/SCHIP/Family	86665	Antibody; Epstein-Barr (Eb) Virus, Viral Capsid (	N				None	None	None	
IN	Medicaid/SCHIP/Family	86666	Antibody; Ehrlichia	N							
IN	Medicaid/SCHIP/Family	86668	Antibody; Francisella Tularensis	N							
IN	Medicaid/SCHIP/Family	86671	Antibody; Fungus, Not Elsewhere Specified	N							
IN	Medicaid/SCHIP/Family	86674	Antibody; Giardia Lamblia	N							
IN	Medicaid/SCHIP/Family	86677	Antibody; Helicobacter Pylori	N	LAB.00034			None	None	None	
IN	Medicaid/SCHIP/Family	86682	Antibody; Helminth, Not Elsewhere Specified	N							
IN	Medicaid/SCHIP/Family	86684	Antibody; Hemophilus Influenza	N							
IN	Medicaid/SCHIP/Family	86687	Antibody; Htlv-1	N							
IN	Medicaid/SCHIP/Family	86688	Antibody; Htlv-li	N							
IN	Medicaid/SCHIP/Family	86689	Antibody; Htlv/Hiv Antibody, Confirmatory Test	N							
IN	Medicaid/SCHIP/Family	86692	Antibody; Hepatitis, Delta Agent	N				None	None	None	
IN	Medicaid/SCHIP/Family	86694	Antibody; Herpes Simplex, Non-Specific Type Te	N							
IN	Medicaid/SCHIP/Family	86695	Antibody; Herpes Simplex, Type 1	N							
IN	Medicaid/SCHIP/Family	86696	Antibody; Herpes Simplex, Type 2	N							
IN	Medicaid/SCHIP/Family	86698	Antibody; Histoplasma	N							
IN	Medicaid/SCHIP/Family	86701	Antibody; Hiv-1	N				None	None	None	
IN	Medicaid/SCHIP/Family	86702	Antibody; Hiv-2	N				None	None	None	
IN	Medicaid/SCHIP/Family	86703	Antibody; HIV-1 and HIV-2, single result	N				None	None	None	
IN	Medicaid/SCHIP/Family	86704	Hepatitis B Core Antibody (Hbcab); Total	N							
IN	Medicaid/SCHIP/Family	86705	Hepatitis B Core Antibody (Hbcab); Igm Antiboc	N							

IN	Medicaid/SCHIP/Family 86706	Hepatitis B Surface Antibody (Hbsab)	N				None	None	None
IN	Medicaid/SCHIP/Family 86707	Hepatitis Be Antibody (Hbeab)	N				None	None	None
IN	Medicaid/SCHIP/Family 86708	Hepatitis A Antibody (Haab); Total	N						
IN	Medicaid/SCHIP/Family 86709	Hepatitis A Antibody (Haab); Igm Antibody	N						
IN	Medicaid/SCHIP/Family 86710	Antibody; Influenza Virus	N				None	None	None
IN	Medicaid/SCHIP/Family 86711	Antibody; JC (John Cunningham) virus	N						
IN	Medicaid/SCHIP/Family 86713	Antibody; Legionella	N						
IN	Medicaid/SCHIP/Family 86717	Antibody; Leishmania	N						
IN	Medicaid/SCHIP/Family 86720	Antibody; Leptospira	N						
IN	Medicaid/SCHIP/Family 86723	Antibody; Listeria Monocytogenes	N						
IN	Medicaid/SCHIP/Family 86727	Antibody; Lymphocytic Choriomeningitis	N						
IN	Medicaid/SCHIP/Family 86732	Antibody; Mucormycosis	N						
IN	Medicaid/SCHIP/Family 86735	Antibody; Mumps	N						
IN	Medicaid/SCHIP/Family 86738	Antibody; Mycoplasma	N						
IN	Medicaid/SCHIP/Family 86741	Antibody; Neisseria Meningitidis	N						
IN	Medicaid/SCHIP/Family 86744	Antibody; Nocardia	N						
IN	Medicaid/SCHIP/Family 86747	Antibody; Parvovirus	N						
IN	Medicaid/SCHIP/Family 86750	Antibody; Plasmodium (Malaria)	N						
IN	Medicaid/SCHIP/Family 86753	Antibody; Protozoa, Not Elsewhere Specified	N						
IN	Medicaid/SCHIP/Family 86756	Antibody; Respiratory Syncytial Virus	N						
IN	Medicaid/SCHIP/Family 86757	Antibody; Rickettsia	N						
IN	Medicaid/SCHIP/Family 86759	Antibody; Rotavirus	N						
IN	Medicaid/SCHIP/Family 86762	Antibody; Rubella	N						
IN	Medicaid/SCHIP/Family 86765	Antibody; Rubeola	N						
IN	Medicaid/SCHIP/Family 86768	Antibody; Salmonella	N						
IN	Medicaid/SCHIP/Family 86769	Antibody; severe acute respiratory syndrome c	N						
IN	Medicaid/SCHIP/Family 86771	Antibody; Shigella	N						
IN	Medicaid/SCHIP/Family 86774	Antibody; Tetanus	N						
IN	Medicaid/SCHIP/Family 86777	Antibody; Toxoplasma	N				None	None	None
IN	Medicaid/SCHIP/Family 86778	Antibody; Toxoplasma, Igm	N				None	None	None
IN	Medicaid/SCHIP/Family 86780	Antibody; Treponema pallidum	N						
IN	Medicaid/SCHIP/Family 86784	Antibody; Trichinella	N						
IN	Medicaid/SCHIP/Family 86787	Antibody; Varicella-Zoster	N				None	None	None
IN	Medicaid/SCHIP/Family 86788	Antibody; West Nile virus, IgM	N						
IN	Medicaid/SCHIP/Family 86789	Antibody; West Nile virus	N						
IN	Medicaid/SCHIP/Family 86790	Antibody; Virus, Not Elsewhere Specified	N						
IN	Medicaid/SCHIP/Family 86793	Antibody; Yersinia	N						
IN	Medicaid/SCHIP/Family 86794	Antibody; Zika virus, IgM	N	CG-LAB-10			None	None	None
IN	Medicaid/SCHIP/Family 86800	Thyroglobulin Antibody	N						
IN	Medicaid/SCHIP/Family 86803	Hepatitis C Antibody	N				None	None	None
IN	Medicaid/SCHIP/Family 86804	Hepatitis C Antibody; Confirmatory Test	N				None	None	None
IN	Medicaid/SCHIP/Family 86805	Lymphocytotoxicity Assay, Visual Crossmatch; \	N						
IN	Medicaid/SCHIP/Family 86806	Lymphocytotoxicity Assay, Visual Crossmatch; \	N						
IN	Medicaid/SCHIP/Family 86807	Serum Screening, Cytotoxic Percent Reactive Ai	N						
IN	Medicaid/SCHIP/Family 86808	Serum Screening, Cytotoxic Percent Reactive Ai	N						
IN	Medicaid/SCHIP/Family 86812	Hla Typing; A, B, Or C, Single Antigen	N						
IN	Medicaid/SCHIP/Family 86813	Hla Typing; A, B, Or C, Multiple Antigens	N						
IN	Medicaid/SCHIP/Family 86816	Hla Typing; Dr/Dq, Single Antigen	N						
IN	Medicaid/SCHIP/Family 86817	Hla Typing; Dr/Dq, Multiple Antigens	N						
IN	Medicaid/SCHIP/Family 86821	Hla Typing; Lymphocyte Culture, Mixed (Mlc)	N						
IN	Medicaid/SCHIP/Family 86825	Human leukocyte antigen (HLA) crossmatch, nc	N						
IN	Medicaid/SCHIP/Family 86826	Human leukocyte antigen (HLA) crossmatch, nc	N						
IN	Medicaid/SCHIP/Family 86828	Antibody to human leukocyte antigens (HLA), si	N						
IN	Medicaid/SCHIP/Family 86829	Antibody to human leukocyte antigens (HLA), si	N						
IN	Medicaid/SCHIP/Family 86830	Antibody to human leukocyte antigens (HLA), si	N						
IN	Medicaid/SCHIP/Family 86831	Antibody to human leukocyte antigens (HLA), si	N						
IN	Medicaid/SCHIP/Family 86832	Antibody to human leukocyte antigens (HLA), si	N						
IN	Medicaid/SCHIP/Family 86833	Antibody to human leukocyte antigens (HLA), si	N						
IN	Medicaid/SCHIP/Family 86834	Antibody to human leukocyte antigens (HLA), si	N						

IN	Medicaid/SCHIP/Family	86835	Antibody to human leukocyte antigens (HLA), s	N							
IN	Medicaid/SCHIP/Family	86849	Unlisted Immunology Proc	N		LAB.00003, LAB.00027			None	None	None
IN	Medicaid/SCHIP/Family	86850	Antibody Screen, Rbc, Each Serum Technique	N							
IN	Medicaid/SCHIP/Family	86860	Antibody Elution (Rbc), Each Elution	N							
IN	Medicaid/SCHIP/Family	86870	Antibody Identification, Rbc Antibodies, Each P	N							
IN	Medicaid/SCHIP/Family	86880	Antihuman Globulin Test (Coombs Test); Direct	N							
IN	Medicaid/SCHIP/Family	86885	Antihuman globulin test (Coombs test); indirect	N							
IN	Medicaid/SCHIP/Family	86886	Antihuman globulin test (Coombs test); indirect	N							
IN	Medicaid/SCHIP/Family	86890	Autologous Blood/Component, Collect/Process	N							
IN	Medicaid/SCHIP/Family	86891	Autologous Blood/Component, Collect/Process	N							
IN	Medicaid/SCHIP/Family	86900	Blood Typing; Abo	N							
IN	Medicaid/SCHIP/Family	86901	Blood Typing; Rh (D)	N							
IN	Medicaid/SCHIP/Family	86902	Blood typing; antigen testing of donor blood us	N							
IN	Medicaid/SCHIP/Family	86904	Blood Typing; Antigen Screening, Compatible U	N							
IN	Medicaid/SCHIP/Family	86905	Blood Typing; Rbc Antigens, Other Than Abo/Rh	N							
IN	Medicaid/SCHIP/Family	86906	Blood Typing; Rh Phenotyping, Complete	N							
IN	Medicaid/SCHIP/Family	86910	Blood Typing, Paternity Testing, Per Individual;	N							
IN	Medicaid/SCHIP/Family	86911	Blood Typing, Paternity Testing, Per Individual;	N							
IN	Medicaid/SCHIP/Family	86920	Compatibility Test Each Unit, Immediate Spin Te	N							
IN	Medicaid/SCHIP/Family	86921	Compatibility Test Each Unit; Incubation Techni	N							
IN	Medicaid/SCHIP/Family	86922	Compatibility Test Each Unit; Antiglobulin Techn	N							
IN	Medicaid/SCHIP/Family	86923	Compatibility test each unit; electronic	N							
IN	Medicaid/SCHIP/Family	86927	Fresh Frozen Plasma, Thawing, Each Unit	N							
IN	Medicaid/SCHIP/Family	86930	Frozen Blood, Each Unit; Freezing (W/Preparati	N							
IN	Medicaid/SCHIP/Family	86931	Frozen Blood, Each Unit; Thawing	N							
IN	Medicaid/SCHIP/Family	86932	Frozen Blood, Each Unit; Freezing (W/Preparati	N							
IN	Medicaid/SCHIP/Family	86940	Hemolysins & Agglutinins; Auto, Screen, Each	N							
IN	Medicaid/SCHIP/Family	86941	Hemolysins & Agglutinins; Incubated	N							
IN	Medicaid/SCHIP/Family	86945	Irradiation, Blood Product, Each Unit	N							
IN	Medicaid/SCHIP/Family	86950	Leukocyte Transfusion	N							
IN	Medicaid/SCHIP/Family	86960	Volume reduction of blood or blood product (eg	N							
IN	Medicaid/SCHIP/Family	86965	Pooling, Platelets/Other Blood Products	N							
IN	Medicaid/SCHIP/Family	86970	Pretreatment Rbc's, Antibody Detection/Id/Cor	N							
IN	Medicaid/SCHIP/Family	86971	Pretreatment Rbc's, Antibody Detection/Id/Cor	N							
IN	Medicaid/SCHIP/Family	86972	Pretreatment Rbc's, Antibody Detection/Id/Cor	N							
IN	Medicaid/SCHIP/Family	86975	Pretreatment, Serum, Use In Rbc Antibody Iden	N							
IN	Medicaid/SCHIP/Family	86976	Pretreatment, Serum, Use In Rbc Antibody Iden	N							
IN	Medicaid/SCHIP/Family	86977	Pretreatment, Serum, Use In Rbc Antibody Iden	N							
IN	Medicaid/SCHIP/Family	86978	Pretreatment Serum, Use In Rbc Antibody Iden	N							
IN	Medicaid/SCHIP/Family	86985	Splitting, Blood/Blood Products, Each Unit	N							
IN	Medicaid/SCHIP/Family	86999	Unlisted Transfusion Medicine Proc	N		CG-TRANS-03			None	None	None
IN	Medicaid/SCHIP/Family	87003	Animal Inoculation, Small Animal; W/Observati	N							
IN	Medicaid/SCHIP/Family	87015	Concentration (Any Type), For Infectious Agent;	N							
IN	Medicaid/SCHIP/Family	87040	Culture, Bacterial; Blood, W/Isolation & Presum	N							
IN	Medicaid/SCHIP/Family	87045	Culture, Bacterial; Feces W/Isolation & Prelimin	N							
IN	Medicaid/SCHIP/Family	87046	Culture, Bacterial; Stool, Addn'l Pathogens, Isol	N							
IN	Medicaid/SCHIP/Family	87070	Culture, Bacterial; Any Other Source Except Uri	N					None	None	None
IN	Medicaid/SCHIP/Family	87071	Culture, Bacterial; Quantit, Aerobic W/ Isolatr	N							
IN	Medicaid/SCHIP/Family	87073	Culture, Bacterial; Quantit, Anaerobic W/Isolatr	N							
IN	Medicaid/SCHIP/Family	87075	Culture, Bacterial; Any Source, Anaerobic W/isc	N							
IN	Medicaid/SCHIP/Family	87076	Culture, Bacterial; Anaerobic Isolate, Add'l Met	N							
IN	Medicaid/SCHIP/Family	87077	Culture, Bacterial; Aerobic Isolate, Add'l Metho	N					None	None	None
IN	Medicaid/SCHIP/Family	87081	Culture, Presumptive, Pathogenic Organisms, S	N					None	None	None
IN	Medicaid/SCHIP/Family	87084	Culture, Presumptive, Pathogenic Organisms, S	N							
IN	Medicaid/SCHIP/Family	87086	Culture, Bacterial; Quantitative Colony Count, L	N							
IN	Medicaid/SCHIP/Family	87088	Culture, bacterial; with isolation and presumpti	N							
IN	Medicaid/SCHIP/Family	87101	Culture, Fungi (Mold/Yeast) Isolation, W/Presur	N					None	None	None
IN	Medicaid/SCHIP/Family	87102	Culture, Fungi (Mold/Yeast) Isolation, W/Presur	N					None	None	None
IN	Medicaid/SCHIP/Family	87103	Culture, Fungi (Mold/Yeast) Isolation, W/Presur	N					None	None	None

IN	Medicaid/SCHIP/Family 87106	Culture, Fungi, Definitive Id, Each Organism; Ye	N					None	None	None
IN	Medicaid/SCHIP/Family 87107	Culture, Fungi, Definitive Id, Each Organism; M	N					None	None	None
IN	Medicaid/SCHIP/Family 87109	Culture, Mycoplasma, Any Source	N							
IN	Medicaid/SCHIP/Family 87110	Culture, Chlamydia, Any Source	N					None	None	None
IN	Medicaid/SCHIP/Family 87116	Culture, Tubercle/Acid-Fast Bacilli Any Source, \	N							
IN	Medicaid/SCHIP/Family 87118	Culture, Mycobacterial, Definitive Id, Ea Isolate	N							
IN	Medicaid/SCHIP/Family 87140	Culture, Typing; Immunofluorescent Method, E	N					None	None	None
IN	Medicaid/SCHIP/Family 87143	Culture, Typing; Gas Liquid Chromatography (G	N					None	None	None
IN	Medicaid/SCHIP/Family 87147	Culture, typing; immunologic method, other th	N							
IN	Medicaid/SCHIP/Family 87149	Culture, typing; identification by nucleic acid (D	N					None	None	None
IN	Medicaid/SCHIP/Family 87150	Culture, typing; identification by nucleic acid (D	N							
IN	Medicaid/SCHIP/Family 87152	Culture, Typing; Id By Pulse Field Gel Typing	N							
IN	Medicaid/SCHIP/Family 87153	Culture, typing; identification by nucleic acid se	N							
IN	Medicaid/SCHIP/Family 87158	Culture, Typing; Other Methods	N							
IN	Medicaid/SCHIP/Family 87164	Dark Field Exam, Any Source; W/Specimen Coll	N							
IN	Medicaid/SCHIP/Family 87166	Dark Field Exam, Any Source; W/O Collection	N							
IN	Medicaid/SCHIP/Family 87168	Macroscopic Exam; Arthropod	N							
IN	Medicaid/SCHIP/Family 87169	Macroscopic Exam; Parasite	N							
IN	Medicaid/SCHIP/Family 87172	Pinworm Exam	N							
IN	Medicaid/SCHIP/Family 87176	Homogenization, Tissue, For Culture	N							
IN	Medicaid/SCHIP/Family 87177	Ova & Parasites, Direct Smears, Concentration	N							
IN	Medicaid/SCHIP/Family 87181	Susceptibility Studies, Antimicrobial Agent; Aga	N					None	None	None
IN	Medicaid/SCHIP/Family 87184	Susceptibility Studies, Antimicrobial Agent; Disk	N					None	None	None
IN	Medicaid/SCHIP/Family 87185	Susceptibility Studies, Antimicrobial Agent; Enz	N							
IN	Medicaid/SCHIP/Family 87186	Susceptibility studies, antimicrobial agent; micr	N					None	None	None
IN	Medicaid/SCHIP/Family 87187	Susceptibility Studies, Antimicrob Agent; Micro	N							
IN	Medicaid/SCHIP/Family 87188	Susceptibility Studies, Antimicrob Agent; Macrc	N							
IN	Medicaid/SCHIP/Family 87190	Susceptibility Studies, Antimicrob Agent; Mycol	N							
IN	Medicaid/SCHIP/Family 87197	Serum bactericidal titer (Schlichter test)	N							
IN	Medicaid/SCHIP/Family 87205	Smear, Primary Source W/Interpretation; Gram	N							
IN	Medicaid/SCHIP/Family 87206	Smear, Prime Srce, W/Interp; Fluoresc &/Or Ac	N							
IN	Medicaid/SCHIP/Family 87207	Smear, primary source with interpretation; spei	N							
IN	Medicaid/SCHIP/Family 87209	Smear, primary source with interpretation; corr	N							
IN	Medicaid/SCHIP/Family 87210	Smear, Primary Source W/Interpretation; Wet f	N							
IN	Medicaid/SCHIP/Family 87220	Tissue Exam By Koh Slide Of Samples From Skin	N							
IN	Medicaid/SCHIP/Family 87230	Toxin/Antitoxin Assay, Tissue Culture	N							
IN	Medicaid/SCHIP/Family 87250	Virus Isolation; Inoculation Eggs/Small Animal, (	N							
IN	Medicaid/SCHIP/Family 87252	Virus Isolation; Tissue Culture Inoculation, Obs	N					None	None	None
IN	Medicaid/SCHIP/Family 87253	Virus isolation; tissue culture, additional studie	N					None	None	None
IN	Medicaid/SCHIP/Family 87254	Virus Isolation; Centrifuge Enhanced (Shell Vial)	N					None	None	None
IN	Medicaid/SCHIP/Family 87255	Virus Isolation; Id, Non-Immunologic Method, C	N							
IN	Medicaid/SCHIP/Family 87260	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87265	Infectious Agent Antigen Detection, Immunoflu	N							
IN	Medicaid/SCHIP/Family 87267	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87269	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87270	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87271	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87272	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87273	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87274	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87275	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87276	Infectious Agent Antigen Detection By Immuno	N					None	None	None
IN	Medicaid/SCHIP/Family 87278	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87279	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87280	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87281	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87283	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87285	Infectious Agent Antigen Detection By Immuno	N							
IN	Medicaid/SCHIP/Family 87290	Infectious Agent Antigen Detection By Immuno	N					None	None	None

IN	Medicaid/SCHIP/Family	87299	Infectious Agent Antigen Detection By Immuno	N								
IN	Medicaid/SCHIP/Family	87300	Immunofluorescent Technique, Polyvalent For I	N								
IN	Medicaid/SCHIP/Family	87301	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87305	Infectious agent antigen detection by enzyme ii	N								
IN	Medicaid/SCHIP/Family	87320	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87324	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87327	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87328	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87329	Infectious Agent Antigen Detection By Enzyme	N								
IN	Medicaid/SCHIP/Family	87332	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87335	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87336	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87337	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87338	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87339	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87340	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N					None		None	None
IN	Medicaid/SCHIP/Family	87341	Enzyme Immunoassay (Eia) Qualitat/Semiquan	N					None		None	None
IN	Medicaid/SCHIP/Family	87350	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N					None		None	None
IN	Medicaid/SCHIP/Family	87380	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87385	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87389	Infectious agent antigen detection by immunoe	N								
IN	Medicaid/SCHIP/Family	87390	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87391	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87400	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N					None		None	None
IN	Medicaid/SCHIP/Family	87420	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87425	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87426	Infectious agent antigen detection by immunoe	N								
IN	Medicaid/SCHIP/Family	87427	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87428	Infectious agent antigen detection by immunoe	N								
IN	Medicaid/SCHIP/Family	87430	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87449	Enzyme Immunoassay (Eia) Qualitative/Semiqu	N								
IN	Medicaid/SCHIP/Family	87451	Antign Detect, Enz Immunoassay; Multiple Step	N								
IN	Medicaid/SCHIP/Family	87471	Infectious Agent, Nucleic Acid (Dna/Rna); Barto	N								
IN	Medicaid/SCHIP/Family	87472	Infectious Agent, Nucleic Acid (Dna/Rna); Barto	N								
IN	Medicaid/SCHIP/Family	87475	Infectious Agent, Nucleic Acid (Dna/Rna); Borre	N								
IN	Medicaid/SCHIP/Family	87476	Infectious Agent, Nucleic Acid (Dna/Rna); Borre	N								
IN	Medicaid/SCHIP/Family	87480	Infectious Agent, Nucleic Acid (Dna/Rna); Candi	N					None		None	None
IN	Medicaid/SCHIP/Family	87481	Infectious Agent, Nucleic Acid (Dna/Rna); Candi	N					None		None	None
IN	Medicaid/SCHIP/Family	87482	Infectious Agent, Nucleic Acid (Dna/Rna); Candi	N					None		None	None
IN	Medicaid/SCHIP/Family	87483	Infectious agent detection by nucleic acid (DNA	N								
IN	Medicaid/SCHIP/Family	87485	Infectious Agent, Nucleic Acid (Dna/Rna); Chlan	N								
IN	Medicaid/SCHIP/Family	87486	Infectious Agent, Nucleic Acid (Dna/Rna); Chlan	N								
IN	Medicaid/SCHIP/Family	87487	Infectious Agent, Nucleic Acid (Dna/Rna); Chlan	N								
IN	Medicaid/SCHIP/Family	87490	Infectious Agent, Nucleic Acid (Dna/Rna); Chlan	N								
IN	Medicaid/SCHIP/Family	87491	Infectious Agent, Nucleic Acid (Dna/Rna); Chlan	N					None		None	None
IN	Medicaid/SCHIP/Family	87492	Infectious Agent, Nucleic Acid (Dna/Rna); Chlan	N								
IN	Medicaid/SCHIP/Family	87493	Infectious agent detection by nucleic acid (DNA	N								
IN	Medicaid/SCHIP/Family	87495	Infectious Agent, Nucleic Acid (Dna/Rna); Cytor	N								
IN	Medicaid/SCHIP/Family	87496	Infectious Agent, Nucleic Acid (Dna/Rna); Cytor	N					None		None	None
IN	Medicaid/SCHIP/Family	87497	Infectious Agent, Nucleic Acid (Dna/Rna); Cytor	N					None		None	None
IN	Medicaid/SCHIP/Family	87498	Infectious agent detection by nucleic acid (DNA	N					None		None	None
IN	Medicaid/SCHIP/Family	87500	Infectious agent detection by nucleic acid(DNA	N								
IN	Medicaid/SCHIP/Family	87501	Infectious agent detection by nucleic acid (DNA	N					None		None	None
IN	Medicaid/SCHIP/Family	87502	Infectious agent detection by nucleic acid (DNA	N					None		None	None
IN	Medicaid/SCHIP/Family	87503	Infectious agent detection by nucleic acid (DNA	N					None		None	None
IN	Medicaid/SCHIP/Family	87505	Infectious agent detection by nucleic acid (DNA	N								
IN	Medicaid/SCHIP/Family	87506	Infectious agent detection by nucleic acid (DNA	N								
IN	Medicaid/SCHIP/Family	87507	Infectious agent detection by nucleic acid (DNA	N								
IN	Medicaid/SCHIP/Family	87510	Infectious Agent, Nucleic Acid (Dna/Rna); Gardr	N					None		None	None

IN	Medicaid/SCHIP/Family	87662	Infectious agent detection by nucleic acid (DNA N	CG-LAB-10		None	None	None
IN	Medicaid/SCHIP/Family	87797	Infectious Agent, Nucleic Acid (Dna/Rna), Nos; I N			None	None	None
IN	Medicaid/SCHIP/Family	87798	Infectious Agent, Nucleic Acid (Dna/Rna), Nos; J N			None	None	None
IN	Medicaid/SCHIP/Family	87799	Infectious Agent, Nucleic Acid (Dna/Rna), Nos; K N			None	None	None
IN	Medicaid/SCHIP/Family	87800	Infectious Agent, Nucleic Acid (Dna/Rna), Multi N					
IN	Medicaid/SCHIP/Family	87801	Infectious Agent, Nucleic Acid (Dna/Rna), Multi N			None	None	None
IN	Medicaid/SCHIP/Family	87802	Infectious Agent, Immunoassay, Direct Observa N					
IN	Medicaid/SCHIP/Family	87803	Infectious Agent, Immunoassay, Direct Observa N					
IN	Medicaid/SCHIP/Family	87804	Infectious Agent, Immunoassay, Direct Observa N			None	None	None
IN	Medicaid/SCHIP/Family	87806	Infectious agent antigen detection by immunoa N					
IN	Medicaid/SCHIP/Family	87807	Infectious Agent Antigen Detection By Immuno N					
IN	Medicaid/SCHIP/Family	87808	Infectious agent antigen detection by immunoa N			None	None	None
IN	Medicaid/SCHIP/Family	87809	Infectious agent antigen detection by immunoa N					
IN	Medicaid/SCHIP/Family	87810	Infectious agent antigen detection by immunoa N					
IN	Medicaid/SCHIP/Family	87811	Infectious agent antigen detection by immunoa N					
IN	Medicaid/SCHIP/Family	87850	Infectious agent antigen detection by immunoa N					
IN	Medicaid/SCHIP/Family	87880	Infectious agent antigen detection by immunoa N			None	None	None
IN	Medicaid/SCHIP/Family	87899	Infectious Agent, Immunoassay, Direct Observa N					
IN	Medicaid/SCHIP/Family	87900	Infectious agent drug susceptibility phenotype. N			None	None	None
IN	Medicaid/SCHIP/Family	87901	Infectious agent genotype analysis by nucleic ai N			None	None	None
IN	Medicaid/SCHIP/Family	87902	Infectious Agent Genotype Analysis, Nucleic Ac N			None	None	None
IN	Medicaid/SCHIP/Family	87903	Infect Agnt Phenotyp Analys (Dna/Rna) W/Drug N			None	None	None
IN	Medicaid/SCHIP/Family	87904	Infectious agent phenotype analysis by nucleic. N			None	None	None
IN	Medicaid/SCHIP/Family	87905	Infectious agent enzymatic activity other than v N					
IN	Medicaid/SCHIP/Family	87906	Infectious agent genotype analysis by nucleic ai N			None	None	None
IN	Medicaid/SCHIP/Family	87910	Infectious agent genotype analysis by nucleic ai N			None	None	None
IN	Medicaid/SCHIP/Family	87912	Infectious agent genotype analysis by nucleic ai N			None	None	None
IN	Medicaid/SCHIP/Family	87999	Unlisted Microbiology Proc	CG-LAB-03, LAB.00003, GENE.00053		None	None	None
IN	Medicaid/SCHIP/Family	88000	Necropsy (Autopsy), Gross Exam Only; W/O Cn: X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88005	Necropsy (Autopsy), Gross Exam Only; W/Brain X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88007	Necropsy (Autopsy), Gross Exam Only; W/Brain X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88012	Necropsy (Autopsy), Gross Exam Only; Infant W X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88014	Necropsy (Autopsy), Gross Exam Only; Stillborn X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88016	Necropsy (Autopsy), Gross Exam Only; Macerat X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88020	Necropsy (Autopsy), Gross & Microscopic; W/O X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88025	Necropsy (Autopsy), Gross & Microscopic; W/B X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88027	Necropsy (Autopsy), Gross & Microscopic; W/B X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88028	Necropsy (Autopsy), Gross & Microscopic; Infar X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88029	Necropsy (Autopsy), Gross & Microscopic; Stillb X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88036	Necropsy (Autopsy), Limited, Gross &/Or Micro X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88037	Necropsy (Autopsy), Limited, Gross &/Or Micro X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88040	Necropsy (Autopsy); Forensic Exam	X		Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88045	Necropsy (Autopsy); Coroner's Call	X		Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88099	Unlisted Necropsy (Autopsy) Proc	X		Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	88104	Cytopathology Except Cervical/Vaginal; Smears N	CG-LAB-12		None	None	None
IN	Medicaid/SCHIP/Family	88106	Cytopathology, fluids, washings or brushings, e: N					
IN	Medicaid/SCHIP/Family	88108	Cytopathology, Concentration Technique, Smea: N					
IN	Medicaid/SCHIP/Family	88112	Cytopathology, Selective Cellular Enhancement N					
IN	Medicaid/SCHIP/Family	88120	Cytopathology, in situ hybridization (eg, FISH), i N			None	None	None
IN	Medicaid/SCHIP/Family	88121	Cytopathology, in situ hybridization (eg, FISH), i N			None	None	None
IN	Medicaid/SCHIP/Family	88125	Cytopathology, Forensic					
IN	Medicaid/SCHIP/Family	88130	Sex Chromatin Identification; Barr Bodies	N				
IN	Medicaid/SCHIP/Family	88140	Sex Chromatin Identification; Peripheral Blood ; N					
IN	Medicaid/SCHIP/Family	88141	Cytopathology, cervical or vaginal (any reportin N	CG-MED-53		None	None	None
IN	Medicaid/SCHIP/Family	88142	Cytopathology, Cervical/Vaginal, Preservative F N	CG-MED-53		None	None	None
IN	Medicaid/SCHIP/Family	88143	Cytopathology, Cervical/Vaginal, Preservative F N	CG-MED-53		None	None	None
IN	Medicaid/SCHIP/Family	88147	Cytopathology, Cervical/Vaginal; Automated Sc N	CG-MED-53		None	None	None
IN	Medicaid/SCHIP/Family	88148	Cytopathology, Cervical/Vaginal; Automated Sc N	CG-MED-53		None	None	None
IN	Medicaid/SCHIP/Family	88150	Cytopathology, Slides, Cervical/Vaginal; Manua N	CG-MED-53		None	None	None

IN	Medicaid/SCHIP/Family 88152	Cytopathology, Slides, Cervical/Vaginal; Manua	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88153	Cytopathology, Slides, Cervical/Vaginal; Manua	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88155	Cytopathology, slides, cervical or vaginal, defini	N				None	None	None
IN	Medicaid/SCHIP/Family 88160	Cytopathology, Smears, Other Source; Screenin	N						
IN	Medicaid/SCHIP/Family 88161	Cytopathology, Smears, Other Source; Preparat	N						
IN	Medicaid/SCHIP/Family 88162	Cytopathology, Smears, Other Source; Extende	N						
IN	Medicaid/SCHIP/Family 88164	Cytopathology, Slides, Cervical/Vaginal, Bethesi	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88165	Cytopathology, Slides, Cervical/Vaginal, Bethesi	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88166	Cytopathology, Slides, Cervical/Vaginal, Bethesi	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88167	Cytopathology, Slides, Cervical/Vaginal, Bethesi	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88172	Cytopathology, evaluation of fine needle aspira	N						
IN	Medicaid/SCHIP/Family 88173	Cytopathology, Eval Fine Needle Aspirate; Inter	N						
IN	Medicaid/SCHIP/Family 88174	Cytopathology, Cervical/Vaginal, Auto Thin Laye	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88175	Cytopathology, cervical or vaginal (any reportin	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family 88177	Cytopathology, evaluation of fine needle aspira	N						
IN	Medicaid/SCHIP/Family 88182	Flow cytometry, cell cycle or DNA analysis	N						
IN	Medicaid/SCHIP/Family 88184	Flow Cytometry, Cell Surface, Cytoplasmic, Or	N						
IN	Medicaid/SCHIP/Family 88185	Flow Cytometry, Cell Surface, Cytoplasmic, Or	N						
IN	Medicaid/SCHIP/Family 88187	Flow Cytometry, Interpretation; 2 To 8 Markers	N						
IN	Medicaid/SCHIP/Family 88188	Flow Cytometry, Interpretation; 9 To 15 Marke	N						
IN	Medicaid/SCHIP/Family 88189	Flow Cytometry, Interpretation; 16 Or More Ma	N						
IN	Medicaid/SCHIP/Family 88199	Unlisted Cytopathology Proc	N						
IN	Medicaid/SCHIP/Family 88230	Tissue Culture, Non-Neoplastic Disorders; Lymph	N				None	None	None
IN	Medicaid/SCHIP/Family 88233	Tissue Culture, Non-Neoplastic Disorders; Skin/	N						
IN	Medicaid/SCHIP/Family 88235	Tissue Culture, Non-Neoplastic Disorders; Amni	N				None	None	None
IN	Medicaid/SCHIP/Family 88237	Tissue Culture, Neoplastic Disorders; Bone Mar	N						
IN	Medicaid/SCHIP/Family 88239	Tissue Culture, Neoplastic Disorders; Solid Tum	N						
IN	Medicaid/SCHIP/Family 88240	Cryopreservation, Freezing & Storage, Cells, Ear	N						
IN	Medicaid/SCHIP/Family 88241	Thawing & Expansion, Frozen Cells, Each Aliquo	N						
IN	Medicaid/SCHIP/Family 88245	Chromosome Analysis, Breakage Syndromes; B;	N				None	None	None
IN	Medicaid/SCHIP/Family 88248	Chromosome Analysis, Breakage Syndromes; B;	N				None	None	None
IN	Medicaid/SCHIP/Family 88249	Chromosome Analysis, Breakage Syndromes; 1;	N				None	None	None
IN	Medicaid/SCHIP/Family 88261	Chromosome Analysis; Count 5 Cells, 1 Karyoty	N				None	None	None
IN	Medicaid/SCHIP/Family 88262	Chromosome Analysis; Count 15-20 Cells, 2 Kar	N				None	None	None
IN	Medicaid/SCHIP/Family 88263	Chromosome Analysis; Count 45 Cells, Mosaicis	N				None	None	None
IN	Medicaid/SCHIP/Family 88264	Chromosome Analysis; Analyze 20-25 Cells	N				None	None	None
IN	Medicaid/SCHIP/Family 88267	Chromosome Analysis Amniotic Fluid/Chorionic	N				None	None	None
IN	Medicaid/SCHIP/Family 88269	Chromosome Analysis In Situ, Amniotic Fluid Ce	N				None	None	None
IN	Medicaid/SCHIP/Family 88271	Molecular Cytogenetics; Dna Probe, Each	N		AIM		None	None	None
IN	Medicaid/SCHIP/Family 88272	Molecular Cytogenetics; Chromosomal In Situ F	N				None	None	None
IN	Medicaid/SCHIP/Family 88273	Molecular Cytogenetics; Chromosomal In Situ F	N				None	None	None
IN	Medicaid/SCHIP/Family 88274	Molecular Cytogenetics; Interphase In Situ Hyb	N				None	None	None
IN	Medicaid/SCHIP/Family 88275	Molecular Cytogenetics; Interphase In Situ Hyb	N		AIM		None	None	None
IN	Medicaid/SCHIP/Family 88280	Chromosome Analysis; Add'l Karyotypes, Each	N				None	None	None
IN	Medicaid/SCHIP/Family 88283	Chromosome Analysis; Add'l Specialized Bandin	N				None	None	None
IN	Medicaid/SCHIP/Family 88285	Chromosome Analysis; Add'l Cells Counted, Eac	N				None	None	None
IN	Medicaid/SCHIP/Family 88289	Chromosome Analysis; Add'l High Resolution St	N				None	None	None
IN	Medicaid/SCHIP/Family 88291	Cytogenetics & MOLECULAR Cytogenetics, Interp	N	GENE.00003, GENE.00007			None	None	None
IN	Medicaid/SCHIP/Family 88299	Unlisted Cytogenetic Study	N				None	None	None
IN	Medicaid/SCHIP/Family 88300	Level I - Surgical Pathology, Gross Exam Only	N						
IN	Medicaid/SCHIP/Family 88302	Level ii - Surgical Pathology, Gross & Microscop	N						
IN	Medicaid/SCHIP/Family 88304	Level iii - Surgical Pathology, Gross & Microscop	N						
IN	Medicaid/SCHIP/Family 88305	Level iv - Surgical Pathology, Gross & Microscop	N				None	None	None
IN	Medicaid/SCHIP/Family 88307	Level V - Surgical Pathology, Gross & Microscop	N						
IN	Medicaid/SCHIP/Family 88309	Level Vi - Surgical Pathology, Gross & Microscop	N						
IN	Medicaid/SCHIP/Family 88311	Decalcification Proc	N						
IN	Medicaid/SCHIP/Family 88312	Special stain including interpretation and report	N						
IN	Medicaid/SCHIP/Family 88313	Special stain including interpretation and report	N				None	None	None
IN	Medicaid/SCHIP/Family 88314	Special stain including interpretation and report	N						

IN	Medicaid/SCHIP/Family	88319	Special stain including interpretation and report	N								
IN	Medicaid/SCHIP/Family	88321	Consultation & Report, Referred Slides Prepared	N								
IN	Medicaid/SCHIP/Family	88323	Consultation & Report, Referred Matl Requiring	N								
IN	Medicaid/SCHIP/Family	88325	Consultation & Report, Referred Matl, Compre	N								
IN	Medicaid/SCHIP/Family	88329	Pathology Consultation During Surgery	N								
IN	Medicaid/SCHIP/Family	88331	Pathology Consultation During Surgery; First Tis	N								
IN	Medicaid/SCHIP/Family	88332	Pathology consultation during surgery; each ad	N								
IN	Medicaid/SCHIP/Family	88333	Pathology consultation during surgery; cytologi	N								
IN	Medicaid/SCHIP/Family	88334	Pathology consultation during surgery; cytologi	N								
IN	Medicaid/SCHIP/Family	88341	Immunohistochemistry or immunocytochemist	N					None		None	None
IN	Medicaid/SCHIP/Family	88342	Immunohistochemistry or immunocytochemist	N					None		None	None
IN	Medicaid/SCHIP/Family	88344	Immunohistochemistry or immunocytochemist	N					None		None	None
IN	Medicaid/SCHIP/Family	88346	Immunofluorescent Study, Each Antibody; Dire	N								
IN	Medicaid/SCHIP/Family	88348	Electron Microscopy; Dx	N								
IN	Medicaid/SCHIP/Family	88350	Immunofluorescence, per specimen; each addit	N								
IN	Medicaid/SCHIP/Family	88355	Morphometric Analysis; Skeletal Muscle	N								
IN	Medicaid/SCHIP/Family	88356	Morphometric Analysis; Nerve	N		CG-LAB-13			None		None	None
IN	Medicaid/SCHIP/Family	88358	Morphometric Analysis; Tumor	N					None		None	None
IN	Medicaid/SCHIP/Family	88360	Morphometric Analysis, Tumor Immunohistoch	N					None		None	None
IN	Medicaid/SCHIP/Family	88361	Morphometric Analysis; Tumor Immunohistoch	N					None		None	None
IN	Medicaid/SCHIP/Family	88362	Nerve Teasing Preparations	N								
IN	Medicaid/SCHIP/Family	88363	Examination and selection of retrieved archival	Y		CG-GENE-03, GENE.00025	AIM		None		None	None
IN	Medicaid/SCHIP/Family	88364	In situ hybridization (eg, FISH), per specimen; ei	N								
IN	Medicaid/SCHIP/Family	88365	Tissue In Situ Hybridization, Interpretation & Re	N			AIM		None		None	None
IN	Medicaid/SCHIP/Family	88366	In situ hybridization (eg, FISH), per specimen; ei	N					None		None	None
IN	Medicaid/SCHIP/Family	88367	Morphometric Analysis, In Situ Hybridization, (C	N					None		None	None
IN	Medicaid/SCHIP/Family	88368	Morphometric Analysis, In Situ Hybridization, (C	N					None		None	None
IN	Medicaid/SCHIP/Family	88369	Morphometric analysis, in situ hybridization (qu	N								
IN	Medicaid/SCHIP/Family	88371	Protein Analysis, Tissue, Western Blot, W/Inter	N					None		None	None
IN	Medicaid/SCHIP/Family	88372	Protein Analysis, Tissue, Western Blot, W/Inter	N					None		None	None
IN	Medicaid/SCHIP/Family	88373	Morphometric analysis, in situ hybridization (qu	N								
IN	Medicaid/SCHIP/Family	88374	Morphometric analysis, in situ hybridization (qu	N								
IN	Medicaid/SCHIP/Family	88375	Optical endomicroscopic image(s), interpretatic	X		MED.00077		Non covered but for pediatric me	None		None	None
IN	Medicaid/SCHIP/Family	88377	Morphometric analysis, in situ hybridization (qu	N								
IN	Medicaid/SCHIP/Family	88380	Microdissection (ie, sample preparation of micr	N								
IN	Medicaid/SCHIP/Family	88381	Microdissection (ie, sample preparation of micr	N								
IN	Medicaid/SCHIP/Family	88387	Macroscopic examination, dissection, and prep	N								
IN	Medicaid/SCHIP/Family	88388	Macroscopic examination, dissection, and prep	N								
IN	Medicaid/SCHIP/Family	88399	Unlisted Surgical Pathology Proc	N								
IN	Medicaid/SCHIP/Family	88720	Bilirubin, total, transcutaneous	N								
IN	Medicaid/SCHIP/Family	88738	Hemoglobin (Hgb), quantitative, transcutaneous	N								
IN	Medicaid/SCHIP/Family	88740	Hemoglobin, quantitative, transcutaneous, per	N								
IN	Medicaid/SCHIP/Family	88741	Hemoglobin, quantitative, transcutaneous, per	N								
IN	Medicaid/SCHIP/Family	88749	Unlisted in vivo (eg, transcutaneous) laboratory	N								
IN	Medicaid/SCHIP/Family	89049	Caffeine halothane contracture test (CHCT) for	N								
IN	Medicaid/SCHIP/Family	89050	Cell Count, Miscellaneous Body Fluids, Except B	N								
IN	Medicaid/SCHIP/Family	89051	Cell Count, Miscellaneous Body Fluids, Except B	N								
IN	Medicaid/SCHIP/Family	89055	Leukocyte Count, Fecal	N								
IN	Medicaid/SCHIP/Family	89060	Crystal identification by light microscopy with o	N								
IN	Medicaid/SCHIP/Family	89125	Fat Stain, Feces, Urine/Respiratory Secretions	N								
IN	Medicaid/SCHIP/Family	89160	Meat Fibers, Feces	N								
IN	Medicaid/SCHIP/Family	89190	Nasal Smear, Eosinophils	N								
IN	Medicaid/SCHIP/Family	89220	Sputum, Obtaining Specimen, Aerosol Induced	N								
IN	Medicaid/SCHIP/Family	89230	Sweat Collection By Iontophoresis	N								
IN	Medicaid/SCHIP/Family	89240	Unlisted Miscellaneous Pathology Test	N								
IN	Medicaid/SCHIP/Family	89250	Culture, Oocyte(S)	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	89251	Culture & Fertilization, Oocyte(S); W/Co-Cultur	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	89253	Assisted Embryo Hatching, Microtechniques (A	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	89254	Oocyte Identification, Follicular Fluid	X								Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family 89255	Preparation, Embryo, Transfer (Any Method)	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89257	Sperm Identification, Aspiration (Other Than Se	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89258	Cryopreservation; Embryo	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89259	Cryopreservation; Sperm	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89260	Sperm Isolation; Simple Prep, For Insemination,	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89261	Sperm Isolation; Complex Prep, For Inseminatic	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89264	Sperm Identification, Testis Tissue, Fresh/Cryo	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89268	Insemination of Oocytes	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89272	Extended Culture of Oocyte(s)/Embryo(s), 4-7 C	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89280	Assisted Oocyte Fertilization, Microtechnique; I	X		CG-SURG-35		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89281	Assisted Oocyte Fertilization, Microtechnique; C	X		CG-SURG-35		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89290	Biopsy, Oocyte Polar Body or Embryo Blastome	X		CG-GENE-06		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89291	Biopsy, Oocyte Polar Body or Embryo Blastome	X		CG-GENE-06		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89300	Semen Analysis; Presence &/Or Motility, Sperm	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89310	Semen Analysis; Motility & Count W/O Huhner	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89320	Semen analysis; volume, count, motility, and di	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89321	Semen analysis; sperm presence and motility o	N						
IN	Medicaid/SCHIP/Family 89322	Semen analysis; volume, count, motility, and di	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89325	Sperm Antibodies	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89329	Sperm Evaluation; Hamster Penetration Test	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89330	Sperm Evaluation; Cervical Mucus Penetration	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89331	Sperm evaluation, for retrograde ejaculation, ui	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89335	Cryopreservation, Reproductive Tissue, Testicul	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89337	Cryopreservation, mature oocyte(s)	X		CG-MED-66		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89342	Storage, (Per Year); Embryo(s)	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89343	Storage, (Per Year); Sperm/Semen	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89344	Storage, (Per Year); Reproductive Tissue, Testic	X		CG-MED-66		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89346	Storage, (Per Year); Oocyte	X		CG-MED-66		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89352	Thawing of Cryopreserved; Embryo(s)	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89353	Thawing of Cryopreserved; Sperm/Semen, Each	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 89354	Thawing of Cryopreserved; Reproductive Tissue X	X		CG-MED-66		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89356	Thawing of Cryopreserved; Oocytes, Each Aliqu	X		CG-MED-66		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 89398	Unlisted reproductive medicine laboratory proc	X		CG-MED-66		Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family 9001F	Aortic aneurysm less than 5.0 cm maximum dia	R						
IN	Medicaid/SCHIP/Family 9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diamet	R						
IN	Medicaid/SCHIP/Family 9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diamet	R						
IN	Medicaid/SCHIP/Family 9004F	Aortic aneurysm 6.0 cm or greater maximum di	R						
IN	Medicaid/SCHIP/Family 9005F	Asymptomatic carotid stenosis: no history of ar	R						
IN	Medicaid/SCHIP/Family 9006F	Symptomatic carotid stenosis: ipsilateral carotid	R						
IN	Medicaid/SCHIP/Family 9007F	Other carotid stenosis: Ipsilateral TIA or stroke	R						
IN	Medicaid/SCHIP/Family 90281	Immune Globulin (Ig), Human, Im Use	Y				ING-CC-0039, ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family 90283	Immune Globulin (Igiv), Human, Iv Use	Y				ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family 90284	Immune globulin (SCIg), human, for use in subc	Y				ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family 90287	Botulinum Antitoxin, Equine, Any Route	N						
IN	Medicaid/SCHIP/Family 90288	Botulism Immune Globulin, Human, Iv Use	N						
IN	Medicaid/SCHIP/Family 90291	Cytomegalovirus Immune Globulin (Cmv-Igiv), I	N						
IN	Medicaid/SCHIP/Family 90296	Diphtheria Antitoxin, Equine, Any Route	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 90371	Hepatitis B Immune Globulin (Hbig), Human, Im	N						
IN	Medicaid/SCHIP/Family 90375	Rabies Immune Globulin (Rig), Human, Im &/Or	N						
IN	Medicaid/SCHIP/Family 90376	Rabies Immune Globulin, Heat-Treated, Human	N						
IN	Medicaid/SCHIP/Family 90377	Rabies immune globulin, heat- and solvent/det	N						
IN	Medicaid/SCHIP/Family 90378	Respiratory syncytial virus, monoclonal antibod	X				Non covered but for pediatric me ING-CC-0007	None	None
IN	Medicaid/SCHIP/Family 90384	Rho(D) Immune Globulin (Rhig), Human, Full-Dc	N						
IN	Medicaid/SCHIP/Family 90385	Rho(D) Immune Globulin (Rhig), Human, Mini-D	N						
IN	Medicaid/SCHIP/Family 90386	Rho(D) Immune Globulin (Rhigiv), Human, Iv Us	N						
IN	Medicaid/SCHIP/Family 90389	Tetanus Immune Globulin (Tig), Human, Im Use	N						
IN	Medicaid/SCHIP/Family 90393	Vaccinia Immune Globulin, Human, Im Use	N						
IN	Medicaid/SCHIP/Family 90396	Varicella-Zoster Immune Globulin, Human, Im L	N						
IN	Medicaid/SCHIP/Family 90399	Unlisted Immune Globulin	N						

IN	Medicaid/SCHIP/Family	90460	Immunization administration through 18 years	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90461	Immunization administration through 18 years	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90471	Immunization administration (includes percuta	N					
IN	Medicaid/SCHIP/Family	90472	Immunization Administration; Each Add'l Single	N					
IN	Medicaid/SCHIP/Family	90473	Immunization Administration, Intranasal/Oral; :	N					
IN	Medicaid/SCHIP/Family	90474	Immunization Administration, Intranasal/Oral; I	N					
IN	Medicaid/SCHIP/Family	90476	Adenovirus vaccine, type 4, live, for oral use	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90477	Adenovirus vaccine, type 7, live, for oral use	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90581	Anthrax vaccine, for subcutaneous or intramus	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90585	Bacillus Calmette-Guerin vaccine (BCG) for tube	N					
IN	Medicaid/SCHIP/Family	90586	Bacillus Calmette-Guerin vaccine (BCG) for blad	N					
IN	Medicaid/SCHIP/Family	90587	Dengue vaccine, quadrivalent, live, 3 dose sche	N					
IN	Medicaid/SCHIP/Family	90619	Meningococcal conjugate vaccine, serogroups /	N					
IN	Medicaid/SCHIP/Family	90620	Meningococcal recombinant protein and outer	N					
IN	Medicaid/SCHIP/Family	90621	Meningococcal recombinant lipoprotein vaccini	N					
IN	Medicaid/SCHIP/Family	90625	Cholera vaccine, live, adult dosage, 1 dose sche	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90630	Influenza virus vaccine, quadrivalent (IIV4), spli	N					
IN	Medicaid/SCHIP/Family	90632	Hepatitis A vaccine (HepA), adult dosage, for in	N					
IN	Medicaid/SCHIP/Family	90633	Hepatitis A vaccine (HepA), pediatric/adolescen	N					
IN	Medicaid/SCHIP/Family	90634	Hepatitis A vaccine (HepA), pediatric/adolescen	N					
IN	Medicaid/SCHIP/Family	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB	N					
IN	Medicaid/SCHIP/Family	90644	Meningococcal conjugate vaccine, serogroups (	N					
IN	Medicaid/SCHIP/Family	90647	Haemophilus influenzae type b vaccine (Hib), PI	N					
IN	Medicaid/SCHIP/Family	90648	Haemophilus influenzae type b vaccine (Hib), PI	N					
IN	Medicaid/SCHIP/Family	90649	Human Papillomavirus vaccine, types 6, 11, 16,	N					
IN	Medicaid/SCHIP/Family	90650	Human Papillomavirus vaccine, types 16, 18, bi	N					
IN	Medicaid/SCHIP/Family	90651	Human Papillomavirus vaccine types 6, 11, 16, :	N					
IN	Medicaid/SCHIP/Family	90653	Influenza vaccine, inactivated (IIV), subunit, adj	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90654	Influenza virus vaccine, split virus, preservative	N					
IN	Medicaid/SCHIP/Family	90655	Influenza virus vaccine, trivalent (IIV3), split vir	N					
IN	Medicaid/SCHIP/Family	90656	Influenza virus vaccine, trivalent (IIV3), split vir	N					
IN	Medicaid/SCHIP/Family	90657	Influenza virus vaccine, trivalent (IIV3), split vir	N					
IN	Medicaid/SCHIP/Family	90658	Influenza virus vaccine, trivalent (IIV3), split vir	N					
IN	Medicaid/SCHIP/Family	90660	Influenza virus vaccine, trivalent, live (LAIV3), fc	N					
IN	Medicaid/SCHIP/Family	90661	Influenza virus vaccine, trivalent (cclIV3), derive	N					
IN	Medicaid/SCHIP/Family	90662	Influenza virus vaccine (IIV), split virus, preserv	N					
IN	Medicaid/SCHIP/Family	90664	Influenza virus vaccine, live (LAIV), pandemic fo	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90666	Influenza virus vaccine (IIV), pandemic formulat	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90667	Influenza virus vaccine (IIV), pandemic formulat	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90668	Influenza virus vaccine (IIV), pandemic formulat	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90670	Pneumococcal conjugate vaccine, 13 valent (PC	N					
IN	Medicaid/SCHIP/Family	90672	Influenza virus vaccine, quadrivalent, live (LAIV	N					
IN	Medicaid/SCHIP/Family	90673	Influenza virus vaccine, trivalent (RIV3), derived	N					
IN	Medicaid/SCHIP/Family	90674	Influenza virus vaccine, qualivalent (cclIV4), de	N					
IN	Medicaid/SCHIP/Family	90675	Rabies vaccine, for intramuscular use	N					
IN	Medicaid/SCHIP/Family	90676	Rabies vaccine, for intradermal use	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose sc	N					
IN	Medicaid/SCHIP/Family	90681	Rotavirus vaccine, human, attenuated (RV1), 2 :	N					
IN	Medicaid/SCHIP/Family	90682	Influenza virus vaccine, quadrivalent (RIV4), der	N					
IN	Medicaid/SCHIP/Family	90685	Influenza virus vaccine, quadrivalent (IIV4), spli	N					
IN	Medicaid/SCHIP/Family	90686	Influenza virus vaccine, quadrivalent (IIV4), spli	N					
IN	Medicaid/SCHIP/Family	90687	Influenza virus vaccine, quadrivalent (IIV4), spli	N					
IN	Medicaid/SCHIP/Family	90688	Influenza virus vaccine, quadrivalent (IIV4), spli	N					
IN	Medicaid/SCHIP/Family	90689	Influenza virus vaccine quadrivalent (IIV4), inac	N	ADMIN.0007		None	None	None
IN	Medicaid/SCHIP/Family	90690	Typhoid vaccine, live, oral	N					
IN	Medicaid/SCHIP/Family	90691	Typhoid vaccine, Vi capsular polysaccharide (Vi	N					
IN	Medicaid/SCHIP/Family	90694	Influenza virus vaccine, quadrivalent (allV4), in	N					
IN	Medicaid/SCHIP/Family	90696	Diphtheria, tetanus toxoids, acellular pertussis	N					
IN	Medicaid/SCHIP/Family	90697	Diphtheria, tetanus toxoids, acellular pertussis	X					Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family	90935	Hemodialysis procedure with single evaluation	N				None	None	None
IN	Medicaid/SCHIP/Family	90937	Hemodialysis, Repeated Eval, W/Wo Revision	D	N			None	None	None
IN	Medicaid/SCHIP/Family	90940	Hemodialysis access flow study to determine bl	N						
IN	Medicaid/SCHIP/Family	90945	Dialysis procedure other than hemodialysis (eg, N					None	None	None
IN	Medicaid/SCHIP/Family	90947	Dialysis procedure other than hemodialysis (eg, N					None	None	None
IN	Medicaid/SCHIP/Family	90951	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90952	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90953	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90954	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90955	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90956	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90957	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90958	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90959	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90960	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90961	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90962	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90963	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90964	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90965	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90966	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90967	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90968	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90969	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90970	End-stage renal disease (ESRD) related services	N						
IN	Medicaid/SCHIP/Family	90989	Dialysis Training, Patient, W/Helper Where App	N						
IN	Medicaid/SCHIP/Family	90993	Dialysis Training, Patient, W/Helper Where App	N						
IN	Medicaid/SCHIP/Family	90997	Hemoperfusion	N						
IN	Medicaid/SCHIP/Family	90999	Unlisted Dialysis Proc, Inpatient/Outpatient	N						
IN	Medicaid/SCHIP/Family	91010	Esophageal motility (manometric study of the e	N						
IN	Medicaid/SCHIP/Family	91013	Esophageal motility (manometric study of the e	N						
IN	Medicaid/SCHIP/Family	91020	Gastric Motility (Manometric) Studies	N						
IN	Medicaid/SCHIP/Family	91022	Duodenal motility (manometric) study	N						
IN	Medicaid/SCHIP/Family	91030	Esophagus, Acid Perfusion Test, Esophagitis	N						
IN	Medicaid/SCHIP/Family	91034	Esophagus, Gastroesophageal Reflux Test; W N	N		CG-MED-02		None	None	None
IN	Medicaid/SCHIP/Family	91035	Esophagus, Gastroesophageal Reflux Test; W N	N		CG-MED-02		None	None	None
IN	Medicaid/SCHIP/Family	91037	Esophageal Function Test, Gastroesophageal R	N						
IN	Medicaid/SCHIP/Family	91038	Esophageal Function Test, Gastroesophageal R	N		CG-MED-02		None	None	None
IN	Medicaid/SCHIP/Family	91040	Esophageal Balloon Distension Provocation Stu	N						
IN	Medicaid/SCHIP/Family	91065	Breath hydrogen or methane test (eg, for detec	N						
IN	Medicaid/SCHIP/Family	91110	Gastrointestinal tract imaging, intraluminal (eg, N			CG-MED-70		None	None	None
IN	Medicaid/SCHIP/Family	91111	Gastrointestinal tract imaging, intraluminal (eg, X			CG-MED-70	Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	91112	Gastrointestinal transit and pressure measurem	X		MED.00090	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	91117	Colon motility (manometric) study, minimum 6	N						
IN	Medicaid/SCHIP/Family	91120	Rectal Sensation, Tone, And Compliance Test (li	N						
IN	Medicaid/SCHIP/Family	91122	Anorectal Manometry	N						
IN	Medicaid/SCHIP/Family	91132	Electrogastrography, Diagnostic, Transcutaneou	N						
IN	Medicaid/SCHIP/Family	91133	Electrogastrography, Diagnostic, Transcutaneou	N						
IN	Medicaid/SCHIP/Family	91200	Liver elastography, mechanically induced shear	N						
IN	Medicaid/SCHIP/Family	91299	Unlisted Dx Gastroenterology Proc	N		CG-MED-70		None	None	None
IN	Medicaid/SCHIP/Family	91300	Severe acute respiratory syndrome coronavirus	N						
IN	Medicaid/SCHIP/Family	91301	Severe acute respiratory syndrome coronavirus	N						
IN	Medicaid/SCHIP/Family	91302	Severe acute respiratory syndrome coronavirus	N						
IN	Medicaid/SCHIP/Family	92002	Ophthalmological Medical Exam & Eval; Interm	N						
IN	Medicaid/SCHIP/Family	92004	Ophthalmological services: medical examinatio	N						
IN	Medicaid/SCHIP/Family	92012	Ophthalmological Medical Exam & Eval; Interm	N						
IN	Medicaid/SCHIP/Family	92014	Ophthalmological services: medical examinatio	N						
IN	Medicaid/SCHIP/Family	92015	Determination, Refractive State	N						
IN	Medicaid/SCHIP/Family	92018	Ophthalmological Exam & Eval, W/Anesthesia,	N				None	None	None

IN	Medicaid/SCHIP/Family	92019	Ophthalmological Exam & Eval, W/Anesthesia, 'N							
IN	Medicaid/SCHIP/Family	92020	Gonioscopy (Sep Proc)	N						
IN	Medicaid/SCHIP/Family	92025	Computerized corneal topography, unilateral or	N						
IN	Medicaid/SCHIP/Family	92060	Sensorimotor Exam W/Multiple Measurements	N						
IN	Medicaid/SCHIP/Family	92065	Orthoptic &/Or Pleoptic Training, W/Continuing	N						
IN	Medicaid/SCHIP/Family	92071	Fitting Of Contact Lens For Treatment Of Ocular	N						
IN	Medicaid/SCHIP/Family	92072	Fitting Of Contact Lens For Management Of Ker	N						
IN	Medicaid/SCHIP/Family	92081	Visual Field Exam, Unilat/Bilat W/Interpretation	N						
IN	Medicaid/SCHIP/Family	92082	Visual Field Exam, Unilat/Bilat W/Interpretation	N						
IN	Medicaid/SCHIP/Family	92083	Visual Field Exam, Unilat/Bilat W/Interpretation	N						
IN	Medicaid/SCHIP/Family	92100	Serial Tonometry (Sep Proc) Multiple Measure	N						
IN	Medicaid/SCHIP/Family	92132	Scanning computerized ophthalmic diagnostic i	N	MED.00095		None		None	None
IN	Medicaid/SCHIP/Family	92133	Scanning computerized ophthalmic diagnostic i	N						
IN	Medicaid/SCHIP/Family	92134	Scanning computerized ophthalmic diagnostic i	N						
IN	Medicaid/SCHIP/Family	92136	Ophthalmic Biometry By Partial Coherence Inte	N						
IN	Medicaid/SCHIP/Family	92145	Corneal hysteresis determination, by air impuls	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92201	Ophthalmoscopy, extended; with retinal drawin	N						
IN	Medicaid/SCHIP/Family	92202	Ophthalmoscopy, extended; with drawing of o	N						
IN	Medicaid/SCHIP/Family	92227	Remote imaging for detection of retinal disease	N	CG-MED-35		None		None	None
IN	Medicaid/SCHIP/Family	92228	Remote imaging for monitoring and managemen	N	CG-MED-35		None		None	None
IN	Medicaid/SCHIP/Family	92229	Imaging of retina for detection or monitoring of	N						
IN	Medicaid/SCHIP/Family	92230	Fluorescein Angioscopy W/Interpretation & Rej	N						
IN	Medicaid/SCHIP/Family	92235	Fluorescein angiography (includes multiframe i	N						
IN	Medicaid/SCHIP/Family	92240	Indocyanine-green angiography (includes multi	N						
IN	Medicaid/SCHIP/Family	92242	Fluorescein angiography and indocyanine-greer	N						
IN	Medicaid/SCHIP/Family	92250	Fundus Photography W/Interpretation & Repor	N	CG-MED-47		None		None	None
IN	Medicaid/SCHIP/Family	92260	Ophthalmodynamometry	N						
IN	Medicaid/SCHIP/Family	92265	Needle oculoelectromyography, 1 or more extr	N						
IN	Medicaid/SCHIP/Family	92270	Electro-Oculography W/Interpretation & Repor	N						
IN	Medicaid/SCHIP/Family	92273	Electroretinography (ERG), with interpretation	N						
IN	Medicaid/SCHIP/Family	92274	Electroretinography (ERG), with interpretation	N						
IN	Medicaid/SCHIP/Family	92283	Color Vision Exam, Extended	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92284	Dark Adaptation Exam W/Interpretation & Rep	N						
IN	Medicaid/SCHIP/Family	92285	Ext Ocular Photography W/Interpretation & Rej	N						
IN	Medicaid/SCHIP/Family	92286	Anterior segment imaging with interpretation a	N						
IN	Medicaid/SCHIP/Family	92287	Anterior segment imaging with interpretation a	N						
IN	Medicaid/SCHIP/Family	92310	Prescription/Fitting Contact Lens W/Medical Su	N						
IN	Medicaid/SCHIP/Family	92311	Prescription of optical and physical characterist	N						
IN	Medicaid/SCHIP/Family	92312	Prescription/Fitting Contact Lens W/Medical Su	N						
IN	Medicaid/SCHIP/Family	92313	Prescription/Fitting Contact Lens W/Medical Su	N						
IN	Medicaid/SCHIP/Family	92314	Prescription/Fitting Contact Lens W/Medical Su	N						
IN	Medicaid/SCHIP/Family	92315	Prescription of optical and physical characterist	N						
IN	Medicaid/SCHIP/Family	92316	Prescription/Fitting Contact Lens W/Medical Su	N						
IN	Medicaid/SCHIP/Family	92317	Prescription/Fitting Contact Lens W/Medical Su	N						
IN	Medicaid/SCHIP/Family	92325	Modification, Contact Lens (Sep Proc), W/Medici	N						
IN	Medicaid/SCHIP/Family	92326	Replacement, Contact Lens	N						
IN	Medicaid/SCHIP/Family	92340	Fitting, Spectacles, Except Aphakia; Monofocal	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92341	Fitting, Spectacles, Except Aphakia; Bifocal	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92342	Fitting, Spectacles, Except Aphakia; Multifocal,	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92352	Fitting, Spectacle Prosthesis, Aphakia; Monofoc	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92353	Fitting, Spectacle Prosthesis, Aphakia; Multifoc	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92354	Fitting, Spectacle Mounted Low Vision Aid; Sing	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92355	Fitting, Spectacle Mounted Low Vision Aid; Tele	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92358	Prosthesis Service, Aphakia, Temporary (Dispos	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92370	Repair & Refitting Spectacles; Except Aphakia	N						
IN	Medicaid/SCHIP/Family	92371	Repair & Refitting Spectacles; Spectacle Prosth	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	92499	Unlisted Ophthalmological Service/Proc	N						
IN	Medicaid/SCHIP/Family	92502	Otolaryngologic Exam Under General Anesthesi	N						
IN	Medicaid/SCHIP/Family	92504	Binocular Microscopy (Sep Dx Proc)	N						

IN	Medicaid/SCHIP/Family	92507	Treatment of speech, language, voice, commun	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92508	Treatment of speech, language, voice, commun	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92511	Nasopharyngoscopy W/Endoscope (Sep Proc)	N						
IN	Medicaid/SCHIP/Family	92512	Nasal Function Studies	N						
IN	Medicaid/SCHIP/Family	92516	Facial Nerve Function Studies	N						
IN	Medicaid/SCHIP/Family	92517	Vestibular evoked myogenic potential (VEMP) t	N						
IN	Medicaid/SCHIP/Family	92518	Vestibular evoked myogenic potential (VEMP) t	N						
IN	Medicaid/SCHIP/Family	92519	Vestibular evoked myogenic potential (VEMP) t	N						
IN	Medicaid/SCHIP/Family	92520	Laryngeal function studies (ie, aerodynamic tes	N	MED.00002			None	None	None
IN	Medicaid/SCHIP/Family	92521	Evaluation of speech fluency (eg, stuttering, clu	N	CG-BEH-01			AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92522	Evaluation of speech sound production (eg, arti	N	CG-BEH-01			AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92523	Evaluation of speech sound production (eg, arti	N	CG-BEH-01			AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92524	Behavioral and qualitative analysis of voice and	N	CG-BEH-01		Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92526	Treatment, Swallowing Dysfunction &/Or Oral F	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92531	Spontaneous Nystagmus, W/Gaze	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	92532	Positional Nystagmus	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	92533	Caloric Vestibular Test, Each Irrigation	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	92534	Optokinetic Nystagmus Test	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	92537	Caloric vestibular test with recording, bilateral;	N						
IN	Medicaid/SCHIP/Family	92538	Caloric vestibular test with recording, bilateral;	N						
IN	Medicaid/SCHIP/Family	92540	Basic vestibular evaluation, includes spontaneo	N						
IN	Medicaid/SCHIP/Family	92541	Spontaneous Nystagmus Test, W/Gaze & Fixati	N						
IN	Medicaid/SCHIP/Family	92542	Positional Nystagmus Test, Minimum, 4 Positio	N						
IN	Medicaid/SCHIP/Family	92544	Optokinetic Nystagmus Test, Bidirectional, Fove	N						
IN	Medicaid/SCHIP/Family	92545	Oscillating Tracking Test, W/Recording	N						
IN	Medicaid/SCHIP/Family	92546	Sinusoidal Vertical Axis Rotational Testing	N						
IN	Medicaid/SCHIP/Family	92547	Use, Vertical Electrodes	N						
IN	Medicaid/SCHIP/Family	92548	Computerized Dynamic Posturography	N						
IN	Medicaid/SCHIP/Family	92549	Computerized dynamic posturography sensory	N						
IN	Medicaid/SCHIP/Family	92550	Tympanometry and reflex threshold measurem	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92551	Screening Test, Pure Tone, Air Only	N						
IN	Medicaid/SCHIP/Family	92552	Pure Tone Audiometry (Threshold); Air Only	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92553	Pure Tone Audiometry (Threshold); Air & Bone	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92555	Speech Audiometry Threshold	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92556	Speech Audiometry Threshold; W/Speech Reco	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92557	Comprehensive Audiometry Threshold Eval & S	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92558	Evoked Otoacoustic Emissions, Screening (Qual	X	CG-BEH-01, CG-MED-49		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	92559	Audiometric Testing, Groups	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92560	Bekesy Audiometry; Screening	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92561	Bekesy Audiometry; Dx	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92562	Loudness Balance Test, Alternate Binaural/Mor	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92563	Tone Decay Test	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92564	Short Increment Sensitivity Index (Sisi)	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92565	Stenger Test, Pure Tone	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92567	Tympanometry (Impedance Testing)	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92568	Acoustic reflex testing, threshold	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92570	Acoustic immittance testing, includes tympano	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92571	Filtered Speech Test	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92572	Staggered Spondaic Word Test	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92575	Sensorineural Acuity Level Test	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92576	Synthetic Sentence Id Test	N						
IN	Medicaid/SCHIP/Family	92577	Stenger Test, Speech	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92579	Visual Reinforcement Audiometry (Vra)	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92582	Conditioning Play Audiometry	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92583	Select Picture Audiometry	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92584	Electrocochleography	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	92587	Distortion product evoked otoacoustic emissio	N	CG-BEH-01, CG-MED-49			None	None	None
IN	Medicaid/SCHIP/Family	92588	Distortion product evoked otoacoustic emissio	N	CG-BEH-01, CG-MED-49			None	None	None
IN	Medicaid/SCHIP/Family	92590	Hearing Aid Exam & Selection; Monaural	N						

IN	Medicaid/SCHIP/Family	92591	Hearing Aid Exam & Selection; Binaural	N								
IN	Medicaid/SCHIP/Family	92592	Hearing Aid Check; Monaural	N								
IN	Medicaid/SCHIP/Family	92593	Hearing Aid Check; Binaural	N								
IN	Medicaid/SCHIP/Family	92594	Electroacoustic Evaluation, Hearing Aid; Monaural	N								
IN	Medicaid/SCHIP/Family	92595	Electroacoustic Evaluation, Hearing Aid; Binaural	N								
IN	Medicaid/SCHIP/Family	92596	Ear Protector Attenuation Measurements	N								
IN	Medicaid/SCHIP/Family	92597	Eval For Use &/Or Fitting Voice Prosthetic Device	N								
IN	Medicaid/SCHIP/Family	92601	Diagnostic analysis of cochlear implant, patient >7 Yrs; W N	N					None	None	None	
IN	Medicaid/SCHIP/Family	92602	Diagnostic analysis of cochlear implant, patient >7 Yrs; W N	N					None	None	None	
IN	Medicaid/SCHIP/Family	92603	Dx Analysis Cochlear Implant, Patient >7 Yrs; W N	N					None	None	None	
IN	Medicaid/SCHIP/Family	92604	Dx Analysis Cochlear Implant, Patient >7 Yrs; Re N	N					None	None	None	
IN	Medicaid/SCHIP/Family	92605	Evaluation for prescription of non-speech-generating	X					Non covered but for pediatric me	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92606	Therapeutic Service(S), Use Non-Speech Generat	X					Non covered but for pediatric me	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92607	Eval, Prescription, Speech-Generating Augment	N					Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92608	Eval, Prescrip, Speech-Generating Augmentativ	N					Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92609	Therapeutic services for the use of speech-gene	Y					Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92610	Eval, Oral & Pharyngeal Swallow Function	N					Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92611	Motion Fluoroscopic Eval, Swallow Function, Cl	N					Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92612	Flexible endoscopic evaluation of swallowing by	N								
IN	Medicaid/SCHIP/Family	92613	Flexible endoscopic evaluation of swallowing b	N								
IN	Medicaid/SCHIP/Family	92614	Flexible endoscopic evaluation, laryngeal senso	N								
IN	Medicaid/SCHIP/Family	92615	Flexible endoscopic evaluation, laryngeal senso	N								
IN	Medicaid/SCHIP/Family	92616	Flexible endoscopic evaluation of swallowing ar	N								
IN	Medicaid/SCHIP/Family	92617	Flexible endoscopic evaluation of swallowing ar	N								
IN	Medicaid/SCHIP/Family	92618	Evaluation for prescription of non-speech-gene	X					Non covered but for pediatric me	AIM Rehab: Outpatient Rehabilitati	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	92620	Evaluation Of Central Auditory Function, With F	N								
IN	Medicaid/SCHIP/Family	92621	Evaluation of central auditory function, with re	N								
IN	Medicaid/SCHIP/Family	92625	Assessment Of Tinnitus (Includes Pitch, Loudne	N								
IN	Medicaid/SCHIP/Family	92626	Evaluation of auditory rehabilitation status; fir	N					Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92627	Evaluation of auditory rehabilitation status; eac	N					Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92630	Auditory rehabilitation; pre-lingual hearing loss	Y						AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92633	Auditory rehabilitation; post-lingual hearing los	Y			AIM			AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	92640	Diagnostic analysis with programming of auditc	N								
IN	Medicaid/SCHIP/Family	92650	Auditory evoked potentials; screening of auditc	N			CG-BEH-01, CG-MED-49			None	None	None
IN	Medicaid/SCHIP/Family	92651	Auditory evoked potentials; for hearing status c	N			CG-BEH-01, CG-MED-49			None	None	None
IN	Medicaid/SCHIP/Family	92652	Auditory evoked potentials; for threshold estim	N			CG-BEH-01, CG-MED-49			None	None	None
IN	Medicaid/SCHIP/Family	92653	Auditory evoked potentials; neurodiagnostic, w	N			CG-BEH-01, CG-MED-49			None	None	None
IN	Medicaid/SCHIP/Family	92700	Unlisted Otorhinolaryngological Service/Proced	N			MED.00002			None	None	None
IN	Medicaid/SCHIP/Family	92920	Percutaneous transluminal coronary angioplast	Y				AIM		AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92921	Percutaneous transluminal coronary angioplast	N						AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92924	Percutaneous transluminal coronary atherectom	Y				AIM		AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92925	Percutaneous transluminal coronary atherectom	N						AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92928	Percutaneous transcatheter placement of intra	Y				AIM		AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92929	Percutaneous transcatheter placement of intra	N						AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92933	Percutaneous transluminal coronary atherectom	Y				AIM		AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92934	Percutaneous transluminal coronary atherectom	N						AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92937	Percutaneous transluminal revascularization of	Y				AIM		AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92938	Percutaneous transluminal revascularization of	N						AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92941	Percutaneous transluminal revascularization of	N					This service must be performed i	- Comorbidity Management; MCG: I	None	None
IN	Medicaid/SCHIP/Family	92943	Percutaneous transluminal revascularization of	Y				AIM		AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92944	Percutaneous transluminal revascularization of	N						AIM Cardiology: Percutaneous Coro	None	None
IN	Medicaid/SCHIP/Family	92950	Cardiopulmonary Resuscitation	N								
IN	Medicaid/SCHIP/Family	92953	Temporary Transcutaneous Pacing	N								
IN	Medicaid/SCHIP/Family	92960	Cardioversion, Elective; External	N						None	None	None
IN	Medicaid/SCHIP/Family	92961	Cardioversion, Elective; Internal (Sep Proc)	N								
IN	Medicaid/SCHIP/Family	92970	Cardioassist-Method, Circulatory Assist; Intern	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	92971	Cardioassist-Method, Circulatory Assist; Extern	N					This service must be performed in an Inpatient setting.			
IN	Medicaid/SCHIP/Family	92973	Percutaneous transluminal coronary thrombect	N						None	None	None
IN	Medicaid/SCHIP/Family	92974	Transcatheter Placement, Radiation Delivery Dr	N			CG-THER-RAD-07			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family 92975	Thrombolysis, Coronary; Intracoronary Infusion	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 92977	Thrombolysis, Coronary; Iv Infusion	N						
IN	Medicaid/SCHIP/Family 92978	Endoluminal imaging of coronary vessel or graft	N				None	None	None
IN	Medicaid/SCHIP/Family 92979	Endoluminal imaging of coronary vessel or graft	N				None	None	None
IN	Medicaid/SCHIP/Family 92986	Percutaneous Balloon Valvuloplasty; Aortic Valv	N				None	None	None
IN	Medicaid/SCHIP/Family 92987	Percutaneous Balloon Valvuloplasty; Mitral Valv	N				None	None	None
IN	Medicaid/SCHIP/Family 92990	Percutaneous Balloon Valvuloplasty; Pulmonary	N						
IN	Medicaid/SCHIP/Family 92997	Percutaneous Transluminal Pulmonary Artery B	N						
IN	Medicaid/SCHIP/Family 92998	Percutaneous Transluminal Pulmonary Angioplasty	N						
IN	Medicaid/SCHIP/Family 93000	Electrocardiogram, Routine W/At Least 12 Lead	N		CG-MED-61, CG-MED-62		None	None	None
IN	Medicaid/SCHIP/Family 93005	Electrocardiogram, Routine 12+ Leads; Tracing	N		CG-MED-61, CG-MED-62		None	None	None
IN	Medicaid/SCHIP/Family 93010	Electrocardiogram, Routine W/At Least 12 Lead	N		CG-MED-61, CG-MED-62		None	None	None
IN	Medicaid/SCHIP/Family 93015	Cardiovascular stress test using maximal or sub	N		CG-MED-57		None	None	None
IN	Medicaid/SCHIP/Family 93016	Cardiovascular stress test using maximal or sub	N		CG-MED-57		None	None	None
IN	Medicaid/SCHIP/Family 93017	Cardiovascular Stress Test W/Ecg Monitor; Trac	N		CG-MED-57		None	None	None
IN	Medicaid/SCHIP/Family 93018	Cardiovascular Stress Test W/Ecg Monitor; Inte	N		CG-MED-57		None	None	None
IN	Medicaid/SCHIP/Family 93024	Ergonovine Provocation Test	N						
IN	Medicaid/SCHIP/Family 93025	Microvolt T-Wave Alternans, Assessment, Vent	N				None	None	None
IN	Medicaid/SCHIP/Family 93040	Rhythm ECG, 1-3 leads; with interpretation and	N						
IN	Medicaid/SCHIP/Family 93041	Rhythm ECG, 1-3 leads; tracing only without int	N						
IN	Medicaid/SCHIP/Family 93042	Rhythm ECG, 1-3 leads; interpretation and repo	N						
IN	Medicaid/SCHIP/Family 93050	Arterial pressure waveform analysis for assessm	N						
IN	Medicaid/SCHIP/Family 93224	External electrocardiographic recording up to 4	N		CG-MED-44		None	None	None
IN	Medicaid/SCHIP/Family 93225	External electrocardiographic recording up to 4	N		CG-MED-44		None	None	None
IN	Medicaid/SCHIP/Family 93226	External electrocardiographic recording up to 4	N		CG-MED-44		None	None	None
IN	Medicaid/SCHIP/Family 93227	External electrocardiographic recording up to 4	N		CG-MED-44		None	None	None
IN	Medicaid/SCHIP/Family 93228	External mobile cardiovascular telemetry with e	N		CG-MED-74		None	None	None
IN	Medicaid/SCHIP/Family 93229	External mobile cardiovascular telemetry with e	N		CG-MED-74		None	None	None
IN	Medicaid/SCHIP/Family 93241	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93242	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93243	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93244	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93245	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93246	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93247	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93248	External electrocardiographic recording for mor	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93260	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93261	Interrogation device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93264	Remote monitoring of a wireless pulmonary art	N		MED.00115		None	None	None
IN	Medicaid/SCHIP/Family 93268	External patient and, when performed, auto ac	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93270	External patient and, when performed, auto ac	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93271	External patient and, when performed, auto ac	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93272	External patient and, when performed, auto ac	N		CG-MED-40		None	None	None
IN	Medicaid/SCHIP/Family 93278	Signal-Averaged Electrocardiography (Saecg), V	N						
IN	Medicaid/SCHIP/Family 93279	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93280	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93281	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93282	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93283	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93284	Programming device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93285	Programming device evaluation (in person) with	N		CG-MED-40, CG-MED-74		None	None	None
IN	Medicaid/SCHIP/Family 93286	Peri-procedural device evaluation (in person) ar	N						
IN	Medicaid/SCHIP/Family 93287	Peri-procedural device evaluation (in person) ar	N						
IN	Medicaid/SCHIP/Family 93288	Interrogation device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93289	Interrogation device evaluation (in person) with	N						
IN	Medicaid/SCHIP/Family 93290	Interrogation device evaluation (in person) with	N				None	None	None
IN	Medicaid/SCHIP/Family 93291	Interrogation device evaluation (in person) with	N				None	None	None
IN	Medicaid/SCHIP/Family 93292	Interrogation device evaluation (in person) with	N				None	None	None
IN	Medicaid/SCHIP/Family 93293	Transtelephonic rhythm strip pacemaker evalu	N						

IN	Medicaid/SCHIP/Family	93294	Interrogation device evaluation(s) (remote), up	N												
IN	Medicaid/SCHIP/Family	93295	Interrogation device evaluation(s) (remote), up	N												
IN	Medicaid/SCHIP/Family	93296	Interrogation device evaluation(s) (remote), up	N												
IN	Medicaid/SCHIP/Family	93297	Interrogation device evaluation(s), (remote) up	N									None	None	None	
IN	Medicaid/SCHIP/Family	93298	Interrogation device evaluation(s), (remote) up	N									None	None	None	
IN	Medicaid/SCHIP/Family	93303	Transthoracic Echocardiography, Congenital Ca	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93304	Transthoracic Echocardiography, Congenital Ca	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93306	Echocardiography, transthoracic, real-time with Y			CG-MED-61	AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93307	Echocardiography, transthoracic, real-time with Y			CG-MED-61	AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93308	Echocardiography, transthoracic, real-time with Y			CG-MED-61	AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93312	Echocardiography, transesophageal, real-time v	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93313	Echocardiography, transesophageal, real-time v	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93314	Echocardiography, transesophageal, real-time v	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93315	Echocardiography, Transesophageal, Congenita	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93316	Echocardiography, Transesophageal, Congenita	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93317	Echocardiography, Transesophageal, Congenita	Y			AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93318	Tee For Monitoring, W/Probe, Real Time 2d Acc	N									None	None	None	
IN	Medicaid/SCHIP/Family	93320	Doppler Echocardiography; Complete	N									AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93321	Doppler Echocardiography; Follow-Up/Limited	N									AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93325	Doppler Color Flow Mapping	N									AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93350	Echocardiography, transthoracic, real-time with Y				AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93351	Echocardiography, transthoracic, real-time with Y				AIM						AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93352	Use of echocardiographic contrast agent during	N									AIM Cardiology: Advanced Imaging	None	None	
IN	Medicaid/SCHIP/Family	93355	Echocardiography, transesophageal (TEE) for gl	N												
IN	Medicaid/SCHIP/Family	93356	Myocardial strain imaging using speckle trackin	N												
IN	Medicaid/SCHIP/Family	93451	Right heart catheterization including measurerr	N									None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93452	Left heart catheterization including intraproced	N									None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93453	Combined right and left heart catheterization ir	N									None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93454	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93455	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93456	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93457	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93458	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93459	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family	93460	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	None	
IN	Medicaid/SCHIP/Family	93461	Catheter placement in coronary artery(s) for co	Y			AIM						AIM Cardiology: Diagnostic Coronar	None	None	
IN	Medicaid/SCHIP/Family	93462	Left heart catheterization by transseptal punctu	N												
IN	Medicaid/SCHIP/Family	93463	Pharmacologic agent administration (eg, inhale	N												
IN	Medicaid/SCHIP/Family	93464	Physiologic exercise study (eg, bicycle or arm er	N												
IN	Medicaid/SCHIP/Family	93503	Insertion & Placement, Flow Directed Catheter,	N												
IN	Medicaid/SCHIP/Family	93505	Endomyocardial biopsy	N												
IN	Medicaid/SCHIP/Family	93530	Right heart catheterization, for congenital cardi	N									None	None	None	
IN	Medicaid/SCHIP/Family	93531	Combined right heart catheterization and retro	N									None	None	None	
IN	Medicaid/SCHIP/Family	93532	Combined right heart catheterization and trans	N									None	None	None	
IN	Medicaid/SCHIP/Family	93533	Combined right heart catheterization and trans	N									None	None	None	
IN	Medicaid/SCHIP/Family	93561	Indicator dilution studies such as dye or therm	N												
IN	Medicaid/SCHIP/Family	93562	Indicator dilution studies such as dye or therm	N												
IN	Medicaid/SCHIP/Family	93563	Injection procedure during cardiac catheterizati	N												
IN	Medicaid/SCHIP/Family	93564	Injection procedure during cardiac catheterizati	N												
IN	Medicaid/SCHIP/Family	93565	Injection procedure during cardiac catheterizati	N												
IN	Medicaid/SCHIP/Family	93566	Injection procedure during cardiac catheterizati	N												
IN	Medicaid/SCHIP/Family	93567	Injection procedure during cardiac catheterizati	N												
IN	Medicaid/SCHIP/Family	93568	Injection procedure during cardiac catheterizati	N												
IN	Medicaid/SCHIP/Family	93571	Intravascular Doppler Velocity &/Or Pressure C	N									None	None	None	
IN	Medicaid/SCHIP/Family	93572	Intravascular Doppler Velocity &/Or Pressure C	N												
IN	Medicaid/SCHIP/Family	93580	Perc Transcatheter Closure, Congenital Interatr	Y			SURG.00032, SURG.00096						MCG: ISC: W0016: Cardiac Septal De	None	None	
IN	Medicaid/SCHIP/Family	93581	Perc Transcatheter Closure, Congenital Ventricl	N									None	None	None	
IN	Medicaid/SCHIP/Family	93582	Percutaneous transcatheter closure of patent d	N												
IN	Medicaid/SCHIP/Family	93583	Percutaneous transcatheter septal reduction th	N			CG-SURG-102						This service must be performed i	None	None	None

IN	Medicaid/SCHIP/Family 93590	Percutaneous transcatheter closure of paravalv	N						
IN	Medicaid/SCHIP/Family 93591	Percutaneous transcatheter closure of paravalv	N						
IN	Medicaid/SCHIP/Family 93592	Percutaneous transcatheter closure of paravalv	N						
IN	Medicaid/SCHIP/Family 93600	Bundle Of His Recording	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93602	Intra-Atrial Recording	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93603	Right Ventricular Recording	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93609	Intraventricular &/Or Intra-Atrial Mapping, Tact	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93610	Intra-Atrial Pacing	N					None	None
IN	Medicaid/SCHIP/Family 93612	Intraventricular Pacing	N					None	None
IN	Medicaid/SCHIP/Family 93613	Intracardiac Electrophysiologic 3-Dimensional M	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93615	Esophageal Recording, Atrial Electrogram W/W	N						
IN	Medicaid/SCHIP/Family 93616	Esophageal Recording, Atrial Electrogram; W/W	N						
IN	Medicaid/SCHIP/Family 93618	Induction, Arrhythmia, Electrical Pacing	N					None	None
IN	Medicaid/SCHIP/Family 93619	Electrophys Eval, W/Right Atrial/Ventricular Pac	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93620	Electrophys Eval, Insert Cath, W/Arrhyth Induct	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93621	Electrophys Eval, Insert Cath, W/Arrhyth Induct	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93622	Electrophys Eval, Insert Cath, W/Arrhythmia Indi	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93623	Programmed Stimulation & Pacing After Iv Dru	N						
IN	Medicaid/SCHIP/Family 93624	Electrophys, Follow-Up Study W/Pacing & Reco	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93631	Electrophys, Intra-Operative Epicardial/Endocar	N						
IN	Medicaid/SCHIP/Family 93640	Electrophys Eval, Single/Dual Pacing Cardio/Def	N		CG-SURG-63, CG-SURG-97			None	None
IN	Medicaid/SCHIP/Family 93641	Electrophys Eval, Single/Dual Pacing Cardio/Def	N		CG-SURG-63, CG-SURG-97			None	None
IN	Medicaid/SCHIP/Family 93642	Electrophys Eval, Single/Dual Pacing Cardio/Def	N		CG-SURG-63			None	None
IN	Medicaid/SCHIP/Family 93644	Electrophysiologic evaluation of subcutaneous i	N						
IN	Medicaid/SCHIP/Family 93650	Intracardiac Catheter Ablation, Atrioventricular	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93653	Comprehensive electrophysiologic evaluation ir	N		CG-SURG-55			MCG: ISC: P-510: Supraventricular A	None
IN	Medicaid/SCHIP/Family 93654	Comprehensive electrophysiologic evaluation ir	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93655	Intracardiac catheter ablation of a discrete mec	N		CG-SURG-55			None	None
IN	Medicaid/SCHIP/Family 93656	Comprehensive electrophysiologic evaluation ir	N		CG-MED-64			Heart Failure - Comorbidity Managem	None
IN	Medicaid/SCHIP/Family 93657	Additional linear or focal intracardiac catheter a	N		CG-MED-64			Heart Failure - Comorbidity Managem	None
IN	Medicaid/SCHIP/Family 93660	Cardiovascular Function Eval W/Tilt Table/Cont	N						
IN	Medicaid/SCHIP/Family 93662	Echocardiography, Intracardiac, During Dx/Ther	N						
IN	Medicaid/SCHIP/Family 93668	Peripheral Arterial Disease Vascular Rehabilitat	N						
IN	Medicaid/SCHIP/Family 93701	Bioimpedance-derived physiologic cardiovascular	N						
IN	Medicaid/SCHIP/Family 93702	Bioimpedance spectroscopy (BIS), extracellular	X		MED.00105		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 93724	Electronic Analysis, Pacemaker, Antitachycardia	N						
IN	Medicaid/SCHIP/Family 93740	Temperature Gradient Studies	N						
IN	Medicaid/SCHIP/Family 93745	Initial set-up and programming by a physician o	Y		MED.00055			None	None
IN	Medicaid/SCHIP/Family 93750	Interrogation of ventricular assist device (VAD),	N						
IN	Medicaid/SCHIP/Family 93770	Determination, Venous Pressure	X						
IN	Medicaid/SCHIP/Family 93784	Ambulatory Bp, 24+ Hr, Monitoring; W/Recordi	N						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 93786	Ambulatory Bp, 24+ Hr, Monitoring; Recording i	N						
IN	Medicaid/SCHIP/Family 93788	Ambulatory Bp, 24+ Hr, Monitoring; Scan Analy	N						
IN	Medicaid/SCHIP/Family 93790	Ambulatory blood pressure monitoring, utilizing	N						
IN	Medicaid/SCHIP/Family 93792	Patient/caregiver training for initiation of home	N						
IN	Medicaid/SCHIP/Family 93793	Anticoagulant management for a patient taking	N						
IN	Medicaid/SCHIP/Family 93797	Physician or other qualified health care professi	N		CG-REHAB-02			None	None
IN	Medicaid/SCHIP/Family 93798	Physician or other qualified health care professi	N		CG-REHAB-02			None	None
IN	Medicaid/SCHIP/Family 93799	Unlisted Cardiovascular Service/Proc	N		CG-THER-RAD-07, MED.00053, MED.00111, SURG.00128			None	None
IN	Medicaid/SCHIP/Family 93880	Duplex Scan, Extracranial Arteries; Complete Bil	Y			AIM		AIM Radiology: Vascular Imaging	None
IN	Medicaid/SCHIP/Family 93882	Duplex Scan, Extracranial Arteries; Unilat/Limit	Y			AIM		AIM Radiology: Vascular Imaging	None
IN	Medicaid/SCHIP/Family 93886	Transcranial Doppler Study, Intracranial Arterie	N		CG-ADMIN-01			None	None
IN	Medicaid/SCHIP/Family 93888	Transcranial Doppler Study, Intracranial Arterie	N		CG-ADMIN-01			None	None
IN	Medicaid/SCHIP/Family 93890	Non-Invas.Study-Upper Extrem.Artery	N		CG-ADMIN-01			None	None
IN	Medicaid/SCHIP/Family 93892	Transcranial Doppler Study Of The Intracranial /	N		CG-ADMIN-01			None	None
IN	Medicaid/SCHIP/Family 93893	Transcranial Doppler Study Of The Intracranial /	N		CG-ADMIN-01			None	None
IN	Medicaid/SCHIP/Family 93895	Quantitative carotid intima media thickness an	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 93922	Limited bilateral noninvasive physiologic studie	Y			AIM		AIM Radiology: Vascular Imaging	None
IN	Medicaid/SCHIP/Family 93923	Complete bilateral noninvasive physiologic stud	Y			AIM		AIM Radiology: Vascular Imaging	None

IN	Medicaid/SCHIP/Family 93924	Noninvasive physiologic studies of lower extremities	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family 93925	Duplex Scan, Lower Extremity Arteries/Arterial	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family 93926	Duplex Scan, Lower Extremity Arteries/Arterial	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family 93930	Duplex Scan, Upper Extremity Arteries/Arterial	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family 93931	Duplex Scan, Upper Extremity Arteries/Arterial	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family 93970	Duplex Scan, Veins, Extremity; Complete Bilateral	N				None	None	None
IN	Medicaid/SCHIP/Family 93971	Duplex Scan, Veins, Extremity; Unilateral/Limited	N				None	None	None
IN	Medicaid/SCHIP/Family 93975	Duplex Scan, Arterial Inflow, Venous Outflow, A	N	CG-ADMIN-01, CG-MED-84			None	None	None
IN	Medicaid/SCHIP/Family 93976	Duplex Scan, Arterial Inflow, Venous Outflow, A	N	CG-ADMIN-01, CG-MED-84			None	None	None
IN	Medicaid/SCHIP/Family 93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Veins	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family 93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Veins	Y		AIM		AIM Radiology: Vascular Imaging	None	None
IN	Medicaid/SCHIP/Family 93980	Duplex Scan, Arterial Inflow & Venous Outflow, N	N						
IN	Medicaid/SCHIP/Family 93981	Duplex Scan, Arterial Inflow & Venous Outflow, N	N						
IN	Medicaid/SCHIP/Family 93985	Duplex scan of arterial inflow and venous outflow	N						
IN	Medicaid/SCHIP/Family 93986	Duplex scan of arterial inflow and venous outflow	N						
IN	Medicaid/SCHIP/Family 93990	Duplex Scan, Hemodialysis Access	N						
IN	Medicaid/SCHIP/Family 93998	Unlisted Noninvasive Vascular Diagnostic Study	N						
IN	Medicaid/SCHIP/Family 94002	Ventilation assist and management, initiation of	N						
IN	Medicaid/SCHIP/Family 94003	Ventilation assist and management, initiation of	N						
IN	Medicaid/SCHIP/Family 94004	Ventilation assist and management, initiation of	N						
IN	Medicaid/SCHIP/Family 94005	Home ventilator management care plan oversight	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 94010	Spirometry W/Graphic Record/Vital Capacity/Flow	N						
IN	Medicaid/SCHIP/Family 94011	Measurement of spirometric forced expiratory	N						
IN	Medicaid/SCHIP/Family 94012	Measurement of spirometric forced expiratory	N						
IN	Medicaid/SCHIP/Family 94013	Measurement of lung volumes (ie, functional residual	N						
IN	Medicaid/SCHIP/Family 94014	Patient-initiated spirometric recording per 30-day	N						
IN	Medicaid/SCHIP/Family 94015	Spirometric Recording, Patient Initiated, 30 Day	N						
IN	Medicaid/SCHIP/Family 94016	Patient-initiated spirometric recording per 30-day	N						
IN	Medicaid/SCHIP/Family 94060	Spirometry, Eval Bronchospasm, Before/After Bronchodilator	N						
IN	Medicaid/SCHIP/Family 94070	Spirometry, Eval Bronchospasm, Prolonged Position	N						
IN	Medicaid/SCHIP/Family 94150	Vital Capacity, Total (Sep Proc)	N						
IN	Medicaid/SCHIP/Family 94200	Maximum Breathing Capacity, Maximal Voluntary	N						
IN	Medicaid/SCHIP/Family 94375	Respiratory Flow Volume Loop	N						
IN	Medicaid/SCHIP/Family 94450	Breathing Response To Hypoxia (Hypoxia Response)	N						
IN	Medicaid/SCHIP/Family 94452	High altitude simulation test (HAST), with interventional	N						
IN	Medicaid/SCHIP/Family 94453	High altitude simulation test (HAST), with interventional	N						
IN	Medicaid/SCHIP/Family 94610	Intrapulmonary surfactant administration by a physician	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 94617	Exercise test for bronchospasm, including pre-test	N						
IN	Medicaid/SCHIP/Family 94618	Pulmonary stress testing (eg, 6-minute walk test)	N						
IN	Medicaid/SCHIP/Family 94619	Exercise test for bronchospasm, including pre-test	N						
IN	Medicaid/SCHIP/Family 94621	Cardiopulmonary exercise testing, including mechanical	N						
IN	Medicaid/SCHIP/Family 94640	Pressurized/Nonpressurized Inhalation Rx, Airway	N						
IN	Medicaid/SCHIP/Family 94642	Aerosol Inhalation, Pentamidine, Pneumocystis	N						
IN	Medicaid/SCHIP/Family 94644	Continuous inhalation treatment with aerosol	N						
IN	Medicaid/SCHIP/Family 94645	Continuous inhalation treatment with aerosol	N						
IN	Medicaid/SCHIP/Family 94660	Continuous Positive Airway Pressure Ventilation	N				None	None	None
IN	Medicaid/SCHIP/Family 94662	Continuous Negative Pressure Ventilation (CNP)	N						
IN	Medicaid/SCHIP/Family 94664	Demonstrate &/Or Eval, Pt Use, Aerosol Generator	N						
IN	Medicaid/SCHIP/Family 94667	Chest Wall Manipulation, Facilitate Lung Function	Y				AIM Rehab: Outpatient Rehabilitation	None	None
IN	Medicaid/SCHIP/Family 94668	Chest Wall Manipulation, Facilitate Lung Function	Y				AIM Rehab: Outpatient Rehabilitation	None	None
IN	Medicaid/SCHIP/Family 94669	Mechanical chest wall oscillation to facilitate lung	N						
IN	Medicaid/SCHIP/Family 94680	Oxygen Uptake, Expired Gas Analysis; Rest & Exercise	N						
IN	Medicaid/SCHIP/Family 94681	Oxygen Uptake, Expired Gas Analysis; W/CO2	N						
IN	Medicaid/SCHIP/Family 94690	Oxygen Uptake, Expired Gas Analysis; Rest, Indirect	N						
IN	Medicaid/SCHIP/Family 94726	Plethysmography For Determination Of Lung Volumes	N						
IN	Medicaid/SCHIP/Family 94727	Gas Dilution Or Washout For Determination Of Lung	N						
IN	Medicaid/SCHIP/Family 94728	Airway Resistance By Impulse Oscillometry	N						
IN	Medicaid/SCHIP/Family 94729	Diffusing Capacity (Eg, Carbon Monoxide, Membrane	N						
IN	Medicaid/SCHIP/Family 94760	Noninvasive Ear/Pulse Oximetry, Oxygen Saturation	N						

IN	Medicaid/SCHIP/Family 94761	Noninvasive Ear/Pulse Oximetry, Oxygen Satur	N							
IN	Medicaid/SCHIP/Family 94762	Noninvasive Ear/Pulse Oximetry, Oxygen Satur	N							
IN	Medicaid/SCHIP/Family 94772	Circadian Respiratory Pattern Recording, 12-24	N							
IN	Medicaid/SCHIP/Family 94774	Pediatric home apnea monitoring event recordi	X	CG-DME-08		Non covered but for pediatric me	None	None	None	None
IN	Medicaid/SCHIP/Family 94775	Pediatric home apnea monitoring event recordi	X	CG-DME-08		Non covered but for pediatric me	None	None	None	None
IN	Medicaid/SCHIP/Family 94776	Pediatric home apnea monitoring event recordi	X	CG-DME-08		Non covered but for pediatric me	None	None	None	None
IN	Medicaid/SCHIP/Family 94777	Pediatric home apnea monitoring event recordi	X	CG-DME-08		Non covered but for pediatric me	None	None	None	None
IN	Medicaid/SCHIP/Family 94780	Car seat/bed testing for airway integrity, for inf	N							
IN	Medicaid/SCHIP/Family 94781	Car seat/bed testing for airway integrity, for inf	N							
IN	Medicaid/SCHIP/Family 94799	Unlisted Pulmonary Service/Proc	N	MED.00126			None	None	None	None
IN	Medicaid/SCHIP/Family 95004	Percutaneous tests (scratch, puncture, prick) w	N							
IN	Medicaid/SCHIP/Family 95012	Nitric oxide expired gas determination	N	MED.00126			None	None	None	None
IN	Medicaid/SCHIP/Family 95017	Allergy testing, any combination of percutaneo	N							
IN	Medicaid/SCHIP/Family 95018	Allergy testing, any combination of percutaneo	N							
IN	Medicaid/SCHIP/Family 95024	Intracutaneous (intradermal) tests with allergi	N							
IN	Medicaid/SCHIP/Family 95027	Intracutaneous (intradermal) tests, sequential i	N							
IN	Medicaid/SCHIP/Family 95028	Allergy Tests, Intradermal, Allergenic Extracts, I	N							
IN	Medicaid/SCHIP/Family 95044	Patch/Application Test(S) (Specify Number)	N							
IN	Medicaid/SCHIP/Family 95052	Photo Patch Test(S) (Specify Number)	N							
IN	Medicaid/SCHIP/Family 95056	Photo Tests	N							
IN	Medicaid/SCHIP/Family 95060	Ophthalmic Mucous Membrane Tests	N							
IN	Medicaid/SCHIP/Family 95065	Direct Nasal Mucous Membrane Test	N							
IN	Medicaid/SCHIP/Family 95070	Inhalation Bronchial Challenge Tests; W/Histam	N							
IN	Medicaid/SCHIP/Family 95076	Ingestion challenge test (sequential and increm	N							
IN	Medicaid/SCHIP/Family 95079	Ingestion challenge test (sequential and increm	N							
IN	Medicaid/SCHIP/Family 95115	Professional Svc, Allergen Immunotherapy Non	N							
IN	Medicaid/SCHIP/Family 95117	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95120	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95125	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95130	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95131	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95132	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95133	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95134	Professional services for allergen immunothera	N							
IN	Medicaid/SCHIP/Family 95144	Profes Svc, Supervis, Prepara, Provision, Antigei	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95145	Profes Svc, Supervis, Prepara, Provision, Antigei	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95146	Professional services for the supervision of pre	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95147	Professional services for the supervision of pre	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95148	Professional services for the supervision of pre	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95149	Professional services for the supervision of pre	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95165	Professional services for the supervision of pre	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95170	Profes Svc, Supervis, Prepara, Provision, Antigei	N	CG-MED-52			None	None	None	None
IN	Medicaid/SCHIP/Family 95180	Rapid Desensitization Proc, Each Hour	N							
IN	Medicaid/SCHIP/Family 95199	Unlisted Allergy/Clinical Immunologic Service/P	N	CG-MED-52, LAB.00027			None	None	None	None
IN	Medicaid/SCHIP/Family 95249	Ambulatory continuous glucose monitoring of ii	Y	CG-DME-42			None	None	None	None
IN	Medicaid/SCHIP/Family 95250	Ambulatory continuous glucose monitoring of ii	N	CG-DME-42			None	None	None	None
IN	Medicaid/SCHIP/Family 95251	Ambulatory continuous glucose monitoring of ii	N	CG-DME-42			None	None	None	None
IN	Medicaid/SCHIP/Family 95700	Electroencephalogram (EEG) continuous record	N	CG-MED-46			MCG: ISC: M-580: EEG, Video Monit	None	None	None
IN	Medicaid/SCHIP/Family 95705	Electroencephalogram (EEG), without video, re	N							
IN	Medicaid/SCHIP/Family 95706	Electroencephalogram (EEG), without video, re	N							
IN	Medicaid/SCHIP/Family 95707	Electroencephalogram (EEG), without video, re	N							
IN	Medicaid/SCHIP/Family 95708	Electroencephalogram (EEG), without video, re	N							
IN	Medicaid/SCHIP/Family 95709	Electroencephalogram (EEG), without video, re	N							
IN	Medicaid/SCHIP/Family 95710	Electroencephalogram (EEG), without video, re	N							
IN	Medicaid/SCHIP/Family 95711	Electroencephalogram with video (VEEG), revie	N				MCG: ISC: M-580: EEG, Video Monit	None	None	None
IN	Medicaid/SCHIP/Family 95712	Electroencephalogram with video (VEEG), revie	N				MCG: ISC: M-580: EEG, Video Monit	None	None	None
IN	Medicaid/SCHIP/Family 95713	Electroencephalogram with video (VEEG), revie	N				MCG: ISC: M-580: EEG, Video Monit	None	None	None
IN	Medicaid/SCHIP/Family 95714	Electroencephalogram with video (VEEG), revie	N				MCG: ISC: M-580: EEG, Video Monit	None	None	None
IN	Medicaid/SCHIP/Family 95715	Electroencephalogram with video (VEEG), revie	N				MCG: ISC: M-580: EEG, Video Monit	None	None	None

IN	Medicaid/SCHIP/Family 95716	Electroencephalogram with video (VEEG), review	N					MCG: ISC: M-580: EEG, Video Monitoring	None	None
IN	Medicaid/SCHIP/Family 95717	Electroencephalogram (EEG), continuous recording	N							
IN	Medicaid/SCHIP/Family 95718	Electroencephalogram (EEG), continuous recording	N					MCG: ISC: M-580: EEG, Video Monitoring	None	None
IN	Medicaid/SCHIP/Family 95719	Electroencephalogram (EEG), continuous recording	N							
IN	Medicaid/SCHIP/Family 95720	Electroencephalogram (EEG), continuous recording	N					MCG: ISC: M-580: EEG, Video Monitoring	None	None
IN	Medicaid/SCHIP/Family 95721	Electroencephalogram (EEG), continuous recording	N							
IN	Medicaid/SCHIP/Family 95722	Electroencephalogram (EEG), continuous recording	N					MCG: ISC: M-580: EEG, Video Monitoring	None	None
IN	Medicaid/SCHIP/Family 95723	Electroencephalogram (EEG), continuous recording	N							
IN	Medicaid/SCHIP/Family 95724	Electroencephalogram (EEG), continuous recording	N					MCG: ISC: M-580: EEG, Video Monitoring	None	None
IN	Medicaid/SCHIP/Family 95725	Electroencephalogram (EEG), continuous recording	N							
IN	Medicaid/SCHIP/Family 95726	Electroencephalogram (EEG), continuous recording	N					MCG: ISC: M-580: EEG, Video Monitoring	None	None
IN	Medicaid/SCHIP/Family 95782	Polysomnography; younger than 6 years, sleep study	Y			AIM		AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95783	Polysomnography; younger than 6 years, sleep study	Y			AIM		AIM Sleep: Sleep Disorder Management	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 95800	Sleep study, unattended, simultaneous recording	X				Non covered but for pediatric management	AIM Sleep: Sleep Disorder Management	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 95801	Sleep study, unattended, simultaneous recording	X				Non covered but for pediatric management	AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95803	Actigraphy testing, recording, analysis, interpretation	X		MED.00002		Non covered but for pediatric management	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 95805	Multiple Sleep Latency Test, Multiple Trails Test	Y			AIM		AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95806	Sleep study, unattended, simultaneous recording	Y		MED.00002	AIM		AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95807	Sleep Study, Attended	Y			AIM		AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95808	Polysomnography; any age, sleep staging with arousals	Y			AIM		AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95810	Polysomnography; age 6 years or older, sleep study	Y			AIM		AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95811	Polysomnography; age 6 years or older, sleep study	Y			AIM		AIM Sleep: Sleep Disorder Management	None	None
IN	Medicaid/SCHIP/Family 95812	Electroencephalogram (Eeg) Extended Monitoring	N							
IN	Medicaid/SCHIP/Family 95813	Electroencephalogram (EEG) extended monitoring	N							
IN	Medicaid/SCHIP/Family 95816	Electroencephalogram (Eeg); W/Awake & Drowsy	N		CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 95819	Electroencephalogram (Eeg); W/Awake & Asleep	N							
IN	Medicaid/SCHIP/Family 95822	Electroencephalogram (Eeg); Coma/Sleep Recording	N							
IN	Medicaid/SCHIP/Family 95824	Electroencephalogram (Eeg); Cerebral Death Evaluation	N							
IN	Medicaid/SCHIP/Family 95829	Electrocorticogram At Surgery (Sep Proc)	N							
IN	Medicaid/SCHIP/Family 95830	Insertion by physician or other qualified health professional	N							
IN	Medicaid/SCHIP/Family 95836	Electrocorticogram from an implanted brain net	N							
IN	Medicaid/SCHIP/Family 95851	Range, Motion Measurements & Report; Each Extremity	N							
IN	Medicaid/SCHIP/Family 95852	Range, Motion Measurements & Report; Hand, Wrist	N							
IN	Medicaid/SCHIP/Family 95857	Cholinesterase inhibitor challenge test for myasthenia	N							
IN	Medicaid/SCHIP/Family 95860	Emg, Needle; 1 Extremity W/Wo Related Paraspinals	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95861	Needle electromyography; 2 extremities with or without	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95863	Needle electromyography; 3 extremities with or without	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95864	Needle electromyography; 4 extremities with or without	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95865	Needle electromyography; larynx	N							
IN	Medicaid/SCHIP/Family 95866	Needle electromyography; hemidiaphragm	N							
IN	Medicaid/SCHIP/Family 95867	Emg, Needle; Cranial Nerve Supplied Muscle(S)	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95868	Emg, Needle; Cranial Nerve Supplied Muscles, Except	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95869	Emg, Needle; Thoracic Paraspinal Muscles, Excluding	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95870	Emg, Needle; 1 Extremity/Non-Limb (Unilateral/Bilateral)	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95872	Emg, Needle, 1 Fiber Electrode W/Quantitative	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95873	Electrical stimulation for guidance in conjunction	N							
IN	Medicaid/SCHIP/Family 95874	Needle electromyography for guidance in conjunction	N							
IN	Medicaid/SCHIP/Family 95875	Ischemic Limb Exercise W/ Serial Specimen(S)	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95885	Needle electromyography, each extremity, with or without	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95886	Needle electromyography, each extremity, with or without	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95887	Needle electromyography, non-extremity (cranial)	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95905	Motor and/or sensory nerve conduction, using	N		MED.00092			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 95907	Nerve conduction studies; 1-2 studies	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95908	Nerve conduction studies; 3-4 studies	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95909	Nerve conduction studies; 5-6 studies	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95910	Nerve conduction studies; 7-8 studies	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95911	Nerve conduction studies; 9-10 studies	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95912	Nerve conduction studies; 11-12 studies	N		CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family 95913	Nerve conduction studies; 13 or more studies	N		CG-MED-24			None	None	None

IN	Medicaid/SCHIP/Family	95921	Testing, Autonomic Nervous System; Cardiova	N	MED.00112			None	None	None
IN	Medicaid/SCHIP/Family	95922	Testing of autonomic nervous system function;	N	MED.00112			None	None	None
IN	Medicaid/SCHIP/Family	95923	Testing, Autonomic Nervous System; Sudomotc	N	MED.00112			None	None	None
IN	Medicaid/SCHIP/Family	95924	Testing of autonomic nervous system function;	N	MED.00112			None	None	None
IN	Medicaid/SCHIP/Family	95925	Short-Latency Somatosensory Evoked Potential	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95926	Short-Latency Somatosensory Evoked Potential	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95927	Short-Latency Somatosensory Evoked Potential	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95928	Central Motor Evoked Potential Study (Transcr	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95929	Central Motor Evoked Potential Study (Transcr	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95930	Visual evoked potential (VEP) checkerboard or	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95933	Orbicularis Oculi Reflex, By Electrodx Testin	N						
IN	Medicaid/SCHIP/Family	95937	Neuromuscular Junction Test, Each Nerve, Any	N	CG-MED-24			None	None	None
IN	Medicaid/SCHIP/Family	95938	Short-latency somatosensory evoked potential	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95939	Central motor evoked potential study (transcr	N	CG-MED-50			None	None	None
IN	Medicaid/SCHIP/Family	95940	Continuous intraoperative neurophysiology mo	N						
IN	Medicaid/SCHIP/Family	95941	Continuous intraoperative neurophysiology mo	X						
IN	Medicaid/SCHIP/Family	95943	Simultaneous, independent, quantitative measi	N	MED.00112			None	None	None
IN	Medicaid/SCHIP/Family	95954	Pharmacological or physical activation requir	N						
IN	Medicaid/SCHIP/Family	95955	Electroencephalogram (Eeg) During Nonintracr	N						
IN	Medicaid/SCHIP/Family	95957	Digital Analysis, Electroencephalogram (Eeg)	N						
IN	Medicaid/SCHIP/Family	95958	Wada Activation Test, Hemispheric Function, W	N						
IN	Medicaid/SCHIP/Family	95961	Functional cortical and subcortical mapping by	N				MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	95962	Functional cortical and subcortical mapping by	N				MCG: GRG: SG-NS: Neurosurgery or	None	None
IN	Medicaid/SCHIP/Family	95965	Magnetoencephalography (Meg), Record & An	N	CG-MED-76			None	None	None
IN	Medicaid/SCHIP/Family	95966	Magnetoencephalography (Meg), Record & An	N	CG-MED-76			None	None	None
IN	Medicaid/SCHIP/Family	95967	Magnetoencephalography (Meg), Record & An	N	CG-MED-76			None	None	None
IN	Medicaid/SCHIP/Family	95970	Electronic analysis of implanted neurostimulat	N						
IN	Medicaid/SCHIP/Family	95971	Electronic analysis of implanted neurostimulat	N						
IN	Medicaid/SCHIP/Family	95972	Electronic analysis of implanted neurostimulat	N				None	None	None
IN	Medicaid/SCHIP/Family	95976	Electronic analysis of implanted neurostimulat	N	SURG.00007			MCG: BHG: B-821-T: Vagus Nerve St	None	None
IN	Medicaid/SCHIP/Family	95977	Electronic analysis of implanted neurostimulat	N	SURG.00007			MCG: BHG: B-821-T: Vagus Nerve St	None	None
IN	Medicaid/SCHIP/Family	95980	Electronic analysis of implanted neurostimulat	N	CG-SURG-70			None	None	None
IN	Medicaid/SCHIP/Family	95981	Electronic analysis of implanted neurostimulat	N	CG-SURG-70			None	None	None
IN	Medicaid/SCHIP/Family	95982	Electronic analysis of implanted neurostimulat	N	CG-SURG-70			None	None	None
IN	Medicaid/SCHIP/Family	95983	Electronic analysis of implanted neurostimulat	N						
IN	Medicaid/SCHIP/Family	95984	Electronic analysis of implanted neurostimulat	N						
IN	Medicaid/SCHIP/Family	95990	Refilling and maintenance of implantable pump	N						
IN	Medicaid/SCHIP/Family	95991	Refilling and maintenance of implantable pump	N						
IN	Medicaid/SCHIP/Family	95992	Canalith repositioning procedure(s) (eg, Epley	X						
IN	Medicaid/SCHIP/Family	95999	Unlisted Neurological/Neuromuscular Dx Proc	N	MED.00002, MED.00092, MED.00101, MED.00112, CG-MED-46			None	None	None
IN	Medicaid/SCHIP/Family	96000	Comprehensive computer-based motion analys	N						
IN	Medicaid/SCHIP/Family	96001	Comprehensive computer-based motion analys	Y				AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family	96002	Dynamic Surface Electromyography, Walking/Fr	N						
IN	Medicaid/SCHIP/Family	96003	Dynamic Fine Wire Electromyography, Walking,	N						
IN	Medicaid/SCHIP/Family	96004	Review and interpretation by physician or othe	N						
IN	Medicaid/SCHIP/Family	96020	Neurofunctional testing selection and adminis	N						
IN	Medicaid/SCHIP/Family	96040	Medical genetics and genetic counseling servic	N						
IN	Medicaid/SCHIP/Family	96105	Assessment, Aphasia, Interpretation & Report,	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	96110	Developmental screening, with interpretation a	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	96112	Developmental test administration (including a	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	96113	Developmental test administration (including a	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	96116	Neurobehavioral status exam (clinical assessme	N	CG-BEH-01			MCG: ORG: B-805-T (BHG) Neuropsy	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	96121	Neurobehavioral status exam (clinical assessme	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	96125	Standardized cognitive performance testing (eg	X				None	None	None
IN	Medicaid/SCHIP/Family	96127	Brief emotional/behavioral assessment (eg, def	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family	96130	Psychological testing evaluation services by ph	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	96131	Psychological testing evaluation services by ph	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	96132	Neuropsychological testing evaluation services	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	96133	Neuropsychological testing evaluation services	Y	CG-BEH-01			None	Mental Health and Add	None

IN	Medicaid/SCHIP/Family 96136	Psychological or neuropsychological test admin	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family 96137	Psychological or neuropsychological test admin	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family 96138	Psychological or neuropsychological test admin	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family 96139	Psychological or neuropsychological test admin	Y	CG-BEH-01			None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family 96146	Psychological or neuropsychological test admin	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 96156	Health behavior assessment, or re-assessment	N						
IN	Medicaid/SCHIP/Family 96158	Health behavior intervention, individual, face-to	N						
IN	Medicaid/SCHIP/Family 96159	Health behavior intervention, individual, face-to	N						
IN	Medicaid/SCHIP/Family 96160	Administration of patient-focused health risk as	N						
IN	Medicaid/SCHIP/Family 96161	Administration of caregiver-focused health risk	N						
IN	Medicaid/SCHIP/Family 96164	Health behavior intervention, group (2 or more	N						
IN	Medicaid/SCHIP/Family 96165	Health behavior intervention, group (2 or more	N						
IN	Medicaid/SCHIP/Family 96167	Health behavior intervention, family (with the g	N						
IN	Medicaid/SCHIP/Family 96168	Health behavior intervention, family (with the g	N						
IN	Medicaid/SCHIP/Family 96170	Health behavior intervention, family (without th	N						
IN	Medicaid/SCHIP/Family 96171	Health behavior intervention, family (without th	N						
IN	Medicaid/SCHIP/Family 96360	Intravenous infusion, hydration; initial, 31 minu	N						
IN	Medicaid/SCHIP/Family 96361	Intravenous infusion, hydration; each additiona	N						
IN	Medicaid/SCHIP/Family 96365	Intravenous infusion, for therapy, prophylaxis, c	N	CG-ADMIN-01, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family 96366	Intravenous infusion, for therapy, prophylaxis, c	N	CG-ADMIN-01, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family 96367	Intravenous infusion, for therapy, prophylaxis, c	N	CG-ADMIN-01, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family 96368	Intravenous infusion, for therapy, prophylaxis, c	N	CG-ADMIN-01, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family 96369	Subcutaneous infusion for therapy or prophylax	N						
IN	Medicaid/SCHIP/Family 96370	Subcutaneous infusion for therapy or prophylax	N						
IN	Medicaid/SCHIP/Family 96371	Subcutaneous infusion for therapy or prophylax	N						
IN	Medicaid/SCHIP/Family 96372	Therapeutic, prophylactic, or diagnostic injectio	N	CG-ADMIN-01, MED.00013			ING-CC-0053, ING-CC-0156	None	None
IN	Medicaid/SCHIP/Family 96373	Therapeutic, prophylactic, or diagnostic injectio	N						
IN	Medicaid/SCHIP/Family 96374	Therapeutic, prophylactic, or diagnostic injectio	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family 96375	Therapeutic, prophylactic, or diagnostic injectio	N						
IN	Medicaid/SCHIP/Family 96376	Therapeutic, prophylactic, or diagnostic injectio	X						
IN	Medicaid/SCHIP/Family 96377	Application of on-body injector (includes cannu	N	CG-ADMIN-01			ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family 96379	Unlisted therapeutic, prophylactic, or diagnosti	N	CG-ADMIN-01			None	None	None
IN	Medicaid/SCHIP/Family 96401	Chemotherapy administration, subcutaneous o	N						
IN	Medicaid/SCHIP/Family 96402	Chemotherapy administration, subcutaneous o	N						
IN	Medicaid/SCHIP/Family 96405	Chemotherapy administration; intralesional, up	N						
IN	Medicaid/SCHIP/Family 96406	Chemotherapy administration; intralesional, m	N						
IN	Medicaid/SCHIP/Family 96409	Chemotherapy administration; intravenous, pu	N				None	None	None
IN	Medicaid/SCHIP/Family 96411	Chemotherapy administration; intravenous, pu	N				None	None	None
IN	Medicaid/SCHIP/Family 96413	Chemotherapy administration, intravenous infu	N				ING-CC-0158; MCG: GRG: PG-ONC: I	None	None
IN	Medicaid/SCHIP/Family 96415	Chemotherapy administration, intravenous infu	N				None	None	None
IN	Medicaid/SCHIP/Family 96416	Chemotherapy administration, intravenous infu	N				None	None	None
IN	Medicaid/SCHIP/Family 96417	Chemotherapy administration, intravenous infu	N				None	None	None
IN	Medicaid/SCHIP/Family 96420	Chemotherapy Administration, Intra-Arterial; P	N				None	None	None
IN	Medicaid/SCHIP/Family 96422	Chemotherapy administration, intra-arterial; in	N				None	None	None
IN	Medicaid/SCHIP/Family 96423	Chemotherapy administration, intra-arterial; in	N				None	None	None
IN	Medicaid/SCHIP/Family 96425	Chemotherapy Administration, Intra-Arterial; Ir	N				None	None	None
IN	Medicaid/SCHIP/Family 96440	Chemotherapy Administration Into Pleural Cavi	N				None	None	None
IN	Medicaid/SCHIP/Family 96446	Chemotherapy administration into the peritoné	N						
IN	Medicaid/SCHIP/Family 96450	Chemotherapy Administration, Cns, Requiring, '	N				None	None	None
IN	Medicaid/SCHIP/Family 96521	Refilling and maintenance of portable pump	N						
IN	Medicaid/SCHIP/Family 96522	Refilling and maintenance of implantable pump	N						
IN	Medicaid/SCHIP/Family 96523	Irrigation of implanted venous access device fo	N						
IN	Medicaid/SCHIP/Family 96542	Chemotherapy Injection, Subarachnoid/Intrave	N				None	None	None
IN	Medicaid/SCHIP/Family 96549	Unlisted Chemotherapy Proc	N	MED.00128			None	None	None
IN	Medicaid/SCHIP/Family 96567	Photodynamic therapy by external application c	N						
IN	Medicaid/SCHIP/Family 96570	Photodynamic therapy by endoscopic applicati	N						
IN	Medicaid/SCHIP/Family 96571	Photodynamic therapy by endoscopic applicati	N						
IN	Medicaid/SCHIP/Family 96573	Photodynamic therapy by external application c	N						
IN	Medicaid/SCHIP/Family 96574	Debridement of premalignant hyperkeratotic le	N						

IN	Medicaid/SCHIP/Family	96900	Actinotherapy (Ultraviolet Light)	N							
IN	Medicaid/SCHIP/Family	96902	Microscopic Exam, Hair Plucked/Clipped, Exami	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	96904	Whole body integumentary photography, for m	N	MED.00004			None	None	None	None
IN	Medicaid/SCHIP/Family	96910	Photochemotherapy; Tar & Uvb/Petrolatum & I	N							
IN	Medicaid/SCHIP/Family	96912	Photochemotherapy; Psoralens & Ultraviolet A	N							
IN	Medicaid/SCHIP/Family	96913	Photochemotherapy, 4-8 Hr, Direct Supervision	N							
IN	Medicaid/SCHIP/Family	96920	Laser Tx, Inflammatory Skin Disease (Psoriasis);	N							
IN	Medicaid/SCHIP/Family	96921	Laser Tx, Inflammatory Skin Disease (Psoriasis);	N							
IN	Medicaid/SCHIP/Family	96922	Laser Tx, Inflammatory Skin Disease (Psoriasis);	N							
IN	Medicaid/SCHIP/Family	96931	Reflectance confocal microscopy (RCM) for celli	X	MED.00004			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	96932	Reflectance confocal microscopy (RCM) for celli	X	MED.00004			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	96933	Reflectance confocal microscopy (RCM) for celli	X	MED.00004			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	96934	Reflectance confocal microscopy (RCM) for celli	X	MED.00004			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	96935	Reflectance confocal microscopy (RCM) for celli	X	MED.00004			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	96936	Reflectance confocal microscopy (RCM) for celli	X	MED.00004			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	96999	Unlisted Special Dermatological Service/Proc	N	ANC.00007, MED.00004, SURG.00037, SURG.00138			None	None	None	None
IN	Medicaid/SCHIP/Family	97010	Application of a modality to 1 or more areas; hc	X				Non covered but for pediatric me	AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97012	Application of a modality to 1 or more areas; tr;	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97014	Application of a modality to 1 or more areas; el;	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97016	Application of a modality to 1 or more areas; va	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97018	Application of a modality to 1 or more areas; pa	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97022	Application of a modality to 1 or more areas; wl	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97024	Application of a modality to 1 or more areas; di	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97026	Application of a modality to 1 or more areas; in	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97028	Application of a modality to 1 or more areas; ul	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97032	Application, Modality 1+ Areas; Electrical Stimu	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97033	Application of a modality to 1 or more areas; io	Y	CG-MED-28, CG-MED-63, CG-	AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97034	Application, Modality To 1+ Areas; Contrast Bat	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97035	Application, Modality To 1+ Areas; Ultrasound,	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97036	Application, Modality To 1+ Areas; Hubbard Tar	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97039	Unlisted Modality (Specify Type & Time If Const	N	SURG.00008				AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Thera	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neurc	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquat	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait T	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Mass;	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97129	Therapeutic interventions that focus on cogniti	Y					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97130	Therapeutic interventions that focus on cogniti	Y					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97139	Unlisted Therapeutic Procedure (Specify)	N				Precertification is required after	AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97140	Manual Therapy Techniques, 1+ Regions, Each	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97150	Therapeutic Proc(S), Group, (2+ Individuals)	Y		AIM			AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97151	Behavior identification assessment, administer	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97152	Behavior identification-supporting assessment,	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97153	Adaptive behavior treatment by protocol, admi	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97154	Group adaptive behavior treatment by protoco	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97155	Adaptive behavior treatment with protocol mo	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97156	Family adaptive behavior treatment guidance,	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97157	Multiple-family group adaptive behavior treatr	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97158	Group adaptive behavior treatment with prot	Y	CG-BEH-02				None	Mental Health and Add	None
IN	Medicaid/SCHIP/Family	97161	Physical therapy evaluation; low complexity, re	N					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97162	Physical therapy evaluation; moderate complex	N					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97163	Physical therapy evaluation; high complexity re	N					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97164	Reevaluation of physical therapy established pl	Y					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97165	Occupational therapy evaluation; low complexi	N					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97166	Occupational therapy evaluation; moderate cor	N					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97167	Occupational therapy evaluation; high complex	N					AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97168	Reevaluation of occupational therapy care/esta	Y				Precertification is required after	AIM Rehab: Outpatient Rehabililitati	None	None
IN	Medicaid/SCHIP/Family	97169	Athletic training evaluation, low complexity, re	N					None	None	None
IN	Medicaid/SCHIP/Family	97170	Athletic training evaluation, moderate complex	N					None	None	None

IN	Medicaid/SCHIP/Family 97171	Athletic training evaluation, high complexity, re	N				None	None	None
IN	Medicaid/SCHIP/Family 97172	Re-evaluation of Athletic training established pl	N				None	None	None
IN	Medicaid/SCHIP/Family 97530	Therapeutic activities, direct (one-on-one) patie	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97533	Sensory integrative techniques to enhance sen	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97535	Self-care/home management training (eg, activ	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97537	Community/work reintegration training (eg, shi	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97542	Wheelchair management (eg, assessment, fittir	Y		AIM		AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97545	Work Hardening/Conditioning; Initial 2 Hours	X				Non covered but for pediatric me	AIM Rehab: Outpatient Rehabilitati	None
IN	Medicaid/SCHIP/Family 97546	Work Hardening/Conditioning; Add'l Hr	X				Non covered but for pediatric me	AIM Rehab: Outpatient Rehabilitati	None
IN	Medicaid/SCHIP/Family 97597	Debridement (eg, high pressure waterjet with/	N				AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97598	Debridement (eg, high pressure waterjet with/	N				AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97602	Removal of devitalized tissue from wound(s), ni	N				AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97605	Negative Pressure Wound Therapy, Per Session	Y		DME.00009		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 97606	Negative Pressure Wound Therapy, Per Session	Y		DME.00009		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family 97607	Negative pressure wound therapy, (eg, vacuum	Y		DME.00009		None	None	None
IN	Medicaid/SCHIP/Family 97608	Negative pressure wound therapy, (eg, vacuum	N		DME.00009		None	None	None
IN	Medicaid/SCHIP/Family 97610	Low frequency, non-contact, non-thermal ultra	Y		MED.00096		None	None	None
IN	Medicaid/SCHIP/Family 97750	Physical Performance Test, W/Written Report, I	Y			AIM	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97755	Assistive technology assessment (eg, to restore	X				Non covered but for pediatric me	AIM Rehab: Outpatient Rehabilitati	None
IN	Medicaid/SCHIP/Family 97760	Orthotic(s) management and training (including	Y			AIM	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97761	Prosthetic(s) training, upper and/or lower extre	Y			AIM	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97763	Orthotic(s)/prosthetic(s) management and/or t	Y				AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family 97799	Unlisted Physical Medicine/Rehabilitation Servi	N		ANC.00006 MED.00089		None	None	None
IN	Medicaid/SCHIP/Family 97802	Medical Nutrition Therapy; Initial Assessment &	N						
IN	Medicaid/SCHIP/Family 97803	Medical Nutrition Therapy; Re-Assessment & In	N						
IN	Medicaid/SCHIP/Family 97804	Medical Nutrition Therapy; Group (2 Or More Ir	N						
IN	Medicaid/SCHIP/Family 97810	Acupuncture, One Or More Needles, Without E	X		CG-ANC-03		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 97811	Acupuncture, 1 or more needles; without electri	X		CG-ANC-03		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 97813	Acupuncture, 1 or more needles; with electrical	X		CG-ANC-03		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 97814	Acupuncture, 1 or more needles; with electrical	X		CG-ANC-03		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 98925	Osteopathic manipulative treatment (OMT); 1-	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98926	Osteopathic manipulative treatment (OMT); 3-	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98927	Osteopathic manipulative treatment (OMT); 5-	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98928	Osteopathic manipulative treatment (OMT); 7-	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98929	Osteopathic manipulative treatment (OMT); 9-	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98940	Chiropractic manipulative treatment (CMT); spi	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98941	Chiropractic manipulative treatment (CMT); spi	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98942	Chiropractic manipulative treatment (CMT); spi	N		CG-MED-75		None	None	None
IN	Medicaid/SCHIP/Family 98943	Chiropractic manipulative treatment (CMT); ext	N						
IN	Medicaid/SCHIP/Family 98960	Education and training for patient self-manager	X				This benefit is managed by the St	None	None
IN	Medicaid/SCHIP/Family 98961	Education and training for patient self-manager	X				This benefit is managed by the St	None	None
IN	Medicaid/SCHIP/Family 98962	Education and training for patient self-manager	X				This benefit is managed by the St	None	None
IN	Medicaid/SCHIP/Family 98966	Telephone assessment and management servic	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 98967	Telephone assessment and management servic	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 98968	Telephone assessment and management servic	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 98970	Qualified nonphysician health care professional	N						
IN	Medicaid/SCHIP/Family 98971	Qualified nonphysician health care professional	N						
IN	Medicaid/SCHIP/Family 98972	Qualified nonphysician health care professional	N						
IN	Medicaid/SCHIP/Family 99000	Handling and/or conveyance of specimen for tr	N						
IN	Medicaid/SCHIP/Family 99001	Handling and/or conveyance of specimen for tr	N						
IN	Medicaid/SCHIP/Family 99002	Handling, conveyance, and/or any other service	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99024	Postoperative Follow-Up Visit, In Global Service	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99026	Hospital Mandated On Call Service; In-Hospital, X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99027	Hospital Mandated On Call Service; Out-Of-Hos	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99050	Services provided in the office at times other th	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99051	Service(s) provided in the office during regular	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99053	Service(s) provided between 10:00 PM and 8:00	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99056	Service(s) typically provided in the office, provi	X						
IN	Medicaid/SCHIP/Family 99058	Service(s) provided on an emergency basis in th	X				Non covered but for pediatric members verification of EPSDT services must be verified.		

IN	Medicaid/SCHIP/Family 99060	Service(s) provided on an emergency basis, out	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family 9906Q	27-DAY PERIOD WITHOUT PRIOR AUTHORIZATI	N						
IN	Medicaid/SCHIP/Family 99070	Supplies and materials (except spectacles), pro	X						
IN	Medicaid/SCHIP/Family 99071	Educational supplies, such as books, tapes, and	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family 99072	Additional supplies, materials, and clinical staff	N						
IN	Medicaid/SCHIP/Family 99075	Medical Testimony	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family 99078	Physician or other qualified health care professi	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family 9907L	ASSURA 2 PC HIGH OUTPUT POUCH	N						
IN	Medicaid/SCHIP/Family 9907R	NEW IMAGE FLEXWEAR	N						
IN	Medicaid/SCHIP/Family 99080	Special Reports/Insurance Forms	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family 99082	Unusual Travel	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family 9908B	BULB SYRINGE CATHETER TIP GLASS, 1.5oz	N						
IN	Medicaid/SCHIP/Family 9908C	BULB SYRINGE CATHETER TIP GLASS, 2oz	N						
IN	Medicaid/SCHIP/Family 9908D	BULB SYRINGE CATHETER TIP GLASS, 3oz	N						
IN	Medicaid/SCHIP/Family 9908E	BULB SYRINGE CATHETER TIP GLASS, 4oz	N						
IN	Medicaid/SCHIP/Family 9908F	BULB SYRINGE CATHETER TIP GLASS, OTHER	R						
IN	Medicaid/SCHIP/Family 9908H	BREAST PUMP/FAULTLESS	N						
IN	Medicaid/SCHIP/Family 99091	Collection and interpretation of physiologic dat	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family 99100	Anesthesia for patient of extreme age, younger	X	CG-MED-21				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family 99116	Anesthesia W/Hypothermia	X	CG-MED-21				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family 9911A	DISPOSABLE GLOVES, NON-STERILE	N						
IN	Medicaid/SCHIP/Family 9912A	CATHETERS-BC	N						
IN	Medicaid/SCHIP/Family 9912B	CATHETERS-BC	N						
IN	Medicaid/SCHIP/Family 9912C	CATHETERS AND OTHER DRAINAGE E	N						
IN	Medicaid/SCHIP/Family 9912D	RUBBER LEG BAG W/ASSEMBLY/0617	N						
IN	Medicaid/SCHIP/Family 9912E	WEIMER LATEX LEG BAG #3705	N						
IN	Medicaid/SCHIP/Family 9912H	SM SHORT RUBBER LEG BAG/8009	N						
IN	Medicaid/SCHIP/Family 9912J	LEG BAG RUBBER SHORT SLIM/8018	N						
IN	Medicaid/SCHIP/Family 9912K	LEG BAG RUBBER SHORT WDE/26OZ/	N						
IN	Medicaid/SCHIP/Family 9912L	SPORT L/R 10FL OZ CAP. #9010/8	N						
IN	Medicaid/SCHIP/Family 9912M	LEG BAG RUBBER LONG SLIN 26OZ/	N						
IN	Medicaid/SCHIP/Family 9912N	URINARY DRAINAGE COLLECTION UNITS	N						
IN	Medicaid/SCHIP/Family 9912P	LEG BAG RUBBER EXT LRG 44OZ #9	N						
IN	Medicaid/SCHIP/Family 9912R	LEG BAGS	N						
IN	Medicaid/SCHIP/Family 9912S	URINARY DRAINAGE KITS	N						
IN	Medicaid/SCHIP/Family 99135	Anesthesia W/Hypotension	X	CG-MED-21				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family 9913A	COLOPLAST EXTRA-COLOSTOMY POU	N						
IN	Medicaid/SCHIP/Family 9913B	COLOPLAST EXTRA-COLOSTOMY POU	N						
IN	Medicaid/SCHIP/Family 9913C	COLOPLAST EXTRA-COLOSTOMY POU	N						
IN	Medicaid/SCHIP/Family 9913J	ADH & BARRIER FILM REMOVER #74	N						
IN	Medicaid/SCHIP/Family 9913K	COLOPLAST REGULAR POUCH NO. 1	N						
IN	Medicaid/SCHIP/Family 9913L	COLOPLAST REGULAR POUCH NO. 2	N						
IN	Medicaid/SCHIP/Family 9913M	COLOPLAST REGULAR POUCH NO. 3	N						
IN	Medicaid/SCHIP/Family 9913N	COLOPLAST REGULAR POUCH NO. 4	N						
IN	Medicaid/SCHIP/Family 9913P	COLOSTOMY OR ILEOSTOMY SUPPLIE	N						
IN	Medicaid/SCHIP/Family 9913R	SKIN PROTECTIVE	N						
IN	Medicaid/SCHIP/Family 9913S	PERISTOMAL COVERING NONSTERILE	N						
IN	Medicaid/SCHIP/Family 9913T	PERISTOMAL COVERING NONSTERILE	N						
IN	Medicaid/SCHIP/Family 9913V	ADHESIVE DISC RELIASEAL	N						
IN	Medicaid/SCHIP/Family 9913W	COLOSTOMY OR ILEOSTOMY SUPPLIE	N						
IN	Medicaid/SCHIP/Family 99140	Anesthesia, Emergency Conditions	N	CG-MED-21				None	None
IN	Medicaid/SCHIP/Family 9914F	BARDEX 2WY LUBRICATH FOLEY CAT	R						
IN	Medicaid/SCHIP/Family 9914G	BARDEX 2WY LUBRICATH FOLEY CAT	N						
IN	Medicaid/SCHIP/Family 9914H	FOLEY CATHETERS, SCC	N						
IN	Medicaid/SCHIP/Family 9914I	BARDEX, 2WY TEFLON FOLEY CATHE	N						
IN	Medicaid/SCHIP/Family 9914J	BARDEX 2-WY SIL FOLEY CATHETER	N						
IN	Medicaid/SCHIP/Family 9914K	BARDEX SILICONE FOLEY CATHETER	N						
IN	Medicaid/SCHIP/Family 9914L	ULTRAMER 3WY FOLEY CATHETER	N						
IN	Medicaid/SCHIP/Family 9914M	ULTRAMER 3WY FOLEY CATHETER	N						

IN	Medicaid/SCHIP/Family 9914N	FOLEY CATHETER,2-WAY ANTIMICRO	N							
IN	Medicaid/SCHIP/Family 9914O	2WY ANTIMICROBIAL FOLEY CATHET	N							
IN	Medicaid/SCHIP/Family 9914P	REALITY FEMALE CONDOM	N							
IN	Medicaid/SCHIP/Family 9914T	NEW IMAGE DRAIN	N							
IN	Medicaid/SCHIP/Family 9914U	NI HIGH OUPUT W/ SOFT TAP	N							
IN	Medicaid/SCHIP/Family 9914V	NEW IMAGE CONVEX	N							
IN	Medicaid/SCHIP/Family 9914W	PREMIER 2 PC CONVEX BARRIER	N							
IN	Medicaid/SCHIP/Family 9914X	NEW IMAGE CONVEX	N							
IN	Medicaid/SCHIP/Family 9914Z	NEW IMAGE FLEXTEND	N							
IN	Medicaid/SCHIP/Family 99151	Moderate sedation services provided by the sai	N	CG-MED-21, CG-MED-41,			None		None	None
IN	Medicaid/SCHIP/Family 99152	Moderate sedation services provided by the sai	N	CG-MED-21, CG-MED-41,			None		None	None
IN	Medicaid/SCHIP/Family 99153	Moderate sedation services provided by the sai	N	CG-MED-21, CG-MED-41,			None		None	None
IN	Medicaid/SCHIP/Family 99155	Moderate sedation services provided by a phys	N	CG-MED-21, CG-MED-41,			None		None	None
IN	Medicaid/SCHIP/Family 99156	Moderate sedation services provided by a phys	N	CG-MED-21, CG-MED-41,			None		None	None
IN	Medicaid/SCHIP/Family 99157	Moderate sedation services provided by a phys	N	CG-MED-21, CG-MED-41,			None		None	None
IN	Medicaid/SCHIP/Family 9915A	CLOSED FILTR STOMA BG/ADHES	N							
IN	Medicaid/SCHIP/Family 9915B	FILTER SECURITY BAG/ADHESV	N							
IN	Medicaid/SCHIP/Family 9915C	KARAYA SEAL DRAIN OSTOMY	N							
IN	Medicaid/SCHIP/Family 9915D	KARAYA DRAIN OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9915E	KARAYA DRAIN OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9915F	KARAYA SEAL CLOSED BG/FILTR	R							
IN	Medicaid/SCHIP/Family 9915H	HOLLIGARD SEAL STOMA POUCH	N							
IN	Medicaid/SCHIP/Family 9915J	CLEAR ADHESIVE DRAINABLE POUCH	N							
IN	Medicaid/SCHIP/Family 9915K	CLOSED MINI OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9915L	ADHESIVE DISCS RELIASEAL OTHER	N							
IN	Medicaid/SCHIP/Family 9915M	SECURE DRAINABLE OSTOMY BAG	N							
IN	Medicaid/SCHIP/Family 9915N	KARAYA SEAL CLOSED STOMA BG	N							
IN	Medicaid/SCHIP/Family 9915P	STOMA CAP 2"	N							
IN	Medicaid/SCHIP/Family 9915Q	NEW IMAGE CLOSED POUCH	N							
IN	Medicaid/SCHIP/Family 9915R	STOMA IRRIG DRAIN 2" GASKET	N							
IN	Medicaid/SCHIP/Family 9915S	SECURE DRAINABLE OSTOMY BAG	N							
IN	Medicaid/SCHIP/Family 9915T	KARAYA DRAIN OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9915W	KARAYA DRAIN OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9915Y	IRRIGATION KITS	N							
IN	Medicaid/SCHIP/Family 9915Z	NEW IMAGE UROST	N							
IN	Medicaid/SCHIP/Family 9916A	MILEX CONTRACEPTIVE CREAM W AP	N							
IN	Medicaid/SCHIP/Family 9916B	KOROMEX II CONTRACEPTIVE CREAM	N							
IN	Medicaid/SCHIP/Family 9916C	MILEX CONTRACEPTIVE CREAM W AP	N							
IN	Medicaid/SCHIP/Family 9916D	MILEX CONTRA CREAM REFILL-BC	N							
IN	Medicaid/SCHIP/Family 9916E	KOROMEX II CREAM REFILL	N							
IN	Medicaid/SCHIP/Family 9916F	MILEX CONTRA CREAM REFILL-BC	R							
IN	Medicaid/SCHIP/Family 9916H	KOROMEX CREAM	N							
IN	Medicaid/SCHIP/Family 9916J	MILEX CONTRA CREAM REFILL-BC	N							
IN	Medicaid/SCHIP/Family 9916L	TRACHEOSTOMA FILTER, ANY SIZE, ANY TYPE, N	N							
IN	Medicaid/SCHIP/Family 9916M	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM	N							
IN	Medicaid/SCHIP/Family 9916N	TRACHEOSTOMA CLEANING BRUSH, NO MORE	N							
IN	Medicaid/SCHIP/Family 9916P	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM	N							
IN	Medicaid/SCHIP/Family 9916Q	REPLACEMENT DIAPHRAGM AND/OR FACEPLATE	N							
IN	Medicaid/SCHIP/Family 9916R	HME HOLDER OR CAP, REUSUABLE, NO MORE THAN	N							
IN	Medicaid/SCHIP/Family 9916S	HME FILTER (ALSO REFERRED TO AS A CASSETTE)	N							
IN	Medicaid/SCHIP/Family 9916T	HME HOUSING, REUSABLE, NO MORE THAN 12 N	N							
IN	Medicaid/SCHIP/Family 9916U	HME ADHESIVE DISC, ANY TYPE, NO MORE THAN	N							
IN	Medicaid/SCHIP/Family 9916V	HME FILTER HOLDER & INTEGRATED FILTER WITH	N							
IN	Medicaid/SCHIP/Family 9916W	HME EXCHANGE SYSTEM AND/ OR WITH A TRACH	N							
IN	Medicaid/SCHIP/Family 9916X	FILTER HOLDER & INTEGRATED FILTER HOUSING	N							
IN	Medicaid/SCHIP/Family 9916Y	TRACH/LARYN TUBE, NONCUFFED, PVC, SILICONE	N							
IN	Medicaid/SCHIP/Family 9916Z	TRACH/LARYN TUBE, CUFFED, PVC, SILICONE, C	N							
IN	Medicaid/SCHIP/Family 99170	Anogenital examination, magnified, in childhood	N							
IN	Medicaid/SCHIP/Family 99172	Visual Function Screening, Automated, Semi-Au	N							

IN	Medicaid/SCHIP/Family 99173	Screening, Visual Acuity, Quantitative, Bilat	N						
IN	Medicaid/SCHIP/Family 99174	Instrument-based ocular screening (eg, photosc	N						
IN	Medicaid/SCHIP/Family 99175	Induction, Vomiting, Poison	N						
IN	Medicaid/SCHIP/Family 99177	Instrument-based ocular screening (eg, photosc	N						
IN	Medicaid/SCHIP/Family 9917A	BECAUSE CONTRACEPTOR FOAM/10GM	N						
IN	Medicaid/SCHIP/Family 9917B	KOROMEX FOAM	N						
IN	Medicaid/SCHIP/Family 9917C	EMKO PRE-FIL FOAM	N						
IN	Medicaid/SCHIP/Family 9917D	KOROMEX FOAM	N						
IN	Medicaid/SCHIP/Family 9917E	DELLEN CONTRACEPTIVE FOAM	N						
IN	Medicaid/SCHIP/Family 9917F	KOROMEX FOAM	R						
IN	Medicaid/SCHIP/Family 9917H	DELLEN CONTRACEPTIVE FOAM	N						
IN	Medicaid/SCHIP/Family 9917J	KOROMEX FOAM	N						
IN	Medicaid/SCHIP/Family 9917K	EMKO PRE-FIL FOAM	N						
IN	Medicaid/SCHIP/Family 9917M	DALKON CONTRA FOAM REFILL CAT	N						
IN	Medicaid/SCHIP/Family 9917P	TRACH/LARYN, TUBE, STAINLESS STEEL OR EQU	N						
IN	Medicaid/SCHIP/Family 9917Q	TRACHEOSTOMA SHOWER PROTECTOR, NO MC	N						
IN	Medicaid/SCHIP/Family 9917S	TRACHEOSTOMA STENT/STUD/BUTTON, NO MI	N						
IN	Medicaid/SCHIP/Family 9917T	TRACH MASK, NO MORE THAN 4 IN A 27-DAY P	N						
IN	Medicaid/SCHIP/Family 9917U	TRACH, COLLAR/HOLDER, NO MORE THAN 6 IN	N						
IN	Medicaid/SCHIP/Family 9917V	TRACH/LARYN, TUBE PLUG/STOP, NO MORE TH	N						
IN	Medicaid/SCHIP/Family 99183	Physician or other qualified health care profess	Y	CG-MED-73			None	None	None
IN	Medicaid/SCHIP/Family 99184	Initiation of selective head or total body hypoth	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 99188	Application of topical fluoride varnish by a phys	N						
IN	Medicaid/SCHIP/Family 9918A	KOROMEX JELLY	N						
IN	Medicaid/SCHIP/Family 9918B	KOROMEX II CREAM W/APPL.	N						
IN	Medicaid/SCHIP/Family 9918C	KOROMEX JELLY	N						
IN	Medicaid/SCHIP/Family 9918D	MILEX CONTRA JELL W APPL-BC	N						
IN	Medicaid/SCHIP/Family 9918E	CONTRACEPTIVE CREAM, FOAM OR JELLY REFIL	N						
IN	Medicaid/SCHIP/Family 9918F	MILEX CONTRA JELLY REFILL-BC	R						
IN	Medicaid/SCHIP/Family 9918H	KOROMEX CRYSTAL CLEAR GEL	N						
IN	Medicaid/SCHIP/Family 9918J	KOROMEX JELLY	N						
IN	Medicaid/SCHIP/Family 9918K	MILEX CONTRA JEL REFILL-BC	N						
IN	Medicaid/SCHIP/Family 9918L	CONTRACEPTIC SUPPOS W/APPLICAT	N						
IN	Medicaid/SCHIP/Family 9918M	MILEX CONTRA JELL REFILL-BC	N						
IN	Medicaid/SCHIP/Family 9918N	CONTRACEPTIC SUPPOS W/O APPLIC	N						
IN	Medicaid/SCHIP/Family 9918P	CONTRACEPTIC SUPPOS W/O APPLIC	N						
IN	Medicaid/SCHIP/Family 99190	Assembly & Operation, Pump W/Oxygenator/H	X				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 99191	Assembly and operation of pump with oxygena	X				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 99192	Assembly and operation of pump with oxygena	X				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 99195	Phlebotomy, Therapeutic (Sep Proc)	N						
IN	Medicaid/SCHIP/Family 99199	Unlisted Proc, Special Service/Report	N	MED.00097, MED.00133, CG-ANC-08			None	None	None
IN	Medicaid/SCHIP/Family 9919A	KARAYA DRAIN OSTOMY POUCH	N						
IN	Medicaid/SCHIP/Family 9919B	OSTOMY BAG-PEDIATRIC-10/BOX-LN	N						
IN	Medicaid/SCHIP/Family 9919C	ILEOSTOMY POUCHES 8100-CI SERI	N						
IN	Medicaid/SCHIP/Family 9919D	KARAYA DRAIN OSTOMY POUCH	N						
IN	Medicaid/SCHIP/Family 9919E	KARAYA DRAIN OSTOMY POUCH	N						
IN	Medicaid/SCHIP/Family 9919F	ILEOSTOMY POUCHES 8400CI/85800	R						
IN	Medicaid/SCHIP/Family 9919H	OSTOMY BAG-ADULT-10/BOX-8200-8	N						
IN	Medicaid/SCHIP/Family 9919J	IRRIGATION SLEEVES AND ACCESSO	N						
IN	Medicaid/SCHIP/Family 9919K	OSTOMY BAG 8200-CI SERIES	N						
IN	Medicaid/SCHIP/Family 9919L	KARAYA PASTE 2OZ TUBE	N						
IN	Medicaid/SCHIP/Family 9919N	KARAYA PASTE 4.5OZ TUBE	N						
IN	Medicaid/SCHIP/Family 9919P	KARAYA WAFERS	N						
IN	Medicaid/SCHIP/Family 9919R	PERISTOMAL COVERINGS STERILE 4	N						
IN	Medicaid/SCHIP/Family 9919S	PERISTOMAL COVERINGS STERILE 8	N						
IN	Medicaid/SCHIP/Family 9919T	PERISTOMAL COVERS W/FLANGE NON	N						
IN	Medicaid/SCHIP/Family 9919W	PERISTOMAL COVERINGS	N						
IN	Medicaid/SCHIP/Family 9919Y	TINCTURE OF BENZOIN	N						
IN	Medicaid/SCHIP/Family 99202	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None

IN	Medicaid/SCHIP/Family 99203	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 99204	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 99205	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 9920C	COTTON BALLS STERILE	N						
IN	Medicaid/SCHIP/Family 99211	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 99212	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 99213	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 99214	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 99215	Office or other outpatient visit for the evaluat	N	CG-BEH-01			None	None	None
IN	Medicaid/SCHIP/Family 99217	Observation care discharge day management (f	N				None	None	None
IN	Medicaid/SCHIP/Family 99218	Initial observation care, per day, for the evaluat	N				None	None	None
IN	Medicaid/SCHIP/Family 99219	Initial observation care, per day, for the evaluat	N				None	None	None
IN	Medicaid/SCHIP/Family 99220	Initial observation care, per day, for the evaluat	N				None	None	None
IN	Medicaid/SCHIP/Family 99221	Initial hospital care, per day, for the evaluation	N				None	None	None
IN	Medicaid/SCHIP/Family 99222	Initial hospital care, per day, for the evaluation	N				None	None	None
IN	Medicaid/SCHIP/Family 99223	Initial hospital care, per day, for the evaluation	N				None	None	None
IN	Medicaid/SCHIP/Family 99224	Subsequent observation care, per day, for the e	N						
IN	Medicaid/SCHIP/Family 99225	Subsequent observation care, per day, for the e	N						
IN	Medicaid/SCHIP/Family 99226	Subsequent observation care, per day, for the e	N						
IN	Medicaid/SCHIP/Family 99231	Subsequent hospital care, per day, for the evalu	N				None	None	None
IN	Medicaid/SCHIP/Family 99232	Subsequent hospital care, per day, for the evalu	N				None	None	None
IN	Medicaid/SCHIP/Family 99233	Subsequent hospital care, per day, for the evalu	N				None	None	None
IN	Medicaid/SCHIP/Family 99234	Observation or inpatient hospital care, for the e	N				None	None	None
IN	Medicaid/SCHIP/Family 99235	Observation or inpatient hospital care, for the e	N				None	None	None
IN	Medicaid/SCHIP/Family 99236	Observation or inpatient hospital care, for the e	N				None	None	None
IN	Medicaid/SCHIP/Family 99238	Hospital Discharge Day Management; Up To 30 M	N				None	None	None
IN	Medicaid/SCHIP/Family 99239	Hospital Discharge Day Management; > 30 Min	N				None	None	None
IN	Medicaid/SCHIP/Family 99241	Office consultation for a new or established pat	X	CG-MED-61			None	None	None
IN	Medicaid/SCHIP/Family 99242	Office consultation for a new or established pat	X	CG-MED-61		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 99243	Office consultation for a new or established pat	X	CG-MED-61		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 99244	Office consultation for a new or established pat	X	CG-MED-61		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 99245	Office consultation for a new or established pat	X	CG-MED-61		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 9924A	ACETEST REAGENT TABLET	N						
IN	Medicaid/SCHIP/Family 9924D	CLINITEST REAGENT TABLET	N						
IN	Medicaid/SCHIP/Family 9924E	CLINITEST REAGENT TABLET	N						
IN	Medicaid/SCHIP/Family 9924F	CLINITEST ANALYSIS SET	R						
IN	Medicaid/SCHIP/Family 9924G	SERALYZER GLUCOSE HK STRIPS	N						
IN	Medicaid/SCHIP/Family 9924H	CLINISTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924J	KETOSTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924K	KETOSTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924M	TES-TAPE PACKAGE	N						
IN	Medicaid/SCHIP/Family 9924N	DEXTROSTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924P	DEXTROSTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924R	KETO-DIASTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924S	KETO-DIASTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924T	DIASTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924U	GLUCO SYSTEM LANCET	N						
IN	Medicaid/SCHIP/Family 9924V	FINGERSTIX LANCETS	N						
IN	Medicaid/SCHIP/Family 9924W	DIASTIX REAGENT STRIPS	N						
IN	Medicaid/SCHIP/Family 9924X	E-Z JECT BLOOD LANCET	N						
IN	Medicaid/SCHIP/Family 99251	Inpatient consultation for a new or established	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 99252	Inpatient consultation for a new or established	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 99253	Inpatient consultation for a new or established	X				None	None	None
IN	Medicaid/SCHIP/Family 99254	Inpatient consultation for a new or established	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 99255	Inpatient consultation for a new or established	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family 9925A	KOROMEX COIL SPRING 50MM	N						
IN	Medicaid/SCHIP/Family 9925B	FLAT SPRING DIAPHRAGM /EACH	N						
IN	Medicaid/SCHIP/Family 9925C	KORO-FLEX ARCING 60MM	N						
IN	Medicaid/SCHIP/Family 9925D	COIL SPRING DIAPHRAGM KIT LTR2	N						

IN	Medicaid/SCHIP/Family 9925E	FLAT SPRING DIAPHRAGM KIT /EAC	N							
IN	Medicaid/SCHIP/Family 9925F	KORO-FLEX ARCING SPRING	R							
IN	Medicaid/SCHIP/Family 9926G	ACCUSRE 1/2CC INSULIN SYRINGE	N							
IN	Medicaid/SCHIP/Family 99281	Emergency department visit for the evaluation	N					None	None	None
IN	Medicaid/SCHIP/Family 99282	Emergency department visit for the evaluation	N					None	None	None
IN	Medicaid/SCHIP/Family 99283	Emergency department visit for the evaluation	N					None	None	None
IN	Medicaid/SCHIP/Family 99284	Emergency department visit for the evaluation	N					None	None	None
IN	Medicaid/SCHIP/Family 99285	Emergency department visit for the evaluation	N					None	None	None
IN	Medicaid/SCHIP/Family 99288	Physician or other qualified health care professi	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99291	Critical Care, Evaluation & Management	N							
IN	Medicaid/SCHIP/Family 99292	Critical Care, Evaluation & Management, Add'l	N							
IN	Medicaid/SCHIP/Family 99304	Initial nursing facility care, per day, for the evali	N							
IN	Medicaid/SCHIP/Family 99305	Initial nursing facility care, per day, for the evali	N							
IN	Medicaid/SCHIP/Family 99306	Initial nursing facility care, per day, for the evali	N							
IN	Medicaid/SCHIP/Family 99307	Subsequent nursing facility care, per day, for th	N							
IN	Medicaid/SCHIP/Family 99308	Subsequent nursing facility care, per day, for th	N							
IN	Medicaid/SCHIP/Family 99309	Subsequent nursing facility care, per day, for th	N							
IN	Medicaid/SCHIP/Family 9930A	FEEDING TUBE /OTHERS	N							
IN	Medicaid/SCHIP/Family 9930C	BRIEF ADULT YOUTH 6388	N							
IN	Medicaid/SCHIP/Family 9930E	GASTROSTOMY/JEJUNOSTOMY TUBING	N							
IN	Medicaid/SCHIP/Family 9930G	UNDERPAD/BED/NON-TUCK 1038	N							
IN	Medicaid/SCHIP/Family 9930N	PANT SYSTEM/PULL-ON YOUTH 20"	N							
IN	Medicaid/SCHIP/Family 99310	Subsequent nursing facility care, per day, for th	N							
IN	Medicaid/SCHIP/Family 99315	Nursing Facility Discharge Day Management; 30	N							
IN	Medicaid/SCHIP/Family 99316	Nursing Facility Discharge Day Management; >	N							
IN	Medicaid/SCHIP/Family 99318	Evaluation and management of a patient involv	N							
IN	Medicaid/SCHIP/Family 9931A	FOUNTAIN SYRINGE-BC	N							
IN	Medicaid/SCHIP/Family 9931C	BRIEF ADULT SM. 6389	N							
IN	Medicaid/SCHIP/Family 9931E	UNDERPAD/CHAIR 949	N							
IN	Medicaid/SCHIP/Family 9931G	UNDERPAD/BED/NON-TUCK 7127	N							
IN	Medicaid/SCHIP/Family 9931N	PANT SYS/PULL-ON SM SR611	N							
IN	Medicaid/SCHIP/Family 9931Q	PANT SYS/PAD SR900R	N							
IN	Medicaid/SCHIP/Family 99324	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99325	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99326	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99327	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99328	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 9932C	KENGUARD BRIEF MED #9002	N							
IN	Medicaid/SCHIP/Family 9932E	UNDERPAD CHAIR MD119-6	N							
IN	Medicaid/SCHIP/Family 9932G	UNDERPAD/BED/NON-TUCK 1093	N							
IN	Medicaid/SCHIP/Family 9932Q	DIGNITY NATURAL PADS #26955	N							
IN	Medicaid/SCHIP/Family 99334	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99335	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99336	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99337	Domiciliary or rest home visit for the evaluation	N							
IN	Medicaid/SCHIP/Family 99339	Individual physician supervision of a patient (pa	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 9933C	BRIEF ADULT LARGE PRIMETIME #M	N							
IN	Medicaid/SCHIP/Family 9933G	UNDERPAD/BED/NON-TUCK	N							
IN	Medicaid/SCHIP/Family 9933H	UNDERPAD/BED/NON-TUCK/WADH HX-	N							
IN	Medicaid/SCHIP/Family 9933Q	DIGNITY X-DUTY PADS #26950	N							
IN	Medicaid/SCHIP/Family 99340	Individual physician supervision of a patient (pa	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99341	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99342	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99343	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99344	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99345	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99347	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99348	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99349	Home visit for the evaluation and management	N							

IN	Medicaid/SCHIP/Family 9934G	UNDERPAD/BED/NON-TUCK 6418	N							
IN	Medicaid/SCHIP/Family 9934H	UNDERPAD/BED/NON-TUCK/WADH HXX	N							
IN	Medicaid/SCHIP/Family 99350	Home visit for the evaluation and management	N							
IN	Medicaid/SCHIP/Family 99354	Prolonged evaluation and management or psyc	N					None	None	None
IN	Medicaid/SCHIP/Family 99355	Prolonged evaluation and management or psyc	N					None	None	None
IN	Medicaid/SCHIP/Family 99356	Prolonged service in the inpatient or observatic	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 99357	Prolonged service in the inpatient or observatic	N					This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family 99358	Prolonged evaluation and management service	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99359	Prolonged evaluation and management service	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 9935A	GAUZE BANDAGE CNFMG 1X180" STE	N							
IN	Medicaid/SCHIP/Family 9935B	GAUZE BANDAGE NON-CNFMG 1X360"	N							
IN	Medicaid/SCHIP/Family 9935C	GAUZE BANDAGE NON-CNFMG1 1/2X3	N							
IN	Medicaid/SCHIP/Family 9935E	GAUZE BANDAGE NON-CNFMG 2X360"	N							
IN	Medicaid/SCHIP/Family 9935F	STERILE GAUZE BANDAGE 3" #4000	R							
IN	Medicaid/SCHIP/Family 9935H	GAUZE BANDAGE NON-CNFMG 3X360"	N							
IN	Medicaid/SCHIP/Family 9935J	STERILE GAUZE BANDAGE 4" #4000	N							
IN	Medicaid/SCHIP/Family 9935K	GAUZE BANDAGE NON-CNFMG 4X360"	N							
IN	Medicaid/SCHIP/Family 9935M	STERILE GAUZE BANDAGE 6" #4000	N							
IN	Medicaid/SCHIP/Family 9935P	NON-STERILE GAUZE BANDAGE 2" #	N							
IN	Medicaid/SCHIP/Family 9935R	NON-STERILE GAUZE BANDAGE 3" #	N							
IN	Medicaid/SCHIP/Family 9935S	NON-STERILE GAUZE BANDAGE 4" #	N							
IN	Medicaid/SCHIP/Family 9935W	GAUZE BANDAGE CNFMG NON-STERIL	N							
IN	Medicaid/SCHIP/Family 9935Y	GAUZE ABSORBENT STERILE-BC	N							
IN	Medicaid/SCHIP/Family 99360	Standby service, requiring prolonged attendanc	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99366	Medical team conference with interdisciplinary	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 99367	Medical team conference with interdisciplinary	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 99368	Medical team conference with interdisciplinary	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 9936C	KENGUARD BRIEF LARGE #9003-72	N							
IN	Medicaid/SCHIP/Family 9936F	UNDERPAD/BED TUCKABLE #3670	R							
IN	Medicaid/SCHIP/Family 99374	Supervision of a patient under care of home he	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99375	Supervision of a patient under care of home he	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99377	Supervision of a hospice patient (patient not pr	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99378	Supervision of a hospice patient (patient not pr	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99379	Supervision of a nursing facility patient (patient	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 9937C	ADULT BRIEF MEDIUM #KZ300-0304	N							
IN	Medicaid/SCHIP/Family 9937N	SECURIT-EZ REUSE BRF ADULT #5Z	N							
IN	Medicaid/SCHIP/Family 99380	Supervision of a nursing facility patient (patient	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99381	Initial comprehensive preventive medicine eval	N							
IN	Medicaid/SCHIP/Family 99382	Initial comprehensive preventive medicine eval	N							
IN	Medicaid/SCHIP/Family 99383	Initial comprehensive preventive medicine eval	N							
IN	Medicaid/SCHIP/Family 99384	Initial comprehensive preventive medicine eval	N							
IN	Medicaid/SCHIP/Family 99385	Initial comprehensive preventive medicine eval	N							
IN	Medicaid/SCHIP/Family 99386	Initial comprehensive preventive medicine eval	N							
IN	Medicaid/SCHIP/Family 99387	Initial comprehensive preventive medicine eval	N							
IN	Medicaid/SCHIP/Family 9938A	STERILE GAUZE PADS 2"X2" 10'S	N							
IN	Medicaid/SCHIP/Family 9938B	STERILE GAUZE PADS 2"X2" 12'S	N							
IN	Medicaid/SCHIP/Family 9938C	CURITY GAUZE PADS 2"X2" 25'S S	N							
IN	Medicaid/SCHIP/Family 9938D	STERILE GAUZE PADS 2"X2" 100'S	N							
IN	Medicaid/SCHIP/Family 9938E	STERIL GAUZE PADS 3"X3" 10'S	N							
IN	Medicaid/SCHIP/Family 9938F	STERILE GAUZE PADS 3"X3" 12'S	R							
IN	Medicaid/SCHIP/Family 9938H	STERILE GAUZE PADS 3"X3" 100'S	N							
IN	Medicaid/SCHIP/Family 9938J	STERILE GAUZE PADS 4"X4" 10'S	N							
IN	Medicaid/SCHIP/Family 9938K	STERILE GAUZE PADS 4"X4" 12'S	N							
IN	Medicaid/SCHIP/Family 9938L	STERILE GAUZE PADS 3"X3" 25'S	N							
IN	Medicaid/SCHIP/Family 9938M	STERILE GAUZE PADS 4"X4" 25'S	N							
IN	Medicaid/SCHIP/Family 9938N	STERILE GAUZE PADS 4"X4" 100'S	N							
IN	Medicaid/SCHIP/Family 9938P	GAUZE PADS STERILE-BC	N							
IN	Medicaid/SCHIP/Family 9938R	KLING ELASTIC BANDAGES 1IN	N							
IN	Medicaid/SCHIP/Family 9938S	CONFORM STRETCH BANDGGE BULK	N							

IN	Medicaid/SCHIP/Family 9938T	CONFORM STRETCH BANDGE BULK	N							
IN	Medicaid/SCHIP/Family 9938W	CONFORM STRETCH BANDGE BULK	N							
IN	Medicaid/SCHIP/Family 99391	Periodic comprehensive preventive medicine re	N							
IN	Medicaid/SCHIP/Family 99392	Periodic comprehensive preventive medicine re	N							
IN	Medicaid/SCHIP/Family 99393	Periodic comprehensive preventive medicine re	N							
IN	Medicaid/SCHIP/Family 99394	Periodic comprehensive preventive medicine re	N							
IN	Medicaid/SCHIP/Family 99395	Periodic comprehensive preventive medicine re	N							
IN	Medicaid/SCHIP/Family 99396	Periodic comprehensive preventive medicine re	N							
IN	Medicaid/SCHIP/Family 99397	Periodic comprehensive preventive medicine re	N							
IN	Medicaid/SCHIP/Family 9939C	BRIEF ADULT SMALL #MD1066	N							
IN	Medicaid/SCHIP/Family 99401	Preventive Medicine Counseling, Indiv; 15 Min	X					This benefit is managed by the St	None	None
IN	Medicaid/SCHIP/Family 99402	Preventive Medicine Counseling, Indiv; 30 Min	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99403	Preventive Medicine Counseling, Indiv; 45 Min	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99404	Preventive Medicine Counseling, Indiv; 60 Min	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99406	Smoking and tobacco use cessation counseling	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 99407	Smoking and tobacco use cessation counseling	N					None	None	None
IN	Medicaid/SCHIP/Family 99408	Alcohol and/or substance (other than tobacco)	N					None	None	None
IN	Medicaid/SCHIP/Family 99409	Alcohol and/or substance (other than tobacco)	N					None	None	None
IN	Medicaid/SCHIP/Family 99411	Preventive Medicine Counseling, Group; 30 Mir	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99412	Preventive Medicine Counseling, Group; 60 Mir	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99415	Prolonged clinical staff service (the service bey	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99416	Prolonged clinical staff service (the service bey	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99417	Prolonged office or other outpatient evaluation	N							
IN	Medicaid/SCHIP/Family 9941A	GAUZE 4"x4"SPONGE 12PLY 100S N	N							
IN	Medicaid/SCHIP/Family 9941B	GAUZE 4"x4"SPONGE 16PLY 100S N	N							
IN	Medicaid/SCHIP/Family 9941C	GAUZE 2"x2"SPONGE 8PLY 200'S N	N							
IN	Medicaid/SCHIP/Family 9941E	3X3 NON-STERILE SPONGE 12PLY 2	N							
IN	Medicaid/SCHIP/Family 9941F	GAUZE 4"x3"SPONGE 12PLY 200S N	R							
IN	Medicaid/SCHIP/Family 9941H	GAUZE 4"x3"SPONGE 16PLY 200S N	N							
IN	Medicaid/SCHIP/Family 9941J	KERLEX ROLL 4 1/2"x4.1 YDS	N							
IN	Medicaid/SCHIP/Family 9941K	GAUZE 4"x3"SPONGE 32PLY 200S N	N							
IN	Medicaid/SCHIP/Family 9941L	FLEXIBLE GAUZE BANDAGE 6" NON-	N							
IN	Medicaid/SCHIP/Family 9941M	GAUZE 4"x4"SPONGE 8PLY #908292	N							
IN	Medicaid/SCHIP/Family 9941N	4X4 NON-STERILE SPONGE 12PLY 2	N							
IN	Medicaid/SCHIP/Family 9941P	GAUZE 8"x4"SPONGE 12PLY 200S N	N							
IN	Medicaid/SCHIP/Family 9941R	FLEXIBLE GAUZE BANDAGE-OTHERS-	N							
IN	Medicaid/SCHIP/Family 9941S	GAUZE 4"x4"SPONGE 16PLY 200S N	N							
IN	Medicaid/SCHIP/Family 9941T	GAUZE SPONGE NON STERILE OTHER	N							
IN	Medicaid/SCHIP/Family 9941W	GUAZE BANDAGE OTHER TYPE	N							
IN	Medicaid/SCHIP/Family 9941Y	KLING ELASTIC BANDAGES 2"	N							
IN	Medicaid/SCHIP/Family 99421	Online digital evaluation and management serv	N							
IN	Medicaid/SCHIP/Family 99422	Online digital evaluation and management serv	N							
IN	Medicaid/SCHIP/Family 99423	Online digital evaluation and management serv	N							
IN	Medicaid/SCHIP/Family 99429	Unlisted Preventive Medicine Service	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99439	Chronic care management services with the fol	N							
IN	Medicaid/SCHIP/Family 9943N	INTERMITTENT CATHETER WITH BAG	N							
IN	Medicaid/SCHIP/Family 99441	Telephone evaluation and management service	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 99442	Telephone evaluation and management service	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 99443	Telephone evaluation and management service	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family 99446	Interprofessional telephone/Internet/electroni	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99447	Interprofessional telephone/Internet/electroni	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99448	Interprofessional telephone/Internet/electroni	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99449	Interprofessional telephone/Internet/electroni	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99450	Basic Life/Disability Exam	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family 99451	Interprofessional telephone/Internet/electroni	N					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family 99452	Interprofessional telephone/Internet/electroni	N							
IN	Medicaid/SCHIP/Family 99453	Remote monitoring of physiologic parameter(s)	N							
IN	Medicaid/SCHIP/Family 99454	Remote monitoring of physiologic parameter(s)	N							
IN	Medicaid/SCHIP/Family 99455	Work/Medical Disability Exam, Treating Physi	X					Non covered but for pediatric members verification of EPSDT services must be verified.		

IN	Medicaid/SCHIP/Family 99456	Work/Medical Disability Exam, Non-Treating Ph X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99457	Remote physiologic monitoring treatment man	N						
IN	Medicaid/SCHIP/Family 99458	Remote physiologic monitoring treatment man	N						
IN	Medicaid/SCHIP/Family 9945C	BRIEF ADULT LARGE #MD1080	N						
IN	Medicaid/SCHIP/Family 9945E	DISPOSEZE UNDERPAD 17X23 #5001	N						
IN	Medicaid/SCHIP/Family 9945F	UNDERPAD/BED TUCKABLE #3805	R						
IN	Medicaid/SCHIP/Family 9945G	UNDERPAD/BED/NON-TUCK 50031	N						
IN	Medicaid/SCHIP/Family 9945K	MAXISHIELD,LINER MED. #50074	N						
IN	Medicaid/SCHIP/Family 9945N	SECURIT-EZ REUSE BRF,ADULT #SZ	N						
IN	Medicaid/SCHIP/Family 9945Q	DIGNITY REG BULK PADS #B26954	N						
IN	Medicaid/SCHIP/Family 99460	Initial hospital or birthing center care, per day, I	N						
IN	Medicaid/SCHIP/Family 99461	Initial care, per day, for evaluation and manage	N						
IN	Medicaid/SCHIP/Family 99462	Subsequent hospital care, per day, for evaluatic	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99463	Initial hospital or birthing center care, per day, I	N						
IN	Medicaid/SCHIP/Family 99464	Attendance at delivery (when requested by the N	N						
IN	Medicaid/SCHIP/Family 99465	Delivery/birthing room resuscitation, provision	N						
IN	Medicaid/SCHIP/Family 99466	Critical care face-to-face services, during an int	N						
IN	Medicaid/SCHIP/Family 99467	Critical care face-to-face services, during an int	N						
IN	Medicaid/SCHIP/Family 99468	Initial inpatient neonatal critical care, per day, f	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99469	Subsequent inpatient neonatal critical care, per	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 9946B	GAUZE 3"X3"SPONGE 12PLY 2'S ST	N						
IN	Medicaid/SCHIP/Family 9946C	GAUZE 4"X3"SPONGE 12PLY 2'S ST	N						
IN	Medicaid/SCHIP/Family 9946D	GAUZE 4X4 8PLY STERILE #908276	N						
IN	Medicaid/SCHIP/Family 9946E	BANDAGES, SPONGE TYPE, STERILE 2'S, 12 PLY	N						
IN	Medicaid/SCHIP/Family 9946F	GAUZE 4"X4"SPONGE 8PLY 10'S ST	R						
IN	Medicaid/SCHIP/Family 9946H	GAUZE 4"X4"SPONGE 12PLY 10'S S	N						
IN	Medicaid/SCHIP/Family 9946J	CONFORM STRETCH BANDGE STRL	N						
IN	Medicaid/SCHIP/Family 9946K	GAUZE 4"X4"SPONGE 16PLY 10'S S	N						
IN	Medicaid/SCHIP/Family 9946L	CONFORM STRETCH BANDGE STRL	N						
IN	Medicaid/SCHIP/Family 9946M	GAUZE SPONGES, STERILE	N						
IN	Medicaid/SCHIP/Family 9946P	KERLIX ROLL 4-1/2 X 147 IN	N						
IN	Medicaid/SCHIP/Family 9946R	KERLIX GAUZE BANDAGE 4-1/2" 4/	N						
IN	Medicaid/SCHIP/Family 9946T	FLEXIBLE GAUZE BANDAGE-OTHERS-	N						
IN	Medicaid/SCHIP/Family 9946W	EYE OCCLUSORS JR SIZE	N						
IN	Medicaid/SCHIP/Family 99471	Initial inpatient pediatric critical care, per day, f	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99472	Subsequent inpatient pediatric critical care, per	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99473	Self-measured blood pressure using a device va	N						
IN	Medicaid/SCHIP/Family 99474	Self-measured blood pressure using a device va	N						
IN	Medicaid/SCHIP/Family 99475	Initial inpatient pediatric critical care, per day, f	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99476	Subsequent inpatient pediatric critical care, per	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99477	Initial hospital care, per day, for the evaluation	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99478	Subsequent intensive care, per day, for the eva	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99479	Subsequent intensive care, per day, for the eva	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 9947C	BRIEF ADULT MED #MD1070	N						
IN	Medicaid/SCHIP/Family 9947E	UNDERPAD/CHAIR 7120	N						
IN	Medicaid/SCHIP/Family 9947F	UNDERPAD/BED/TUCKABLE HSP-3030	R						
IN	Medicaid/SCHIP/Family 9947G	UNDERPAD/BED/NON-TUCK C-903	N						
IN	Medicaid/SCHIP/Family 9947I	PAD 5874	N						
IN	Medicaid/SCHIP/Family 9947K	LINER K2200-0203	N						
IN	Medicaid/SCHIP/Family 9947L	SHIELD 19020	N						
IN	Medicaid/SCHIP/Family 9947N	PANT SYSTEM/PULL-ON YOUTH 24 2	N						
IN	Medicaid/SCHIP/Family 9947Q	DIGNITY X-DUTY BULK PADS #B269	N						
IN	Medicaid/SCHIP/Family 99480	Subsequent intensive care, per day, for the eva	N						This service must be performed in an Inpatient setting.
IN	Medicaid/SCHIP/Family 99483	Assessment of and care planning for a patient v	N						
IN	Medicaid/SCHIP/Family 99484	Care management services for behavioral healt	N						
IN	Medicaid/SCHIP/Family 99485	Supervision by a control physician of interfacilit	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99486	Supervision by a control physician of interfacilit	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99487	Complex chronic care management services, wi	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99489	Complex chronic care management services, wi	X						Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family 9948A	GAUZE SUPER SPONGE SMALL 50'S	N						
IN	Medicaid/SCHIP/Family 9948C	GAUZE SUPER SPONGE LARGE 100 N	N						
IN	Medicaid/SCHIP/Family 9948E	GAUZE SUPER SPONGE SMALL 2'S S	N						
IN	Medicaid/SCHIP/Family 9948J	GAUZE SUPER SPONGE MEDIUM 5'S	N						
IN	Medicaid/SCHIP/Family 9948K	GAUZE SUPER SPONGE MEDIUM 10'S	N						
IN	Medicaid/SCHIP/Family 9948L	ABDOMINAL PADS NON-STERILE-OTH	N						
IN	Medicaid/SCHIP/Family 9948M	GAUZE SUPER SPONGE XTRA LARGE	N						
IN	Medicaid/SCHIP/Family 9948N	GAUZE SUPER SPONGE-BC	N						
IN	Medicaid/SCHIP/Family 99490	Chronic care management services, at least 20	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99491	Chronic care management services, provided pi	N						
IN	Medicaid/SCHIP/Family 99492	Initial psychiatric collaborative care managem	N						
IN	Medicaid/SCHIP/Family 99493	Subsequent psychiatric collaborative care man	N						
IN	Medicaid/SCHIP/Family 99494	Initial or subsequent psychiatric collaborative c	N						
IN	Medicaid/SCHIP/Family 99495	Transitional Care Management Services with th	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99496	Transitional Care Management Services with th	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99497	Advance care planning including the explanatio	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99498	Advance care planning including the explanatio	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99499	Unlisted Evaluation & Management Service	N						
IN	Medicaid/SCHIP/Family 9949G	DISPOSEZE UNDERPAD MED 22X23 #	N						
IN	Medicaid/SCHIP/Family 99500	Home Visit, Prenat Monitor Assess, Fetal Heart	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99501	Home Visit, Postnatal Assessment, Follow-Up C	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99502	Home Visit, Newborn Care, Assessment	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family 99503	Home Visit, Respiratory Therapy Care (Broncho	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99504	Home Visit, Mechanical Ventilation Care	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99505	Home Visit, Stoma Care & Maintenance, Colost	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99506	Home Visit, Im Injections	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99507	Home Visit, Care & Maintenance Catheter(S) (T	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99509	Home Visit, Assistance W/Activities Daily Living	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 9950B	REGULAR STERILE EYE PADS 12'S	N						
IN	Medicaid/SCHIP/Family 9950C	REGULAR STERILE EYE PADS 50'S	N						
IN	Medicaid/SCHIP/Family 9950D	EYE OCCLUSORS - 25 IN BOX - EA	N						
IN	Medicaid/SCHIP/Family 9950E	STERILE PADS	N						
IN	Medicaid/SCHIP/Family 9950F	STERILE GAUZE PADS-OTHERS	R						
IN	Medicaid/SCHIP/Family 9950H	GAUZE COVER SPONGE 4X4"-2/ENV	N						
IN	Medicaid/SCHIP/Family 9950J	STERILE ABDOMINAL PADS 5"X9" 2	N						
IN	Medicaid/SCHIP/Family 9950K	STERILE ABDOMINAL PADS 8"X10"	N						
IN	Medicaid/SCHIP/Family 9950L	OTHER PAD TYPE	N						
IN	Medicaid/SCHIP/Family 9950M	ABDOMINAL PADS 5"X9" 16'S STER	N						
IN	Medicaid/SCHIP/Family 9950N	ABDOMINAL PADS 7-1/2"X8" 20'S	N						
IN	Medicaid/SCHIP/Family 9950P	GAUZE COVER SPONGE 3X3"2'S 80	N						
IN	Medicaid/SCHIP/Family 9950R	ADHESIVE TYPE PAD-STERILE	N						
IN	Medicaid/SCHIP/Family 9950S	ABDOMINAL PADS 5"X9" NON-STERI	N						
IN	Medicaid/SCHIP/Family 9950T	ABDOMINAL PADS 7-1/2"X8" NON-S	N						
IN	Medicaid/SCHIP/Family 9950W	ABDOMINAL PADS 8"X10" NON-STER	N						
IN	Medicaid/SCHIP/Family 9950Y	ADHESIVE TYPE PAD OTHERS NON-S	N						
IN	Medicaid/SCHIP/Family 99510	Home Visit Individual, Family, Marriage Counse	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99511	Home Visit, Fecal Impaction Management & En	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 99512	Home Visit, Hemodialysis	X	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family 9952A	GAUZE COVER SPONGE 3"X3" NON-S	N						
IN	Medicaid/SCHIP/Family 9952B	GAUZE COVER SPONGE 4"X3" 100S	N						
IN	Medicaid/SCHIP/Family 9952C	GAUZE COVER SPONGE 4"X4"100S N	N						
IN	Medicaid/SCHIP/Family 9952D	GAUZE COVER SPONGE 8"X4"100S N	N						
IN	Medicaid/SCHIP/Family 9952E	DRESSING SPONGES STERILE #9082	N						
IN	Medicaid/SCHIP/Family 9952F	GAUZE COVERED SPONGE 4"X4"100	R						
IN	Medicaid/SCHIP/Family 9952H	COVER SPONGE OTHER TYPES-BC	N						
IN	Medicaid/SCHIP/Family 9952J	GAUZE COVERED SPONGE 3"X3"100S	N						
IN	Medicaid/SCHIP/Family 9953A	YALE REUSE. INSULN SYR U100	N						
IN	Medicaid/SCHIP/Family 9953B	SHORT TYPE-REUSABLE-METAL LUER	N						
IN	Medicaid/SCHIP/Family 9953C	YALE REUSE. INSULN SYR U40	N						

IN	Medicaid/SCHIP/Family 9953D	SHORT TYPE-GLASS TIP-80U/2UNIT	N							
IN	Medicaid/SCHIP/Family 9953E	SHORT TYPE-GLASS TIP-40-80UNIT	N							
IN	Medicaid/SCHIP/Family 9953F	SHORT TYPE-GLASS TIP 40-80U/1U	R							
IN	Medicaid/SCHIP/Family 9953H	INSULIN SHORT TYPE GLASS TIP O	N							
IN	Medicaid/SCHIP/Family 9953J	YALE SYRINGE 10CC/1/5CC SYN	N							
IN	Medicaid/SCHIP/Family 9953K	YALE REUSE. INSULN SYR U100	N							
IN	Medicaid/SCHIP/Family 9954D	UNDERGARMENT #MD1058	N							
IN	Medicaid/SCHIP/Family 9954N	SECURIT-EZ REUSE BRF ADULT #SZ	N							
IN	Medicaid/SCHIP/Family 9954Q	DIGNITY NATURAL BULK PADS #B26	N							
IN	Medicaid/SCHIP/Family 9955C	ISOPROPY ALCOHOL 91%	N							
IN	Medicaid/SCHIP/Family 9955D	ISOPROPYL ALCOHOL/91%	N							
IN	Medicaid/SCHIP/Family 9955E	ISOPROPYL ALCOHOL/99%	N							
IN	Medicaid/SCHIP/Family 9955F	ISOPROPYL ALCOHOL /99%	R							
IN	Medicaid/SCHIP/Family 9955H	ISOPROPYL ALCOHOL /99%	N							
IN	Medicaid/SCHIP/Family 9955J	ISOPROPYL ALCOHOL/99%/SYRINGE	N							
IN	Medicaid/SCHIP/Family 9955T	SWABSTICK POVIDONE-IODINE SCRU	N							
IN	Medicaid/SCHIP/Family 9956A	SUSPENSORY	N							
IN	Medicaid/SCHIP/Family 9959A	STOMA URINE BAG ADULT #961015	N							
IN	Medicaid/SCHIP/Family 9959B	STOMA URINE BAG MED #961016	N							
IN	Medicaid/SCHIP/Family 9959C	STOMA URINE BAG PED #961017	N							
IN	Medicaid/SCHIP/Family 9959D	UROSTOMY POUCH-BRIEF 9IN	N							
IN	Medicaid/SCHIP/Family 9959E	ADHESIVE DRAIN OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9959F	ADHESIVE DRAIN OSTOMY POUCH	R							
IN	Medicaid/SCHIP/Family 9959H	UROSTOMY POUCH-MED.16IN	N							
IN	Medicaid/SCHIP/Family 9959J	UROSTOMY POUCH/KARAYA SEAL	N							
IN	Medicaid/SCHIP/Family 9959K	UROSTOMY POUCH-SHORT 12IN	N							
IN	Medicaid/SCHIP/Family 9959L	UROSTOMY POUCH/KARAYA SEAL	N							
IN	Medicaid/SCHIP/Family 9959M	URINE BAG AND DISPOSABLE ACCES	N							
IN	Medicaid/SCHIP/Family 9959N	URINARY DRAINAGE COLLECTION UNITS	N							
IN	Medicaid/SCHIP/Family 99600	Unlisted Home Visit Service/Procedure	Y	CG-MED-23, CG-MED-71		No PA required for Home Health	None	Home Health Services:	None	
IN	Medicaid/SCHIP/Family 99601	Home infusion/specialty drug administration, p	N	CG-MED-23			None	None	None	
IN	Medicaid/SCHIP/Family 99602	Home infusion/specialty drug administration, p	N	CG-MED-23			None	None	None	
IN	Medicaid/SCHIP/Family 99605	Medication therapy management service(s) prc X	X			Non covered but for pediatric members verification of EPSDT services must be verified.				
IN	Medicaid/SCHIP/Family 99606	Medication therapy management service(s) prc X	X			Non covered but for pediatric members verification of EPSDT services must be verified.				
IN	Medicaid/SCHIP/Family 99607	Medication therapy management service(s) prc X	X			Non covered but for pediatric members verification of EPSDT services must be verified.				
IN	Medicaid/SCHIP/Family 9962A	PEDIATRIC POST-OP POUCH 8150-8	N							
IN	Medicaid/SCHIP/Family 9962B	URINARY POUCHES/8150-CI SERIES	N							
IN	Medicaid/SCHIP/Family 9962D	ADULT POST-OP POUCH 8250-8274	N							
IN	Medicaid/SCHIP/Family 9962E	URINARY POUCHES 8250/8450/8550	N							
IN	Medicaid/SCHIP/Family 9971O	FCP-3333WW/6 33X33 10'S	N							
IN	Medicaid/SCHIP/Family 9972C	ULTRASHIELD ADULT BRIEFS LRG #	N							
IN	Medicaid/SCHIP/Family 9972N	SECURIT-EZ REUSE BRF ADULT #SZ	N							
IN	Medicaid/SCHIP/Family 9973N	SECURIT-EZ REUSE BRF ADULT #SZ	N							
IN	Medicaid/SCHIP/Family 9974N	SECURIT-EZ REUSE BRF ADULT #SZ	N							
IN	Medicaid/SCHIP/Family 9975F	COLOPLAST ILEOSTOMY ILEO B POU	R							
IN	Medicaid/SCHIP/Family 9975H	EXTRA ILEO B MINI POUCH #96041	N							
IN	Medicaid/SCHIP/Family 9975K	COLOPLAST ILEOSTOMY ILEO B POU	N							
IN	Medicaid/SCHIP/Family 9975L	SECURITY POUCHES EXTRA	N							
IN	Medicaid/SCHIP/Family 9975P	SECURITY POUCHES EXTRA 60MM	N							
IN	Medicaid/SCHIP/Family 9976P	LO-PROFILE UROSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9976R	LO-PROFILE UROSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9976S	LO-PROFILE UROSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9976T	STOMA CAP W/ADHESIVE 2"	N							
IN	Medicaid/SCHIP/Family 9976W	PREMIUM DRAIN OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9976Y	PREMIUM CLOSED OSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9977A	LOOP OSTOMY DRAINABLE POUCH	N							
IN	Medicaid/SCHIP/Family 9977B	HOLLISTER POST-OPERATIV PCH	N							
IN	Medicaid/SCHIP/Family 9977C	HOLLISTER POST-OPERATIV PCH	N							
IN	Medicaid/SCHIP/Family 9977D	STERILE WOUND DRAINAGE COLL	N							

IN	Medicaid/SCHIP/Family 9977E	ODOR PROTECT POUCHES PED'S ADH	N							
IN	Medicaid/SCHIP/Family 9977F	ODOR PROTECT POUCHES DISP 4"X1	R							
IN	Medicaid/SCHIP/Family 9977H	ODOR PROTECT POUCHES DISP 5"X1	N							
IN	Medicaid/SCHIP/Family 9977J	ODOR PROTECT POUCHES DISP 5"X1	N							
IN	Medicaid/SCHIP/Family 9977K	ODOR PROTECT POUCHES DISP 6"X1	N							
IN	Medicaid/SCHIP/Family 9977L	ODOR PROTECT POUCHES DISP 6"X1	N							
IN	Medicaid/SCHIP/Family 9977M	ODOR PROTECT POUCHES DISP 4"X1	N							
IN	Medicaid/SCHIP/Family 9977N	ODOR PROTECT POUCHES DISP 5"X1	N							
IN	Medicaid/SCHIP/Family 9977P	ODOR PROTECT POUCHES DISP 5"X1	N							
IN	Medicaid/SCHIP/Family 9977R	ODOR PROTECT POUCHES DISP 6"X1	N							
IN	Medicaid/SCHIP/Family 9977S	ODOR PROTECT POUCHES DISP 6"X1	N							
IN	Medicaid/SCHIP/Family 9977T	CLOSED BAGS W/ADHESIVE 10'S	N							
IN	Medicaid/SCHIP/Family 9977W	OPEN BAGS W/ADHESIVE 10'S	N							
IN	Medicaid/SCHIP/Family 9977Y	CLEAR ODORPROOF BAGS 4"X12"250	N							
IN	Medicaid/SCHIP/Family 9978A	WHITE ODORPROOF BAGS 4"X12"250	N							
IN	Medicaid/SCHIP/Family 9978B	CLEAR ODORPROOF BAGS 5"X12"250	N							
IN	Medicaid/SCHIP/Family 9978C	WHITE ODORPROOF BAGS 5"X12"250	N							
IN	Medicaid/SCHIP/Family 9978D	ODOR-PROTECT DISP POUCHES 10'S	N							
IN	Medicaid/SCHIP/Family 9978E	CLEAR ODORPROOF BAG 5"X16"250'	N							
IN	Medicaid/SCHIP/Family 9978F	WHITE ODORPROOF BAGS 5"X16"250	R							
IN	Medicaid/SCHIP/Family 9978H	CLEAR ODORPROOF BAGS 6"X12"250	N							
IN	Medicaid/SCHIP/Family 9978J	WHITE ODORPROOF BAGS 6"X12"250	N							
IN	Medicaid/SCHIP/Family 9978K	CLEAR ODORPROOF BAGS 6"X16"250	N							
IN	Medicaid/SCHIP/Family 9978N	SUR-FIT UROSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9978P	SUR-FIT UROSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9978R	SUR-FIT FLANGE CAP	N							
IN	Medicaid/SCHIP/Family 9978S	SUR-FIT CLOSED-END POUCH	N							
IN	Medicaid/SCHIP/Family 9978T	SUR-FIT DRAINABLE POUCH	N							
IN	Medicaid/SCHIP/Family 9978W	SUR-FIT DRAINABLE POUCH	N							
IN	Medicaid/SCHIP/Family 9978Y	SUR-FIT DRAINABLE POUCH	N							
IN	Medicaid/SCHIP/Family 9979A	SUR-FIT MINI POUCH	N							
IN	Medicaid/SCHIP/Family 9979B	BONGORT URINARY POUCH-SMALL #1	N							
IN	Medicaid/SCHIP/Family 9979C	BONGORT URINARY POUCH #1075-10	N							
IN	Medicaid/SCHIP/Family 9979D	BONGORT DISPOSABLE POUCH 3/4"	N							
IN	Medicaid/SCHIP/Family 9979E	BONGORT ODOR-BARRIER POUCH 3/4"	N							
IN	Medicaid/SCHIP/Family 9979F	COLOSTOMY POUCH 5.5X8 10'S #18	R							
IN	Medicaid/SCHIP/Family 9979H	COLOSTOMY POUCH 6"X10" 10'S #1	N							
IN	Medicaid/SCHIP/Family 9979K	COLOSTOMY POUCH 5"X5" 10'S #18	N							
IN	Medicaid/SCHIP/Family 9979L	ILEOSTOMY POUCH 6"X11" 6'S	N							
IN	Medicaid/SCHIP/Family 9979M	ILEOSTOMY POUCH 51/4"X13" 6'S	N							
IN	Medicaid/SCHIP/Family 9979N	ILEOSTOMY POUCH 61/2"X12" 6'S	N							
IN	Medicaid/SCHIP/Family 9979P	DISPOSABLE ILEOSTOMY POUCH-#25	N							
IN	Medicaid/SCHIP/Family 9979R	SEMI-DISPOSABLE ILEOSTOMY POUCH	N							
IN	Medicaid/SCHIP/Family 9979S	ODOR-PROOF ILEOSTOMY POUCH 5'S	N							
IN	Medicaid/SCHIP/Family 9979T	URINARY DIVERSION POUCH 63/4"X	N							
IN	Medicaid/SCHIP/Family 9980A	URINARY DIVERSION POUCH,REGULA	N							
IN	Medicaid/SCHIP/Family 9980B	URINARY DIVERSION POUCH-SMALL	N							
IN	Medicaid/SCHIP/Family 9980D	URINARY POUCH-LARGE/MINI #3218	N							
IN	Medicaid/SCHIP/Family 9980E	URINARY POUCH-REGULAR #3406-00	N							
IN	Medicaid/SCHIP/Family 9980J	URINARY POUCH-LARGE/MINI #3418	N							
IN	Medicaid/SCHIP/Family 9980K	DRI-FLO URINARY POUCH 63/4"X10	N							
IN	Medicaid/SCHIP/Family 9980L	DRI-FLO URINARY POUCH 63/4X101	N							
IN	Medicaid/SCHIP/Family 9980M	COLOSTOMY POST-OPERATIVE POUCH	N							
IN	Medicaid/SCHIP/Family 9980N	COLOSTOMY DAILY POUCH #8106-00	N							
IN	Medicaid/SCHIP/Family 9980S	STOMAHESIVE PASTE	N							
IN	Medicaid/SCHIP/Family 9980T	STOMAHESIVE PROTECTIVE POWD	N							
IN	Medicaid/SCHIP/Family 9980Y	SKIN CARE CLEANSER #740203	N							
IN	Medicaid/SCHIP/Family 9981F	TRACHEOSTOMY SUPPLIES CATHETER	R							
IN	Medicaid/SCHIP/Family 9981H	TRACHEOSTOMY SUPPLIES CLEANERS	N							

IN	Medicaid/SCHIP/Family 9981L	KARAYA GUM POWDER 30GM	N							
IN	Medicaid/SCHIP/Family 9981M	KARAYA POWDER 3-1/2OZ-99GRAMS	N							
IN	Medicaid/SCHIP/Family 9981N	KARAYA GUM POWDER 340-480GMS R	N							
IN	Medicaid/SCHIP/Family 9981P	KARAYA GUM POWDER 30GMS STERIL	N							
IN	Medicaid/SCHIP/Family 9981R	KARAYA GUM POWDER 70-120GM STE	N							
IN	Medicaid/SCHIP/Family 9981S	KARAYA GUM POWDER 340-480GMS S	N							
IN	Medicaid/SCHIP/Family 9981T	OSTOMY SUPPLIES ADHESIVE NONTA	N							
IN	Medicaid/SCHIP/Family 9982C	BRIEF ADULT LARGE #MD1086	N							
IN	Medicaid/SCHIP/Family 9982N	SECURIT-EZ REUSE BRF ADULT #SZ	N							
IN	Medicaid/SCHIP/Family 9984N	SECURIT-EZ REUSE BRF ADULT #SZ	N							
IN	Medicaid/SCHIP/Family 9985A	ADAPTIC DRESSING 3" X 3"	N							
IN	Medicaid/SCHIP/Family 9985B	ADAPTIC DRESSING 3" X 8"	N							
IN	Medicaid/SCHIP/Family 9985C	ADAPTIC DRESSING 3" X 16"	N							
IN	Medicaid/SCHIP/Family 9985D	ADAPTIC DRESSING 3" X 8"	N							
IN	Medicaid/SCHIP/Family 9985E	NU-GAUZE PACK STRIPS 1/4"X5YDS	N							
IN	Medicaid/SCHIP/Family 9985F	NU-GAUZE PACK STRIPS 1/2"X5YDS	R							
IN	Medicaid/SCHIP/Family 9985H	NU-GAUZE PACK STRIPS 1"X5YDS	N							
IN	Medicaid/SCHIP/Family 9985J	NU-GAUZE PACK STRIPS 2"X5YDS	N							
IN	Medicaid/SCHIP/Family 9985K	TELFA DRESSING STERILE	N							
IN	Medicaid/SCHIP/Family 9985L	TELFA DRESSING STERILE	N							
IN	Medicaid/SCHIP/Family 9985M	TELFA DRESSING STERILE	N							
IN	Medicaid/SCHIP/Family 9985N	TELFA ADHESIVE DRESSNG STRL	N							
IN	Medicaid/SCHIP/Family 9985P	OP-SITE DRESSING 5CMX7.5CM 100	N							
IN	Medicaid/SCHIP/Family 9985S	OP-SITE DRESSING 10CMX28CM 10'	N							
IN	Medicaid/SCHIP/Family 9985T	OP-SITE DRESSING 14CMX10CM 50'	N							
IN	Medicaid/SCHIP/Family 9985W	OP-SITE DRESSING 25CMX14CM 20'	N							
IN	Medicaid/SCHIP/Family 9985Y	OP-SITE DRESSING 28CMX15CM 10'	N							
IN	Medicaid/SCHIP/Family 9986A	OP-SITE DRESSING 28CMX30CM 10'	N							
IN	Medicaid/SCHIP/Family 9986B	PETROLATUM GAUZE DRESSINGS-OTH	N							
IN	Medicaid/SCHIP/Family 9986C	NON-MEDICATED DRESSING OTHERS-	N							
IN	Medicaid/SCHIP/Family 9986D	VIGILON DRESSING NON-STERILE 4	N							
IN	Medicaid/SCHIP/Family 9986E	VIGILON DRESSING NON-STERILE 1	N							
IN	Medicaid/SCHIP/Family 9986F	VIGILON STERILE DRESSING 3"X6"	R							
IN	Medicaid/SCHIP/Family 9986H	VIGILON DRESSING STERILE 4"X4"	N							
IN	Medicaid/SCHIP/Family 9986J	XEROFLO STERILE PETROLATUM DRE	N							
IN	Medicaid/SCHIP/Family 9986K	XEROFLO STERILE PETRO DRESSING	N							
IN	Medicaid/SCHIP/Family 9986L	XEROFLO STERILE 2"X2" PETRO DR	N							
IN	Medicaid/SCHIP/Family 9986M	XEROFORM DRESSING #0808-6313	N							
IN	Medicaid/SCHIP/Family 9986N	XEROFORM DRESSING #0808-6314	N							
IN	Medicaid/SCHIP/Family 9986P	XEROFORM DRESSING #0808-6311	N							
IN	Medicaid/SCHIP/Family 9986S	XEROFORM DRESSING #0808-6312	N							
IN	Medicaid/SCHIP/Family 9986T	NU-GAUZE PACK STRIPS 1/4"X5YDS	N							
IN	Medicaid/SCHIP/Family 9986W	NU-GAUZE PACK STRIPS 1/2"X5YDS	N							
IN	Medicaid/SCHIP/Family 9986Y	NU-GAUZE PACK STRIPS 1"X5YDS	N							
IN	Medicaid/SCHIP/Family 9987A	NU-GAUZE PACK STRIPS 2"X5YDS	N							
IN	Medicaid/SCHIP/Family 9987B	MEDICATED DRESSING-OTHERS	N							
IN	Medicaid/SCHIP/Family 9987P	MEDICATED DRESSING-OTHERS	N							
IN	Medicaid/SCHIP/Family 9989C	ULTRASHIELD ADULT BRIEFS LRG #	N							
IN	Medicaid/SCHIP/Family 9989E	URO SHEATH DISP EA	N							
IN	Medicaid/SCHIP/Family 9989F	URO SHEATH SM/MED/LRG EA REUSA	R							
IN	Medicaid/SCHIP/Family 9989H	LATEX EXTENSION TUBING #150615	N							
IN	Medicaid/SCHIP/Family 9989K	BARDIC URO-SHEATH S/M/L #15025	N							
IN	Medicaid/SCHIP/Family 9989L	MALE EXTERNAL CATHETER #150701	N							
IN	Medicaid/SCHIP/Family 9989M	MALE EXTERNAL CATHETER PED/MED	N							
IN	Medicaid/SCHIP/Family 9989P	TEXAS CATHETER	N							
IN	Medicaid/SCHIP/Family 9989R	TEXAS CATH W/ELASTIC FOAM STRA	N							
IN	Medicaid/SCHIP/Family 9989S	RE SABLE EXTERNAL CATHETER 24'	N							
IN	Medicaid/SCHIP/Family 9989T	URI-DRAIN CATHETER KIT	N							
IN	Medicaid/SCHIP/Family 9989W	TEXAS CATH TAKE HOME PACK 12'S	N							

IN	Medicaid/SCHIP/Family	9989Y	MED URI-DRAIN CATHETER	N						
IN	Medicaid/SCHIP/Family	9990A	TAKE HOME PACK CATHETER	N						
IN	Medicaid/SCHIP/Family	9990B	BULK PUT-UP CATHETER	N						
IN	Medicaid/SCHIP/Family	9990C	STND SZ INDIVIDUALLY PKGD	N						
IN	Medicaid/SCHIP/Family	9990D	STD SZ URI-DRAIN CATHETER	N						
IN	Medicaid/SCHIP/Family	9990E	STD SZ URI-DRAIN CATHETER	N						
IN	Medicaid/SCHIP/Family	9990F	INDIVIDUALLY PKGD CATHETER	R						
IN	Medicaid/SCHIP/Family	9990H	MED URI-DRAIN CATHETER INDIVDU	N						
IN	Medicaid/SCHIP/Family	9990K	MALE EXTERNAL CATHETER STK#926	N						
IN	Medicaid/SCHIP/Family	9990L	CATHETER/URIDOM/6700-00	N						
IN	Medicaid/SCHIP/Family	9990P	EXTERNAL MALE CATH W/STRAP/MED	N						
IN	Medicaid/SCHIP/Family	9990R	EXTERNAL MALE CATH W/STRAP/LAR	N						
IN	Medicaid/SCHIP/Family	9990S	MALE URINARY COLL SYST KIT	N						
IN	Medicaid/SCHIP/Family	9990T	URINARY EXT CATHETER/9802	N						
IN	Medicaid/SCHIP/Family	9990W	CONDOM SHEATH CATHETER	N						
IN	Medicaid/SCHIP/Family	9990Y	EXT MALE COLL/4/5000/4/5004	N						
IN	Medicaid/SCHIP/Family	9991A	EXT MALE COLL DRAIN ADULT/PEDS	N						
IN	Medicaid/SCHIP/Family	9991B	EXT MALE COLL DRAIN 4"	N						
IN	Medicaid/SCHIP/Family	9991C	EXT PED MALE COLL DRAIN 4"	N						
IN	Medicaid/SCHIP/Family	9991D	EXT MALE COLL DRAIN	N						
IN	Medicaid/SCHIP/Family	9991E	EXT MALE COLL DRAIN	N						
IN	Medicaid/SCHIP/Family	9991F	EXT MALE COLL DRAIN	R						
IN	Medicaid/SCHIP/Family	9991H	EXT MALE COLL DRAIN KIT	N						
IN	Medicaid/SCHIP/Family	9991J	EXT MALE URINARY DEVICE/CATHET	N						
IN	Medicaid/SCHIP/Family	9991K	URO-SAN PLUS LARGE CATHETER	N						
IN	Medicaid/SCHIP/Family	9991L	URO-SAN PLUS CATH/K7800/K7850/	N						
IN	Medicaid/SCHIP/Family	9991M	URO-SAN PLUS CATH/7800R/7850R/	N						
IN	Medicaid/SCHIP/Family	9991N	NU-HOPE MALE EXT CATH/SM MED L	N						
IN	Medicaid/SCHIP/Family	9991P	EXT CATHETER	N						
IN	Medicaid/SCHIP/Family	9991R	EXT CATH ECONOMY	N						
IN	Medicaid/SCHIP/Family	9991S	EXT CATH 1-PIECE	N						
IN	Medicaid/SCHIP/Family	9991T	EXT CATH 2-PIECE	N						
IN	Medicaid/SCHIP/Family	9991W	EXT CATH W/ADHESIVE	N						
IN	Medicaid/SCHIP/Family	9991Y	EXT CATH W/ADHESIVE	N						
IN	Medicaid/SCHIP/Family	9992A	EXT CATH W/ADHESIVE	N						
IN	Medicaid/SCHIP/Family	9992B	1-PIECE EXT MALE CATH	N						
IN	Medicaid/SCHIP/Family	9992C	EXT MALE CATH W/FOAM STRAP EA	N						
IN	Medicaid/SCHIP/Family	9992D	URIHESIVE SYSTEM	N						
IN	Medicaid/SCHIP/Family	9992E	WEIMER SHEATH-STANDARD #3703	N						
IN	Medicaid/SCHIP/Family	9992F	WEIMER RUBBER SHEATH-LARGE #37	R						
IN	Medicaid/SCHIP/Family	9992H	EXTERNAL CATHETERS/OTHER	N						
IN	Medicaid/SCHIP/Family	9992J	INSERT TRAYS STERILE W/CATH	N						
IN	Medicaid/SCHIP/Family	9992K	BAXTER INSERTION TRAY	N						
IN	Medicaid/SCHIP/Family	9992P	URO-CON CONDOM URINAL CATH #51	N						
IN	Medicaid/SCHIP/Family	9992W	DAVOL ALL PURP URETH CATH/9408	N						
IN	Medicaid/SCHIP/Family	9992Y	BARD FEMALE DISP INTERMITTENT	N						
IN	Medicaid/SCHIP/Family	9993A	UTIL-CATH URETHRAL CATH #27751	N						
IN	Medicaid/SCHIP/Family	9993B	RUBBER UTILITY CATHETER #27770	N						
IN	Medicaid/SCHIP/Family	9993E	SELF-CATH 14FR-6" CATHETER	N						
IN	Medicaid/SCHIP/Family	9993F	SELF-CATH PEDI 8FR-10" CATH	R						
IN	Medicaid/SCHIP/Family	9993H	INTERMITTENT CATHETERS	N						
IN	Medicaid/SCHIP/Family	9993J	SELF-CATH ADOLESCENT CATH	N						
IN	Medicaid/SCHIP/Family	9993K	CLEAN-CATH CATHETER/PEDIATRIC	N						
IN	Medicaid/SCHIP/Family	9993L	CLEAN-CATH CATHETER/FEMALE	N						
IN	Medicaid/SCHIP/Family	9993M	CLEAN-CATH CATHETER MALE/FEMAL	N						
IN	Medicaid/SCHIP/Family	9993N	O'NEILL CATHETER KIT	N						
IN	Medicaid/SCHIP/Family	9993P	PISTON IRRIGATION SYRINGE #802	N						
IN	Medicaid/SCHIP/Family	9993R	IRRIGATION TRAYS, STERILE	N						
IN	Medicaid/SCHIP/Family	9994A	URO-TEX REUSABLE LATEX LEG BAG	N						

IN	Medicaid/SCHIP/Family 9994B	ALPINE REUSABLE LATEX LEG BAGS	N						
IN	Medicaid/SCHIP/Family 9994K	DISPOZ-A-BAG LEG BAG SMALL	N						
IN	Medicaid/SCHIP/Family 9994L	DISPOZ-A-BAG LEG BAG MEDIUM	N						
IN	Medicaid/SCHIP/Family 9994M	DISPOZ-A-BAG LEG BAG	N						
IN	Medicaid/SCHIP/Family 9994P	DISPOS-A-BAG MED 190Z #150319	N						
IN	Medicaid/SCHIP/Family 9994R	DISPOS-A-BAG LG 32OZ #150332	N						
IN	Medicaid/SCHIP/Family 9994S	URI DRAIN LEG BAG MED/5-7326	N						
IN	Medicaid/SCHIP/Family 9994T	URI DRAIN LEG BAG LG/5-7327	N						
IN	Medicaid/SCHIP/Family 9994W	DELUXE URT DRAIN LEG BAG SM/5-	N						
IN	Medicaid/SCHIP/Family 9994Y	DELUXE URI DRAIN LEG BAG MED/5	N						
IN	Medicaid/SCHIP/Family 9995A	DELUXE URI DRAIN LEG BAG LG/5-	N						
IN	Medicaid/SCHIP/Family 9995B	LEG BAG W/STRAP/MEDIUM 190Z	N						
IN	Medicaid/SCHIP/Family 9995C	LEG BAG W/STRAP/LARGE 32OZ	N						
IN	Medicaid/SCHIP/Family 9995F	URINARY LEG BAG	R						
IN	Medicaid/SCHIP/Family 9995H	RUBBER LEG BAG/9OZ/1-8009/SM	N						
IN	Medicaid/SCHIP/Family 9995J	RUBBER LEG BAG/18OZ/1-8018/SHO	N						
IN	Medicaid/SCHIP/Family 9995K	RUBBER LEG BAG/26OZ/1-8026/SHO	N						
IN	Medicaid/SCHIP/Family 9995L	RUBBER LEG BAG SM/9OZ/1-9009	N						
IN	Medicaid/SCHIP/Family 9995M	RUBBER LEG BAG SM/26OZ/1-9026	N						
IN	Medicaid/SCHIP/Family 9995N	RUBBER LEG BAG SM/32OZ/1-9032	N						
IN	Medicaid/SCHIP/Family 9995P	RUBBER LEG BAG SM/44OZ/1-9044	N						
IN	Medicaid/SCHIP/Family 9995R	PLASTIC LEG BAG DISP/9OZ/2-000	N						
IN	Medicaid/SCHIP/Family 9995S	PLASTIC LEG BAG DISP/19OZ/2-00	N						
IN	Medicaid/SCHIP/Family 9995T	PLASTIC LEG BAG DISP/32OZ/2-00	N						
IN	Medicaid/SCHIP/Family 9995W	LEG BAG PLASTIC/0231	N						
IN	Medicaid/SCHIP/Family 9995Y	LEG BAG PLASTIC/0232	N						
IN	Medicaid/SCHIP/Family 9998N	SECURIT-EZ REUSE BRF ADULT #SZ	N						
IN	Medicaid/SCHIP/Family A0021	Outside State Ambulance Serv	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0080	Noninterest Escort In Non ER	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0090	Interest Escort In Non ER	N						
IN	Medicaid/SCHIP/Family A0100	Nonemergency Transport Taxi	N						
IN	Medicaid/SCHIP/Family A0101	Stroke with Motor >51.05.,without comorbidity	N						
IN	Medicaid/SCHIP/Family A0102	Stroke with Motor >44.45 and Motor <51.05 and	N						
IN	Medicaid/SCHIP/Family A0103	Stroke with Motor >44.45 and Motor <51.05 and	N						
IN	Medicaid/SCHIP/Family A0104	Stroke with Motor >38.85 and Motor <44.45.,w	N						
IN	Medicaid/SCHIP/Family A0105	Stroke with Motor >34.25 and Motor <38.85.,w	N						
IN	Medicaid/SCHIP/Family A0106	Stroke with Motor >30.05 and Motor <34.25.,w	N						
IN	Medicaid/SCHIP/Family A0110	Nonemergency transportation and bus, intra-o	N						
IN	Medicaid/SCHIP/Family A0120	Non ER Transport Mini-Bus	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0130	Non ER Transport Wheelch Van	N						This service requires precertification if over 50 miles one way. Precertification will be done by the health plan.
IN	Medicaid/SCHIP/Family A0140	Nonemergency Transport Air	N						
IN	Medicaid/SCHIP/Family A0160	Non ER Transport Case Worker	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0170	Non ER Transport Parking Fees	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0180	Non ER Transport Lodgng Recip	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0190	Non ER Transport Meals Recip	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0200	Non ER Transport Lodgng Escrt	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0201	Traumatic brain injury with Motor >53.35 and C	N						
IN	Medicaid/SCHIP/Family A0202	Traumatic brain injury with Motor >44.25 and N	N						
IN	Medicaid/SCHIP/Family A0203	Traumatic brain injury with Motor >44.25 and C	N						
IN	Medicaid/SCHIP/Family A0204	Traumatic brain injury with Motor >40.65 and N	N						
IN	Medicaid/SCHIP/Family A0205	Traumatic brain injury with Motor >28.75 and N	N						
IN	Medicaid/SCHIP/Family A0210	Non ER Transport Meals Escort	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A0225	Neonatal Emergency Transport	N	CG-ANC-05			None	None	None
IN	Medicaid/SCHIP/Family A0301	Non-traumatic brain injury with Motor >41.05.,	N						
IN	Medicaid/SCHIP/Family A0302	Non-traumatic brain injury with Motor >35.05 a	N						
IN	Medicaid/SCHIP/Family A0303	Non-traumatic brain injury with Motor >26.15 a	N						
IN	Medicaid/SCHIP/Family A0304	Non-traumatic brain injury with Motor <26.15.,	N						
IN	Medicaid/SCHIP/Family A0305	Non-traumatic brain injury M <42.50 and A <78	N						
IN	Medicaid/SCHIP/Family A0380	Bls Mileage (Per Mile)	N	CG-ANC-05, CG-ANC-06			None	None	None

IN	Medicaid/SCHIP/Family	A0382	Basic Support Routine Suppls	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	A0384	Bls Defibrillation Supplies	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	A0390	Als Mileage (Per Mile)	N	CG-ANC-05, CG-ANC-06		None	None	None
IN	Medicaid/SCHIP/Family	A0392	Als Defibrillation Supplies	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	A0394	Als Iv Drug Therapy Supplies	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	A0396	Als Esophageal Intub Suppls	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	A0398	Als Routine Disposable Suppls	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	A0401	Traumatic spinal cord injury with Motor >48.45 N	N					
IN	Medicaid/SCHIP/Family	A0402	Traumatic spinal cord injury with Motor >30.35 N	N					
IN	Medicaid/SCHIP/Family	A0403	Traumatic spinal cord injury with Motor >16.05 N	N					
IN	Medicaid/SCHIP/Family	A0404	Traumatic spinal cord injury with Motor <16.05 N	N					
IN	Medicaid/SCHIP/Family	A0405	Traumatic spinal cord injury with Motor <16.05 N	N					
IN	Medicaid/SCHIP/Family	A0406	Traumatic spinal cord injury M >=24.50 and M < N	N					
IN	Medicaid/SCHIP/Family	A0407	Traumatic spinal cord injury M <24.50 and A >= N	N					
IN	Medicaid/SCHIP/Family	A0420	Ambulance Waiting 1/2 Hr	N					
IN	Medicaid/SCHIP/Family	A0422	Ambulance 02 Life Sustaining	N					
IN	Medicaid/SCHIP/Family	A0424	Extra Ambulance Attendant	N					
IN	Medicaid/SCHIP/Family	A0425	Ground Mileage	N	CG-ANC-05, CG-ANC-06		None	None	None
IN	Medicaid/SCHIP/Family	A0426	Als 1	N	CG-ANC-06		None	None	None
IN	Medicaid/SCHIP/Family	A0427	Als1-Emergency	N	CG-ANC-05		None	None	None
IN	Medicaid/SCHIP/Family	A0428	Bls	N	CG-ANC-06		None	None	None
IN	Medicaid/SCHIP/Family	A0429	Bls-Emergency	N	CG-ANC-05		None	None	None
IN	Medicaid/SCHIP/Family	A0430	Fixed Wing Air Transport	Y	CG-ANC-04		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	A0431	Rotary Wing Air Transport	Y	CG-ANC-04		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	A0432	Pi Volunteer Ambulance Co	X	CG-ANC-05, CG-ANC-06		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	A0433	Als 2	N	CG-ANC-05		None	None	None
IN	Medicaid/SCHIP/Family	A0434	Specialty Care Transport	X	CG-ANC-05, CG-ANC-06		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	A0435	Fixed Wing Air Mileage	Y	CG-ANC-04		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	A0436	Rotary Wing Air Mileage	Y	CG-ANC-04		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	A0501	Non-traumatic spinal cord injury with Motor >5 N	N					
IN	Medicaid/SCHIP/Family	A0502	Non-traumatic spinal cord injury with Motor >4 N	N					
IN	Medicaid/SCHIP/Family	A0503	Non-traumatic spinal cord injury with Motor >3 N	N					
IN	Medicaid/SCHIP/Family	A0504	Non-traumatic spinal cord injury with Motor >2 N	N					
IN	Medicaid/SCHIP/Family	A0505	Non-traumatic spinal cord injury with Motor >2 N	N					
IN	Medicaid/SCHIP/Family	A0601	Neurological with Motor >47.75, without como N	N					
IN	Medicaid/SCHIP/Family	A0602	Neurological with Motor >37.35 and Motor <47 N	N					
IN	Medicaid/SCHIP/Family	A0603	Neurological with Motor >25.85 and Motor <37 N	N					
IN	Medicaid/SCHIP/Family	A0604	Neurological with Motor <25.85, without como N	N					
IN	Medicaid/SCHIP/Family	A0701	Fracture of lower extremity with Motor >42.15. N	N					
IN	Medicaid/SCHIP/Family	A0702	Fracture of lower extremity with Motor >34.15 N	N					
IN	Medicaid/SCHIP/Family	A0703	Fracture of lower extremity with Motor >28.15 N	N					
IN	Medicaid/SCHIP/Family	A0704	Fracture of lower extremity with Motor <28.15. N	N					
IN	Medicaid/SCHIP/Family	A0801	Replacement of lower extremity joint with Mot N	N					
IN	Medicaid/SCHIP/Family	A0802	Replacement of lower extremity joint with Mot N	N					
IN	Medicaid/SCHIP/Family	A0803	Replacement of lower extremity joint with Mot N	N					
IN	Medicaid/SCHIP/Family	A0804	Replacement of lower extremity joint with Mot N	N					
IN	Medicaid/SCHIP/Family	A0805	Replacement of lower extremity joint with Mot N	N					
IN	Medicaid/SCHIP/Family	A0888	Noncovered Ambulance Mileage	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	A0901	Other orthopedic with Motor >44.75, without c N	N					
IN	Medicaid/SCHIP/Family	A0902	Other orthopedic with Motor >34.35 and Moto N	N					
IN	Medicaid/SCHIP/Family	A0903	Other orthopedic with Motor >24.15 and Moto N	N					
IN	Medicaid/SCHIP/Family	A0904	Other orthopedic with Motor <24.15, without c N	N					
IN	Medicaid/SCHIP/Family	A0998	Ambulance response and treatment, no transp N	N	CG-ANC-05, CG-ANC-06		None	None	None
IN	Medicaid/SCHIP/Family	A0999	Unlisted Ambulance Service	N	CG-ANC-04		None	None	None
IN	Medicaid/SCHIP/Family	A1001	Amputation, lower extremity with Motor >47.6 N	N					
IN	Medicaid/SCHIP/Family	A1002	Amputation, lower extremity with Motor >36.2 N	N					
IN	Medicaid/SCHIP/Family	A1003	Amputation, lower extremity with Motor <36.2 N	N					
IN	Medicaid/SCHIP/Family	A1004	Amputation lower extremity M <47.50, without N	N					
IN	Medicaid/SCHIP/Family	A1101	Amputation, other extremity with Motor >36.3 N	N					

IN	Medicaid/SCHIP/Family A1102	Amputation, other extremity with Motor <36.3. N								
IN	Medicaid/SCHIP/Family A1103	Amputation non-lower extremity M <52.50.,wit N								
IN	Medicaid/SCHIP/Family A1201	Osteoarthritis with Motor >37.65.,without com N								
IN	Medicaid/SCHIP/Family A1202	Osteoarthritis with Motor >30.75 and Motor <3 N								
IN	Medicaid/SCHIP/Family A1203	Osteoarthritis with Motor <30.75.,without com N								
IN	Medicaid/SCHIP/Family A1204	Osteoarthritis M <49.50 and A <74.50.,without N								
IN	Medicaid/SCHIP/Family A1301	Rheumatoid, other arthritis with Motor >36.35. N								
IN	Medicaid/SCHIP/Family A1302	Rheumatoid, other arthritis with Motor >26.15 N								
IN	Medicaid/SCHIP/Family A1303	Rheumatoid, other arthritis with Motor <26.15. N								
IN	Medicaid/SCHIP/Family A1304	Rheumatoid other arthritis M <44.50 and A >=6 N								
IN	Medicaid/SCHIP/Family A1305	Rheumatoid other arthritis M <51.50 and A <64 N								
IN	Medicaid/SCHIP/Family A1401	Cardiac with Motor >48.85.,without comorbidit N								
IN	Medicaid/SCHIP/Family A1402	Cardiac with Motor >38.55 and Motor <48.85.,) N								
IN	Medicaid/SCHIP/Family A1403	Cardiac with Motor >31.15 and Motor <38.55.,) N								
IN	Medicaid/SCHIP/Family A1404	Cardiac with Motor <31.15.,without comorbidit N								
IN	Medicaid/SCHIP/Family A1501	Pulmonary with Motor >49.25.,without comorb N								
IN	Medicaid/SCHIP/Family A1502	Pulmonary with Motor >39.05 and Motor <49.2 N								
IN	Medicaid/SCHIP/Family A1503	Pulmonary with Motor >29.15 and Motor <39.0 N								
IN	Medicaid/SCHIP/Family A1504	Pulmonary with Motor <29.15.,without comorb N								
IN	Medicaid/SCHIP/Family A1601	Pain syndrome with Motor >37.15.,without con N								
IN	Medicaid/SCHIP/Family A1602	Pain syndrome with Motor >26.75 and Motor < N								
IN	Medicaid/SCHIP/Family A1603	Pain syndrome with Motor <26.75.,without con N								
IN	Medicaid/SCHIP/Family A1604	Pain syndrome M <43.50.,without comorbiditie N								
IN	Medicaid/SCHIP/Family A1701	Major multiple trauma without brain or spinal c N								
IN	Medicaid/SCHIP/Family A1702	Major multiple trauma without brain or spinal c N								
IN	Medicaid/SCHIP/Family A1703	Major multiple trauma without brain or spinal c N								
IN	Medicaid/SCHIP/Family A1704	Major multiple trauma without brain or spinal c N								
IN	Medicaid/SCHIP/Family A1705	Major multiple trauma without brain or spinal c N								
IN	Medicaid/SCHIP/Family A1801	Major multiple trauma with brain or spinal cord N								
IN	Medicaid/SCHIP/Family A1802	Major multiple trauma with brain or spinal cord N								
IN	Medicaid/SCHIP/Family A1803	Major multiple trauma with brain or spinal cord N								
IN	Medicaid/SCHIP/Family A1804	Major multiple trauma with brain or spinal cord N								
IN	Medicaid/SCHIP/Family A1805	Major multiple trauma with brain or spinal cord N								
IN	Medicaid/SCHIP/Family A1806	Major multiple trauma with brain or spinal cord N								
IN	Medicaid/SCHIP/Family A1901	Guillian Barre with Motor >35.95.,without com N								
IN	Medicaid/SCHIP/Family A1902	Guillian Barre with Motor >18.05 and Motor <3 N								
IN	Medicaid/SCHIP/Family A1903	Guillian Barre with Motor <18.05.,without com N								
IN	Medicaid/SCHIP/Family A1904	Guillain-Barr <38.50.,without comorbidities N								
IN	Medicaid/SCHIP/Family A2001	Miscellaneous with Motor >49.15.,without com N								
IN	Medicaid/SCHIP/Family A2002	Miscellaneous with Motor >38.75 and Motor < N								
IN	Medicaid/SCHIP/Family A2003	Miscellaneous with Motor >27.85 and Motor < N								
IN	Medicaid/SCHIP/Family A2004	Miscellaneous with Motor <27.85., without com N								
IN	Medicaid/SCHIP/Family A2005	Miscellaneous M <46.50 and A <77.50.,without N								
IN	Medicaid/SCHIP/Family A2101	Burns with Motor >0.,without comorbidities N								
IN	Medicaid/SCHIP/Family A2102	Burns M <52.50.,without comorbidities N								
IN	Medicaid/SCHIP/Family A4206	Syringe with needle, sterile, 1 cc or less, each N								
IN	Medicaid/SCHIP/Family A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH N								
IN	Medicaid/SCHIP/Family A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH N								
IN	Medicaid/SCHIP/Family A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREAT N								
IN	Medicaid/SCHIP/Family A4210	Nonneedle Injection Device N								
IN	Medicaid/SCHIP/Family A4211	Supp For Self-Adm Injections N								
IN	Medicaid/SCHIP/Family A4212	Non Coring Needle Or Stylet N								
IN	Medicaid/SCHIP/Family A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH N								
IN	Medicaid/SCHIP/Family A4215	NEEDLE, STERILE, ANY SIZE, EACH N								
IN	Medicaid/SCHIP/Family A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DI X							Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4217	Sterile water/saline, 500 ml X							Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4218	Sterile saline or water, metered dose dispenser X							Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4220	Infusion Pump Refill Kit N								
IN	Medicaid/SCHIP/Family A4221	Supplies for maintenance of non-insulin drug in N	CG-DME-21					None	None	None

IN	Medicaid/SCHIP/Family	A4222	Drug Infusion Pump Supplies	N	CG-DME-21			None	None	None
IN	Medicaid/SCHIP/Family	A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL	N						
IN	Medicaid/SCHIP/Family	A4224	Supplies for maintenance of insulin infusion cat	N						
IN	Medicaid/SCHIP/Family	A4225	Supplies for external insulin infusion pump, syri	N						
IN	Medicaid/SCHIP/Family	A4226	Supplies for maintenance of insulin infusion pur	N						
IN	Medicaid/SCHIP/Family	A4230	Infus Insulin Pump Non Needl	N						
IN	Medicaid/SCHIP/Family	A4231	Infusion Insulin Pump Needle	N	CG-DME-42			None	None	None
IN	Medicaid/SCHIP/Family	A4232	Syringe W/Needle Insulin 3cc	N	CG-DME-42			None	None	None
IN	Medicaid/SCHIP/Family	A4233	Replacement battery, alkaline (other than J cell	N	CG-DME-42			None	None	None
IN	Medicaid/SCHIP/Family	A4234	Replacement battery, alkaline, J cell, for use wit	N						
IN	Medicaid/SCHIP/Family	A4235	Replacement battery, lithium, for use with med	N						
IN	Medicaid/SCHIP/Family	A4236	Replacement battery, silver oxide, for use with	N						
IN	Medicaid/SCHIP/Family	A4244	ALCOHOL OR PEROXIDE, PER PINT	N						
IN	Medicaid/SCHIP/Family	A4245	ALCOHOL WIPES, PER BOX	N						
IN	Medicaid/SCHIP/Family	A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	N						
IN	Medicaid/SCHIP/Family	A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	N						
IN	Medicaid/SCHIP/Family	A4248	Chlorhexidine containing antiseptic, 1 ml	N						
IN	Medicaid/SCHIP/Family	A4250	Urine Reagent Strips/Tablets	N						
IN	Medicaid/SCHIP/Family	A4252	Blood ketone test or reagent strip, each	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	A4253	Blood Glucose/Reagent Strips	N						
IN	Medicaid/SCHIP/Family	A4255	Glucose Monitor Platforms	N						
IN	Medicaid/SCHIP/Family	A4256	Calibrator Solution/Chips	N						
IN	Medicaid/SCHIP/Family	A4257	Replacement lens shield cartridge for use with l	N						
IN	Medicaid/SCHIP/Family	A4258	Lancet Device Each	N						
IN	Medicaid/SCHIP/Family	A4259	Lancets Per Box	N						
IN	Medicaid/SCHIP/Family	A4261	Cervical Cap Contraceptive	N						
IN	Medicaid/SCHIP/Family	A4262	Temporary Tear Duct Plug	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	A4263	Permanent Tear Duct Plug	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	A4264	Permanent Implantable Contraceptive Intratub	N						
IN	Medicaid/SCHIP/Family	A4265	Paraffin	N						
IN	Medicaid/SCHIP/Family	A4266	Diaphragm For Contraceptive Use	N						
IN	Medicaid/SCHIP/Family	A4267	Contraceptive Supply, Condom, Male, Each	N						
IN	Medicaid/SCHIP/Family	A4268	Contraceptive Supply, Condom, Female, Each	N						
IN	Medicaid/SCHIP/Family	A4269	Contraceptive Supply, Spermicide (E.G., Foam, I	N						
IN	Medicaid/SCHIP/Family	A4270	Disposable Endoscope Sheath	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	A4280	Brst Prsths Adhsv Attchmnt	N						
IN	Medicaid/SCHIP/Family	A4281	TUBING FOR BREAST PUMP, REPLACEMENT	N						
IN	Medicaid/SCHIP/Family	A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	N						
IN	Medicaid/SCHIP/Family	A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	N						
IN	Medicaid/SCHIP/Family	A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR U	N						
IN	Medicaid/SCHIP/Family	A4285	POLYCARBONATE BOTTLE FOR USE WITH BREA	N						
IN	Medicaid/SCHIP/Family	A4286	LOCKING RING FOR BREAST PUMP, REPLACEME	N						
IN	Medicaid/SCHIP/Family	A4290	Sacral Nerve Stim Test Lead	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	A4300	Cath Impl Vasc Access Portal	X				None	None	Non covered but for pediatric me
IN	Medicaid/SCHIP/Family	A4301	Implantable Access Syst Perc	N				None	None	None
IN	Medicaid/SCHIP/Family	A4305	Drug Delivery System >=50 MI	N	CG-DME-09			None	None	None
IN	Medicaid/SCHIP/Family	A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW R	N	CG-DME-09			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	A4310	Insert Tray W/O Bag/Cath	N						
IN	Medicaid/SCHIP/Family	A4311	Catheter W/O Bag 2-Way Latex	N						
IN	Medicaid/SCHIP/Family	A4312	Cath W/O Bag 2-Way Silicone	N						
IN	Medicaid/SCHIP/Family	A4313	Catheter W/Bag 3-Way	N						
IN	Medicaid/SCHIP/Family	A4314	Cath W/Drainage 2-Way Latex	N						
IN	Medicaid/SCHIP/Family	A4315	Cath W/Drainage 2-Way Silcne	N						
IN	Medicaid/SCHIP/Family	A4316	Cath W/Drainage 3-Way	N						
IN	Medicaid/SCHIP/Family	A4320	Irrigation Tray	N						
IN	Medicaid/SCHIP/Family	A4321	Cath Therapeutic Irrig Agent	N						
IN	Medicaid/SCHIP/Family	A4322	Irrigation Syringe	N						
IN	Medicaid/SCHIP/Family	A4326	MALE EXTERNAL CATHETER WITH INTEGRAL CC	N						
IN	Medicaid/SCHIP/Family	A4327	Fem Urinary Collect Dev Cup	N						

IN	Medicaid/SCHIP/Family A4328	Fem Urinary Collect Pouch	N						
IN	Medicaid/SCHIP/Family A4330	Stool Collection Pouch	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4331	Extension Drainage Tubing	N						
IN	Medicaid/SCHIP/Family A4332	Lubricant For Cath Insertion	N						
IN	Medicaid/SCHIP/Family A4333	Urinary Cath Anchor Device	N						
IN	Medicaid/SCHIP/Family A4334	Urinary Cath Leg Strap	N						
IN	Medicaid/SCHIP/Family A4335	Incontinence Supply; miscellaneous	N	SURG.00010			None	None	None
IN	Medicaid/SCHIP/Family A4336	Incontinence Supply, Urethral Insert, Any Type,	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4337	Incontinence supply, rectal insert, any type, each	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4338	Indwelling Catheter Latex	N						
IN	Medicaid/SCHIP/Family A4340	Indwelling Catheter Special	N						
IN	Medicaid/SCHIP/Family A4344	Cath Indw Foley 2 Way Silicn	N						
IN	Medicaid/SCHIP/Family A4346	Cath Indw Foley 3 Way	N						
IN	Medicaid/SCHIP/Family A4349	Disposable male external cat	N						
IN	Medicaid/SCHIP/Family A4351	Straight Tip Urine Catheter	N						
IN	Medicaid/SCHIP/Family A4352	Coude Tip Urinary Catheter	N						
IN	Medicaid/SCHIP/Family A4353	Intermittent Urinary Cath	N						
IN	Medicaid/SCHIP/Family A4354	Cath Insertion Tray W/Bag	N						
IN	Medicaid/SCHIP/Family A4355	Bladder Irrigation Tubing	N						
IN	Medicaid/SCHIP/Family A4356	Ext Ureth Clmp Or Compr Dvc	N						
IN	Medicaid/SCHIP/Family A4357	Bedside Drainage Bag	N						
IN	Medicaid/SCHIP/Family A4358	Urinary Leg Bag	N						
IN	Medicaid/SCHIP/Family A4360	Disposable External Urethral Clamp Or Compre:	N						
IN	Medicaid/SCHIP/Family A4361	Ostomy Face Plate	N						
IN	Medicaid/SCHIP/Family A4362	Solid Skin Barrier	N						
IN	Medicaid/SCHIP/Family A4363	Ostomy clamp, any type, replacement only, each	N						
IN	Medicaid/SCHIP/Family A4364	Liq Adhes For Facial Prosth	N						
IN	Medicaid/SCHIP/Family A4366	Ostomy vent, any type, each	N						
IN	Medicaid/SCHIP/Family A4367	Ostomy Belt	N						
IN	Medicaid/SCHIP/Family A4368	Ostomy Filter	N						
IN	Medicaid/SCHIP/Family A4369	Skin Barrier Liquid Per Oz	N						
IN	Medicaid/SCHIP/Family A4371	Skin Barrier Powder Per Oz	N						
IN	Medicaid/SCHIP/Family A4372	Ostomy skin barrier, solid 4x4 or equivalent, standard	N						
IN	Medicaid/SCHIP/Family A4373	Skin Barrier With Flange	N						
IN	Medicaid/SCHIP/Family A4375	Drainable Plastic Pch W Fcpl	N						
IN	Medicaid/SCHIP/Family A4376	Drainable Rubber Pch W Fcpl	N						
IN	Medicaid/SCHIP/Family A4377	Drainable Plstic Pch W/O Fp	N						
IN	Medicaid/SCHIP/Family A4378	Drainable Rubber Pch W/O Fp	N						
IN	Medicaid/SCHIP/Family A4379	Urinary Plastic Pouch W Fcpl	N						
IN	Medicaid/SCHIP/Family A4380	Urinary Rubber Pouch W Fcpl	N						
IN	Medicaid/SCHIP/Family A4381	Urinary Plastic Pouch W/O Fp	N						
IN	Medicaid/SCHIP/Family A4382	Urinary Hvy Plstc Pch W/O Fp	N						
IN	Medicaid/SCHIP/Family A4383	Urinary Rubber Pouch W/O Fp	N						
IN	Medicaid/SCHIP/Family A4384	Ostomy Faceplt/Silicone Ring	N						
IN	Medicaid/SCHIP/Family A4385	Ost Skn Barrier Sld Ext Wear	N						
IN	Medicaid/SCHIP/Family A4387	Ost Clsd Pouch W Att St Barr	N						
IN	Medicaid/SCHIP/Family A4388	Drainable Pch W Ex Wear Barr	N						
IN	Medicaid/SCHIP/Family A4389	Drainable Pch W St Wear Barr	N						
IN	Medicaid/SCHIP/Family A4390	Drainable Pch Ex Wear Convex	N						
IN	Medicaid/SCHIP/Family A4391	Urinary Pouch W Ex Wear Barr	N						
IN	Medicaid/SCHIP/Family A4392	Urinary Pouch W St Wear Barr	N						
IN	Medicaid/SCHIP/Family A4393	Urine Pch W Ex Wear Bar Conv	N						
IN	Medicaid/SCHIP/Family A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUMEN	N						
IN	Medicaid/SCHIP/Family A4395	Ostomy Pouch Solid Deodorant	N						
IN	Medicaid/SCHIP/Family A4396	Peristomal Hernia Supprt Blt	N						
IN	Medicaid/SCHIP/Family A4397	Irrigation Supply Sleeve	N						
IN	Medicaid/SCHIP/Family A4398	Ostomy Irrigation Bag	N						
IN	Medicaid/SCHIP/Family A4399	Ostomy irrigation supply; cone/catheter, with cone	N						
IN	Medicaid/SCHIP/Family A4400	Ostomy Irrigation Set	N						

IN	Medicaid/SCHIP/Family A4402	Lubricant Per Ounce	N							
IN	Medicaid/SCHIP/Family A4404	Ostomy Ring Each	N							
IN	Medicaid/SCHIP/Family A4405	Ostomy Skin Barrier, Non-Pectin Based, Paste, f	N							
IN	Medicaid/SCHIP/Family A4406	Ostomy Skin Barrier, Pectin-Based, Paste, Per O	N							
IN	Medicaid/SCHIP/Family A4407	Ostomy Skin Barrier, W Flange (Solid, Flexible, /	N							
IN	Medicaid/SCHIP/Family A4408	Ostomy Skin Barrier, W Flange (Solid, Flexible /	N							
IN	Medicaid/SCHIP/Family A4409	Ostomy Skin Barrier, W Flange (Solid, Flexible /	N							
IN	Medicaid/SCHIP/Family A4410	Ostomy Skin Barrier, With Flange (Solid, Flexible	N							
IN	Medicaid/SCHIP/Family A4411	Ostomy skin barrier, solid 4x4 or equivalent, ex	N							
IN	Medicaid/SCHIP/Family A4412	Ostomy pouch, drainable, high output, for use c	N							
IN	Medicaid/SCHIP/Family A4413	Ostomy Pouch, Drainable, High Output, For Use	N							
IN	Medicaid/SCHIP/Family A4414	Ostomy Skin Barrier, With Flange (Solid, Flexible	N							
IN	Medicaid/SCHIP/Family A4415	Ostomy Skin Barrier, With Flange (Solid, Flexible	N							
IN	Medicaid/SCHIP/Family A4416	Ostomy pouch, closed, with barrier attached, w	N							
IN	Medicaid/SCHIP/Family A4417	Ostomy pouch, closed, with barrier attached, w	N							
IN	Medicaid/SCHIP/Family A4418	Ostomy pouch, closed; without barrier attache	N							
IN	Medicaid/SCHIP/Family A4419	Ostomy pouch, closed; for use on barrier with r	N							
IN	Medicaid/SCHIP/Family A4420	Ostomy pouch, closed; for use on barrier with l	N							
IN	Medicaid/SCHIP/Family A4421	OSTOMY SUPPLY; MISCELLANEOUS	N							
IN	Medicaid/SCHIP/Family A4422	Ostomy Absorbent Material (Sheet/Pad/Crystal	N							
IN	Medicaid/SCHIP/Family A4423	Ostomy pouch, closed; for use on barrier with l	N							
IN	Medicaid/SCHIP/Family A4424	Ostomy pouch, drainable, with barrier attached	N							
IN	Medicaid/SCHIP/Family A4425	Ostomy pouch, drainable; for use on barrier wit	N							
IN	Medicaid/SCHIP/Family A4426	Ostomy pouch, drainable; for use on barrier wit	N							
IN	Medicaid/SCHIP/Family A4427	Ostomy pouch, drainable; for use on barrier wit	N							
IN	Medicaid/SCHIP/Family A4428	Ostomy pouch, urinary, with extended wear ba	N							
IN	Medicaid/SCHIP/Family A4429	Ostomy pouch, urinary, with barrier attached, v	N							
IN	Medicaid/SCHIP/Family A4430	Ostomy pouch, urinary, w/ext wear barrier attc	N							
IN	Medicaid/SCHIP/Family A4431	Ostomy pouch, urinary; with barrier attached, v	N							
IN	Medicaid/SCHIP/Family A4432	Ostomy pouch, urinary; for use on barrier with	N							
IN	Medicaid/SCHIP/Family A4433	Ostomy pouch, urinary; for use on barrier with	N							
IN	Medicaid/SCHIP/Family A4434	Ostomy pouch, urinary; for use on barrier with	N							
IN	Medicaid/SCHIP/Family A4435	Ostomy pouch, drainable, high output, with ext	N							
IN	Medicaid/SCHIP/Family A4450	Tape, Non-Waterproof, Per 18 Square Inches	N							
IN	Medicaid/SCHIP/Family A4452	Tape, Waterproof, Per 18 Square Inches	N							
IN	Medicaid/SCHIP/Family A4455	Adhesive Remover Per Ounce	N							
IN	Medicaid/SCHIP/Family A4456	Adhesive Remover, Wipes, Any Type, Each	N							
IN	Medicaid/SCHIP/Family A4458	ENEMA BAG WITH TUBING, REUSABLE	N							
IN	Medicaid/SCHIP/Family A4459	Manual pump-operated enema system, include	N							
IN	Medicaid/SCHIP/Family A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, N	N							
IN	Medicaid/SCHIP/Family A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	N							
IN	Medicaid/SCHIP/Family A4465	Non-Elastic Extremity Binder	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4467	Belt, strap, sleeve, garment, or covering, any ty	N							
IN	Medicaid/SCHIP/Family A4470	Gravlee Jet Washer	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4480	Vabra Aspirator	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4481	Tracheostoma Filter	N							
IN	Medicaid/SCHIP/Family A4483	Moisture Exchanger	N							
IN	Medicaid/SCHIP/Family A4490	Above Knee Surgical Stocking	N							
IN	Medicaid/SCHIP/Family A4495	Thigh Length Surg Stocking	N							
IN	Medicaid/SCHIP/Family A4500	Below Knee Surgical Stocking	N							
IN	Medicaid/SCHIP/Family A4510	Full Length Surg Stocking	N							
IN	Medicaid/SCHIP/Family A4520	Incontinence garment anytype	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4550	Surgical Trays	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4553	Non-disposable underpads, all sizes	N							
IN	Medicaid/SCHIP/Family A4554	Disposable Underpads	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4555	Electrode/transducer for use with electrical stir	X		CG-DME-44				Non covered but for pediatric me None	None None
IN	Medicaid/SCHIP/Family A4556	Electrodes, Pair	N							
IN	Medicaid/SCHIP/Family A4557	Lead Wires, Pair	N							
IN	Medicaid/SCHIP/Family A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELI	N							

IN	Medicaid/SCHIP/Family A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTR	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family A4561	Pessary Rubber, Any Type	N							
IN	Medicaid/SCHIP/Family A4562	Pessary, Non Rubber,Any Type	N							
IN	Medicaid/SCHIP/Family A4563	Rectal control system for vaginal insertion, for	N					None	None	None
IN	Medicaid/SCHIP/Family A4565	Slings	N							
IN	Medicaid/SCHIP/Family A4566	Shoulder sling or vest design, abduction restrai	N							
IN	Medicaid/SCHIP/Family A4570	Splint	N							
IN	Medicaid/SCHIP/Family A4575	Hyperbaric O2 Chamber Disps	X	CG-MED-73			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family A4580	Cast Supplies (Plaster)	N							
IN	Medicaid/SCHIP/Family A4590	Special Casting Material	N							
IN	Medicaid/SCHIP/Family A4595	Tens Suppl 2 Lead Per Month	N	CG-DME-04				None	None	None
IN	Medicaid/SCHIP/Family A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSIO	X	CG-DME-46			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC L	N							
IN	Medicaid/SCHIP/Family A4602	Replacement battery for external infusion pump	N					None	None	None
IN	Medicaid/SCHIP/Family A4604	Tubing with integrated heating element for use	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A4605	Trach suction cath close sys	N							
IN	Medicaid/SCHIP/Family A4606	Oxygen Probe For Use With Oximeter Device, R	N							
IN	Medicaid/SCHIP/Family A4608	Transtracheal Oxygen Cath	N							
IN	Medicaid/SCHIP/Family A4611	Heavy Duty Battery	N							
IN	Medicaid/SCHIP/Family A4612	Battery Cables	N							
IN	Medicaid/SCHIP/Family A4613	Battery Charger	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A4614	Hand-Held Pefr Meter	N							
IN	Medicaid/SCHIP/Family A4615	Cannula Nasal	N	CG-DME-18				None	None	None
IN	Medicaid/SCHIP/Family A4616	Tubing (Oxygen) Per Foot	N	CG-DME-18				None	None	None
IN	Medicaid/SCHIP/Family A4617	Mouth Piece	N					None	None	None
IN	Medicaid/SCHIP/Family A4618	Breathing Circuits	N							
IN	Medicaid/SCHIP/Family A4619	Face Tent	N	CG-DME-18				None	None	None
IN	Medicaid/SCHIP/Family A4620	Variable Concentration Mask	N	CG-DME-18				None	None	None
IN	Medicaid/SCHIP/Family A4623	Tracheostomy Inner Cannula	N							
IN	Medicaid/SCHIP/Family A4624	Tracheal Suction Tube	N							
IN	Medicaid/SCHIP/Family A4625	Trach Care Kit For New Trach	N							
IN	Medicaid/SCHIP/Family A4626	Tracheostomy Cleaning Brush	N							
IN	Medicaid/SCHIP/Family A4627	Spacer Bag/Reservoir	N							
IN	Medicaid/SCHIP/Family A4628	Oropharyngeal Suction Cath	N							
IN	Medicaid/SCHIP/Family A4629	Tracheostomy Care Kit	N							
IN	Medicaid/SCHIP/Family A4630	Replacement batteries, medically necessary, tr	N	CG-DME-04				None	None	None
IN	Medicaid/SCHIP/Family A4633	Replacement Bulb/Lamp For Ultraviolet Light TI	N							
IN	Medicaid/SCHIP/Family A4634	Replacement Bulb For Therapeutic Light Box, Te	N							
IN	Medicaid/SCHIP/Family A4635	Underarm Crutch Pad	N							
IN	Medicaid/SCHIP/Family A4636	Handgrip For Cane Etc	N							
IN	Medicaid/SCHIP/Family A4637	Repl Tip Cane/Crutch/Walker	N							
IN	Medicaid/SCHIP/Family A4638	Replacement battery for patient-owned ear pul	N	DME.00024				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A4639	Replacement Pad For Infrared Heating Pad Syst	N							
IN	Medicaid/SCHIP/Family A4640	Alternating Pressure Pad	N	CG-DME-16				None	None	None
IN	Medicaid/SCHIP/Family A4641	Radiopharmaceutical, diagnostic, not otherwise	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4642	Indium In-111 satumomab pendetide, diagnost	N							
IN	Medicaid/SCHIP/Family A4648	Tissue marker, implantable, any type, each	N							
IN	Medicaid/SCHIP/Family A4649	Surgical Supplies; miscellaneous	N							
IN	Medicaid/SCHIP/Family A4650	Implantable radiation dosimeter, each	N							
IN	Medicaid/SCHIP/Family A4651	Calibrated microcapillary tube, each	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4652	Microcapillary tube sealant	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4653	Peritoneal Dialysis Catheter Anchoring Device, I	N							
IN	Medicaid/SCHIP/Family A4657	Syringe, with or without needle, for dialysis, ea	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4660	Esrd Blood Pressure Device	N							
IN	Medicaid/SCHIP/Family A4663	Esrd Blood Pressure Cuff	N							
IN	Medicaid/SCHIP/Family A4670	Auto Blood Pressure Monitor	N							Precertification is REQUIRED for all rentals.
IN	Medicaid/SCHIP/Family A4671	Disposable cyler set used with cyler dialysis n	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4672	Drainage extension line, sterile, for dialysis, eac	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family A4673	Extension line with easy lock connectors, used	X							Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family A4674	Chemicals/antiseptics solution used to clean/st	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4680	Activated Carbon Filters	N						
IN	Medicaid/SCHIP/Family A4690	Dialyzers	N						
IN	Medicaid/SCHIP/Family A4706	Bicarbonate concentrate, solution, for hemodia	N						
IN	Medicaid/SCHIP/Family A4707	Bicarbonate concentrate, powder, for hemodia	N						
IN	Medicaid/SCHIP/Family A4708	Acetate concentrate solution, for hemodialysis,	N						
IN	Medicaid/SCHIP/Family A4709	Acid concentrate, solution, for hemodialysis, pe	N						
IN	Medicaid/SCHIP/Family A4714	Treated Water For Dialysis	N						
IN	Medicaid/SCHIP/Family A4719	Y set tubing for peritoneal dialysis	N						
IN	Medicaid/SCHIP/Family A4720	Dialysate solution, any concentration of dextro:	N						
IN	Medicaid/SCHIP/Family A4721	Dialysate solution, any concentration of dextro:	N						
IN	Medicaid/SCHIP/Family A4722	Dialysate solution, any concentration of dextro:	N						
IN	Medicaid/SCHIP/Family A4723	Dialysate solution, any concentration of dextro:	N						
IN	Medicaid/SCHIP/Family A4724	Dialysate solution, any concentration of dextro:	N						
IN	Medicaid/SCHIP/Family A4725	Dialysate solution, any concentration of dextro:	N						
IN	Medicaid/SCHIP/Family A4726	Dialysate solution, any concentration of dextro:	N						
IN	Medicaid/SCHIP/Family A4728	Dialysate solution, non-dextrose containing, 50	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4730	Fistula Cannulation Set Dial	N						
IN	Medicaid/SCHIP/Family A4736	Topical anesthetic, for dialysis, per g	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4737	Injectable anesthetic, for dialysis, per 10 ml	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4740	Esrd Shunt Accessory	N						
IN	Medicaid/SCHIP/Family A4750	Arterial Or Venous Tubing	N						
IN	Medicaid/SCHIP/Family A4755	Arterial And Venous Tubing	N						
IN	Medicaid/SCHIP/Family A4760	Standard Testing Solution	N						
IN	Medicaid/SCHIP/Family A4765	Dialysate Concentrate	N						
IN	Medicaid/SCHIP/Family A4766	Dialysate concentrate, solution, additive for pe	N						
IN	Medicaid/SCHIP/Family A4770	Blood Testing Supplies	N						
IN	Medicaid/SCHIP/Family A4771	Blood Clotting Time Tube	N						
IN	Medicaid/SCHIP/Family A4772	Dextrostick/Glucose Strips	N						
IN	Medicaid/SCHIP/Family A4773	Hemostix	N						
IN	Medicaid/SCHIP/Family A4774	Ammonia Test Paper	N						
IN	Medicaid/SCHIP/Family A4802	Protamine sulfate, for hemodialysis, per 50 mg	N						
IN	Medicaid/SCHIP/Family A4860	Disposable Catheter Caps	N						
IN	Medicaid/SCHIP/Family A4870	Plumbing/Electrical Work	N						
IN	Medicaid/SCHIP/Family A4890	Contracts/Repair/Maintenance	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4911	Drain bag/bottle, for dialysis, each	N						
IN	Medicaid/SCHIP/Family A4913	Miscellaneous dialysis supplies, not otherwise s	N						
IN	Medicaid/SCHIP/Family A4918	Venous Pressure Clamp	N						
IN	Medicaid/SCHIP/Family A4927	Gloves	N						
IN	Medicaid/SCHIP/Family A4928	Surgical mask, for dialysis, per 20	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4929	Tourniquet for dialysis, each	N						
IN	Medicaid/SCHIP/Family A4930	Gloves, Sterile, Per Pair	N						
IN	Medicaid/SCHIP/Family A4931	Oral Thermometer, Reusable, Any Type, Each	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE,	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A5001	Short-stay cases, length of stay is 3 days or few	N						
IN	Medicaid/SCHIP/Family A5051	Pouch Clsd W Barr Attached	N						
IN	Medicaid/SCHIP/Family A5052	Clsd Ostomy Pouch W/O Barr	N						
IN	Medicaid/SCHIP/Family A5053	Clsd Ostomy Pouch Faceplate	N						
IN	Medicaid/SCHIP/Family A5054	Clsd Ostomy Pouch W/Flange	N						
IN	Medicaid/SCHIP/Family A5055	Stoma Cap	N						
IN	Medicaid/SCHIP/Family A5056	Ostomy pouch, drainable, with extended wear	N						
IN	Medicaid/SCHIP/Family A5057	Ostomy pouch, drainable, with extended wear	N						
IN	Medicaid/SCHIP/Family A5061	Pouch Drainable W Barrier At	N						
IN	Medicaid/SCHIP/Family A5062	Drnble Ostomy Pouch W/O Barr	N						
IN	Medicaid/SCHIP/Family A5063	Drain Ostomy Pouch W/Flange	N						
IN	Medicaid/SCHIP/Family A5071	Urinary Pouch W/Barrier	N						
IN	Medicaid/SCHIP/Family A5072	Urinary Pouch W/O Barrier	N						
IN	Medicaid/SCHIP/Family A5073	Urinary Pouch On Barr W/Flng	N						
IN	Medicaid/SCHIP/Family A5081	Stoma plug or seal, any type	N						

IN	Medicaid/SCHIP/Family A5082	Continent Stoma Catheter	N							
IN	Medicaid/SCHIP/Family A5083	Continent device, stoma absorptive cover for c	N							
IN	Medicaid/SCHIP/Family A5093	Ostomy Accessory Convex Inse	N							
IN	Medicaid/SCHIP/Family A5101	Expired, orthopedic, length of stay is 13 days or	N							
IN	Medicaid/SCHIP/Family A5102	Bedside drainage bottle with or without tubing, N	N							
IN	Medicaid/SCHIP/Family A5103	Expired, not orthopedic, length of stay is 15 day	N							
IN	Medicaid/SCHIP/Family A5104	Expired, not orthopedic, length of stay is 16 day	N							
IN	Medicaid/SCHIP/Family A5105	Urinary suspensory with leg bag, with or withou	N							
IN	Medicaid/SCHIP/Family A5112	Urinary drainage bag, leg or abdomen, latex, wi	N							
IN	Medicaid/SCHIP/Family A5113	Latex Leg Strap	N							
IN	Medicaid/SCHIP/Family A5114	Foam/Fabric Leg Strap	N							
IN	Medicaid/SCHIP/Family A5120	Skin barrier, wipes or swabs, each	N							
IN	Medicaid/SCHIP/Family A5121	Solid Skin Barrier 6x6	N							
IN	Medicaid/SCHIP/Family A5122	Solid Skin Barrier 8x8	N							
IN	Medicaid/SCHIP/Family A5126	Disk/Foam Pad +Or- Adhesive	N							
IN	Medicaid/SCHIP/Family A5131	Appliance Cleaner	N							
IN	Medicaid/SCHIP/Family A5200	Percutaneous Catheter Anchor	N							
IN	Medicaid/SCHIP/Family A5500	Diab Shoe For Density Insert	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5501	Diabetic Custom Molded Shoe	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5503	Diabetic Shoe W/Roller/Rockr	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5504	Diabetic Shoe With Wedge	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5505	Diab Shoe W/Metatarsal Bar	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5506	Diabetic Shoe W/Off Set Heel	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5507	Modification Diabetic Shoe	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5508	Diabetic Deluxe Shoe	N	CG-DME-19			None	None	None	None
IN	Medicaid/SCHIP/Family A5510	For diabetics only, direct formed, compression	N	CG-DME-19		Precertification is REQUIRED for ;	None	None	None	None
IN	Medicaid/SCHIP/Family A5512	For diabetics only, multiple density insert, direc	N	CG-DME-19		Precertification is REQUIRED for ;	None	None	None	None
IN	Medicaid/SCHIP/Family A5513	For diabetics only, multiple density insert, custc	N	CG-DME-19		Precertification is REQUIRED for ;	None	None	None	None
IN	Medicaid/SCHIP/Family A5514	For diabetics only, multiple density insert, mad	N	CG-DME-19		Precertification is REQUIRED for ;	None	None	None	None
IN	Medicaid/SCHIP/Family A6000	Non-contact wound warming wound cover for r	N							
IN	Medicaid/SCHIP/Family A6010	Collagen based wound filler, dry form, sterile, p	N							
IN	Medicaid/SCHIP/Family A6011	Collagen based wound filler, gel/paste, per gram	N							
IN	Medicaid/SCHIP/Family A6021	Collagen dressing, sterile, size 16 sq in or less, e	N							
IN	Medicaid/SCHIP/Family A6022	Collagen dressing, sterile, size more than 16 sq	N							
IN	Medicaid/SCHIP/Family A6023	Collagen dressing, sterile, size more than 48 sq	N							
IN	Medicaid/SCHIP/Family A6024	Collagen dressing wound filler, sterile, per 6 in	N							
IN	Medicaid/SCHIP/Family A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLIC	N							
IN	Medicaid/SCHIP/Family A6154	Wound Pouch Each	N							
IN	Medicaid/SCHIP/Family A6196	Alginate or other fiber gelling dressing, wound c	N							
IN	Medicaid/SCHIP/Family A6197	Alginate or other fiber gelling dressing, wound c	N							
IN	Medicaid/SCHIP/Family A6198	Alginate or other fiber gelling dressing, wound c	N							
IN	Medicaid/SCHIP/Family A6199	Alginate or other fiber gelling dressing, wound f	N							
IN	Medicaid/SCHIP/Family A6203	Composite dressing, sterile, pad size 16 sq in or	N							
IN	Medicaid/SCHIP/Family A6204	Composite dressing, sterile, pad size more than	N							
IN	Medicaid/SCHIP/Family A6205	Composite dressing, sterile, pad size more than	N							
IN	Medicaid/SCHIP/Family A6206	Contact layer, sterile, 16 sq in or less, each dres	N							
IN	Medicaid/SCHIP/Family A6207	Contact layer, sterile, more than 16 sq in but le	N							
IN	Medicaid/SCHIP/Family A6208	Contact layer, sterile, more than 48 sq in, each	N							
IN	Medicaid/SCHIP/Family A6209	Foam dressing, wound cover, sterile, pad size 1	N							
IN	Medicaid/SCHIP/Family A6210	Foam dressing, wound cover, sterile, pad size r	N							
IN	Medicaid/SCHIP/Family A6211	Foam dressing, wound cover, sterile, pad size r	N							
IN	Medicaid/SCHIP/Family A6212	Foam dressing, wound cover, sterile, pad size 1	N							
IN	Medicaid/SCHIP/Family A6213	Foam dressing, wound cover, sterile, pad size r	N							
IN	Medicaid/SCHIP/Family A6214	Foam dressing, wound cover, sterile, pad size r	N							
IN	Medicaid/SCHIP/Family A6215	Foam dressing, wound filler, sterile, per gram	N							
IN	Medicaid/SCHIP/Family A6216	Non-Sterile Gauze<=16 Sq In	N							
IN	Medicaid/SCHIP/Family A6217	Non-Sterile Gauze>16<=48 Sq	N							
IN	Medicaid/SCHIP/Family A6218	Non-Sterile Gauze > 48 Sq In	N							
IN	Medicaid/SCHIP/Family A6219	Gauze, nonimpregnated, sterile, pad size 16 sq	N							

IN	Medicaid/SCHIP/Family	A6220	Gauze, nonimpregnated, sterile, pad size more	N						
IN	Medicaid/SCHIP/Family	A6221	Gauze, nonimpregnated, sterile, pad size more	N						
IN	Medicaid/SCHIP/Family	A6222	Gauze, impregnated with other than water, noi	N						
IN	Medicaid/SCHIP/Family	A6223	Gauze, impregnated with other than water, noi	N						
IN	Medicaid/SCHIP/Family	A6224	Gauze, impregnated with other than water, noi	N						
IN	Medicaid/SCHIP/Family	A6228	Gauze, impregnated, water or normal saline, st	N						
IN	Medicaid/SCHIP/Family	A6229	Gauze, impregnated, water or normal saline, st	N						
IN	Medicaid/SCHIP/Family	A6230	Gauze, impregnated, water or normal saline, st	N						
IN	Medicaid/SCHIP/Family	A6231	Gauze, impregnated, hydrogel, for direct wound	N						
IN	Medicaid/SCHIP/Family	A6232	Gauze, impregnated, hydrogel, for direct wound	N						
IN	Medicaid/SCHIP/Family	A6233	Gauze, impregnated, hydrogel, for direct wound	N						
IN	Medicaid/SCHIP/Family	A6234	Hydrocolloid dressing, wound cover, sterile, pad	N						
IN	Medicaid/SCHIP/Family	A6235	Hydrocolloid dressing, wound cover, sterile, pad	N						
IN	Medicaid/SCHIP/Family	A6236	Hydrocolloid dressing, wound cover, sterile, pad	N						
IN	Medicaid/SCHIP/Family	A6237	Hydrocolloid dressing, wound cover, sterile, pad	N						
IN	Medicaid/SCHIP/Family	A6238	Hydrocolloid dressing, wound cover, sterile, pad	N						
IN	Medicaid/SCHIP/Family	A6239	Hydrocolloid dressing, wound cover, sterile, pad	N						
IN	Medicaid/SCHIP/Family	A6240	Hydrocolloid dressing, wound filler, paste, sterile	N						
IN	Medicaid/SCHIP/Family	A6241	Hydrocolloid dressing, wound filler, dry form, st	N						
IN	Medicaid/SCHIP/Family	A6242	Hydrogel dressing, wound cover, sterile, pad size	N						
IN	Medicaid/SCHIP/Family	A6243	Hydrogel dressing, wound cover, sterile, pad size	N						
IN	Medicaid/SCHIP/Family	A6244	Hydrogel dressing, wound cover, sterile, pad size	N						
IN	Medicaid/SCHIP/Family	A6245	Hydrogel dressing, wound cover, sterile, pad size	N						
IN	Medicaid/SCHIP/Family	A6246	Hydrogel dressing, wound cover, sterile, pad size	N						
IN	Medicaid/SCHIP/Family	A6247	Hydrogel dressing, wound cover, sterile, pad size	N						
IN	Medicaid/SCHIP/Family	A6248	Hydrogel dressing, wound filler, gel, per fluid ou	N						
IN	Medicaid/SCHIP/Family	A6250	Skin Seal Protect Moisturiz	N						
IN	Medicaid/SCHIP/Family	A6251	Specialty absorptive dressing, wound cover, ste	N						
IN	Medicaid/SCHIP/Family	A6252	Specialty absorptive dressing, wound cover, ste	N						
IN	Medicaid/SCHIP/Family	A6253	Specialty absorptive dressing, wound cover, ste	N						
IN	Medicaid/SCHIP/Family	A6254	Specialty absorptive dressing, wound cover, ste	N						
IN	Medicaid/SCHIP/Family	A6255	Specialty absorptive dressing, wound cover, ste	N						
IN	Medicaid/SCHIP/Family	A6256	Specialty absorptive dressing, wound cover, ste	N						
IN	Medicaid/SCHIP/Family	A6257	Transparent film, sterile, 16 sq in or less, each	N						
IN	Medicaid/SCHIP/Family	A6258	Transparent film, sterile, more than 16 sq in bul	N						
IN	Medicaid/SCHIP/Family	A6259	Transparent film, sterile, more than 48 sq in, ea	N						
IN	Medicaid/SCHIP/Family	A6260	Wound cleansers, any type, any size	N						
IN	Medicaid/SCHIP/Family	A6261	Wound filler, gel/paste, per fluid ounce, not ot	N						
IN	Medicaid/SCHIP/Family	A6262	Wound filler, dry form, per gram, not otherwis	N						
IN	Medicaid/SCHIP/Family	A6266	Gauze, impregnated, other than water, normal	N						
IN	Medicaid/SCHIP/Family	A6402	Sterile Gauze <= 16 Sq In	N						
IN	Medicaid/SCHIP/Family	A6403	Gauze, nonimpregnated, sterile, pad size more	N						
IN	Medicaid/SCHIP/Family	A6404	Sterile Gauze > 48 Sq In	N						
IN	Medicaid/SCHIP/Family	A6407	Packing strips, nonimpregnated, sterile, up to 2	N						
IN	Medicaid/SCHIP/Family	A6410	Eye Pad, Sterile, Each	N						
IN	Medicaid/SCHIP/Family	A6411	Eye Pad, Non-Sterile, Each	N						
IN	Medicaid/SCHIP/Family	A6412	EYE PATCH, OCCLUSIVE, EACH	N						
IN	Medicaid/SCHIP/Family	A6413	Adhesive bandage, first-aid type, any size, each	X						
IN	Medicaid/SCHIP/Family	A6441	Padding bandage, non-elastic, non-woven/non-	N						
IN	Medicaid/SCHIP/Family	A6442	Conforming bandage, non-elastic, knitted/wove	N						
IN	Medicaid/SCHIP/Family	A6443	Conforming bandage, non-elastic, knitted/wove	N						
IN	Medicaid/SCHIP/Family	A6444	Conforming bandage, non-elastic, knitted/wove	N						
IN	Medicaid/SCHIP/Family	A6445	Conforming bandage, non-elastic, knitted/wove	N						
IN	Medicaid/SCHIP/Family	A6446	Conforming bandage, non-elastic, knitted/wove	N						
IN	Medicaid/SCHIP/Family	A6447	Conforming bandage, non-elastic, knitted/wove	N						
IN	Medicaid/SCHIP/Family	A6448	Light compression bandage, elastic, knitted/wo	N						
IN	Medicaid/SCHIP/Family	A6449	Light compression bandage, elastic, knitted/wo	N						
IN	Medicaid/SCHIP/Family	A6450	Light compression bandage, elastic, knitted/wo	N						
IN	Medicaid/SCHIP/Family	A6451	Moderate compression bandage, elastic, knitte	N						

Not covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family A6452	High compression bandage, elastic, knitted/wor	N							
IN	Medicaid/SCHIP/Family A6453	Self-adherent bandage, elastic, non-knitted/noi	N							
IN	Medicaid/SCHIP/Family A6454	Self-adherent bandage, elastic, non-knitted/noi	N							
IN	Medicaid/SCHIP/Family A6455	Self-adherent bandage, elastic, non-knitted/noi	N							
IN	Medicaid/SCHIP/Family A6456	Zinc paste impregnated bandage, non-elastic, k	N							
IN	Medicaid/SCHIP/Family A6457	Tubular dressing with or without elastic, any wi	N							
IN	Medicaid/SCHIP/Family A6460	Synthetic resorbable wound dressing, sterile, pi	N							
IN	Medicaid/SCHIP/Family A6461	Synthetic resorbable wound dressing, sterile, pi	N							
IN	Medicaid/SCHIP/Family A6501	Compression Burn Garment, Bodysuit (Head To	N							
IN	Medicaid/SCHIP/Family A6502	Compression Burn Garment, Chin Strap, Custon	N							
IN	Medicaid/SCHIP/Family A6503	Compression Burn Garment, Facial Hood, Custc	N							
IN	Medicaid/SCHIP/Family A6504	Compression Burn Garment, Glove To Wrist, Cu	N							
IN	Medicaid/SCHIP/Family A6505	Compression Burn Garment, Glove To Elbow, C	N							
IN	Medicaid/SCHIP/Family A6506	Compression Burn Garment, Glove To Axilla, Cu	N							
IN	Medicaid/SCHIP/Family A6507	Compression Burn Garment, Foot To Knee Leng	N							
IN	Medicaid/SCHIP/Family A6508	Compression Burn Garment, Foot To Thigh Len	N							
IN	Medicaid/SCHIP/Family A6509	Compression Burn Garment, Upper Trunk To W	N							
IN	Medicaid/SCHIP/Family A6510	Compression Burn Garment, Trunk, Including A	N							
IN	Medicaid/SCHIP/Family A6511	Compression Burn Garment, Upper Trunk To W	N							
IN	Medicaid/SCHIP/Family A6512	Compression Burn Garment, Not Otherwise Cla	N							
IN	Medicaid/SCHIP/Family A6513	Compression burn mask, face and/or neck, plas	N							
IN	Medicaid/SCHIP/Family A6530	Gradient compression stocking, below knee, 18	N							
IN	Medicaid/SCHIP/Family A6531	Gradient compression stocking, below knee, 30	N							
IN	Medicaid/SCHIP/Family A6532	Gradient compression stocking, below knee, 40	N							
IN	Medicaid/SCHIP/Family A6533	Gradient compression stocking, thigh length, 1	N							
IN	Medicaid/SCHIP/Family A6534	Gradient compression stocking, thigh length, 3	N							
IN	Medicaid/SCHIP/Family A6535	Gradient compression stocking, thigh length, 4	N							
IN	Medicaid/SCHIP/Family A6536	Gradient compression stocking, full length/cha	N							
IN	Medicaid/SCHIP/Family A6537	Gradient compression stocking, full length/cha	N							
IN	Medicaid/SCHIP/Family A6538	Gradient compression stocking, full length/cha	N							
IN	Medicaid/SCHIP/Family A6539	Gradient compression stocking, waist length, 1	N							
IN	Medicaid/SCHIP/Family A6540	Gradient compression stocking, waist length, 3	N							
IN	Medicaid/SCHIP/Family A6541	Gradient compression stocking, waist length, 4	N							
IN	Medicaid/SCHIP/Family A6544	Gradient compression stocking, garter belt	N							
IN	Medicaid/SCHIP/Family A6545	Gradient compression wrap, nonelastic, below	N							
IN	Medicaid/SCHIP/Family A6549	Gradient Compression Stocking/Sleeve, Not Ot	N							
IN	Medicaid/SCHIP/Family A6550	Wound care set, for negative pressure wound t	Y	DME.00009		Precertification is REQUIRED for i	None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family A7000	Disposable Canister For Pump	N				None	None		None
IN	Medicaid/SCHIP/Family A7001	Nondisposable Pump Canister	N							
IN	Medicaid/SCHIP/Family A7002	Tubing Used W Suction Pump	N							
IN	Medicaid/SCHIP/Family A7003	Nebulizer Administration Set	N				None	None		None
IN	Medicaid/SCHIP/Family A7004	Disposable Nebulizer Sml Vol	N				None	None		None
IN	Medicaid/SCHIP/Family A7005	Nondisposable Nebulizer Set	N				None	None		None
IN	Medicaid/SCHIP/Family A7006	Filtered Nebulizer Admin Set	N				None	None		None
IN	Medicaid/SCHIP/Family A7007	Lg Vol Nebulizer Disposable	N				None	None		None
IN	Medicaid/SCHIP/Family A7008	Disposable Nebulizer Prefill	N							
IN	Medicaid/SCHIP/Family A7009	Nebulizer Reservoir Bottle	N							
IN	Medicaid/SCHIP/Family A7010	Disposable Corrugated Tubing	N							
IN	Medicaid/SCHIP/Family A7012	Nebulizer Water Collec Devic	N							
IN	Medicaid/SCHIP/Family A7013	Filter, disposable, used with aerosol compress	N							
IN	Medicaid/SCHIP/Family A7014	Compressor Nondispos Filter	N							
IN	Medicaid/SCHIP/Family A7015	Aerosol Mask Used W Nebulize	N							
IN	Medicaid/SCHIP/Family A7016	Nebulizer Dome & Mouthpiece	N							
IN	Medicaid/SCHIP/Family A7017	Nebulizer Not Used W Oxygen	N				None	None		None
IN	Medicaid/SCHIP/Family A7018	Water Distilled W/Nebulizer	N							
IN	Medicaid/SCHIP/Family A7020	Interface for cough stimulating device, includes	N				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family A7025	High Frequency Chest Wall Oscillation System	Y	CG-DME-43			None	None		None
IN	Medicaid/SCHIP/Family A7026	High Frequency Chest Wall Oscillation System	N							
IN	Medicaid/SCHIP/Family A7027	Combination oral/nasal mask, used with contin	X			Non covered but for pediatric me	AIM Sleep: Sleep Disorder Managen	None		None

IN	Medicaid/SCHIP/Family A7028	Oral cushion for combination oral/nasal mask, r	X				Non covered but for pediatric me	AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7029	Nasal pillows for combination oral/nasal mask, r	X				Non covered but for pediatric me	AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7030	Full Face Mask Used With Positive Airway Press	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7031	Face Mask Interface, Replacement For Full Face	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7032	Cushion for use on nasal mask interface, replac	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7033	Pillow for use on nasal cannula type interface, r	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7034	Nasal Interface (Mask Or Cannula Type) Used W	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7035	Headgear Used With Positive Airway Pressure C	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7036	Chinstrap Used With Positive Airway Pressure C	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7037	Tubing Used With Positive Airway Pressure Dev	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7038	Filter, Disposable, Used With Positive Airway Pr	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7039	Filter, Non Disposable, Used With Positive Airw	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7040	One way chest drain valve	N							
IN	Medicaid/SCHIP/Family A7041	Water seal drain container	N							
IN	Medicaid/SCHIP/Family A7044	Oral Interface Used With Positive Airway Pressu	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7045	Repl exhalation port for PAP	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7046	Water chamber for humidifier, used with positi	Y		AIM			AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family A7047	Oral interface used with respiratory suction pur	N							
IN	Medicaid/SCHIP/Family A7048	Vacuum drainage collection unit and tubing kit,	N							
IN	Medicaid/SCHIP/Family A7501	Tracheostoma Valve W Diaphra	N							
IN	Medicaid/SCHIP/Family A7502	Replacement Diaphragm/Fplate	N							
IN	Medicaid/SCHIP/Family A7503	Hmes Filter Holder Or Cap	N							
IN	Medicaid/SCHIP/Family A7504	Tracheostoma Hmes Filter	N							
IN	Medicaid/SCHIP/Family A7505	Hmes Or Trach Valve Housing	N							
IN	Medicaid/SCHIP/Family A7506	Hmes/Trachvalve Adhesivedisk	N							
IN	Medicaid/SCHIP/Family A7507	Integrated Filter & Holder	N							
IN	Medicaid/SCHIP/Family A7508	Housing & Integrated Adhesiv	N							
IN	Medicaid/SCHIP/Family A7509	Heat & Moisture Exchange Sys	N							
IN	Medicaid/SCHIP/Family A7520	Tracheostomy/laryngectomy tube, non-cuffed,	N							
IN	Medicaid/SCHIP/Family A7521	Tracheostomy/laryngectomy tube, cuffed, poly	N							
IN	Medicaid/SCHIP/Family A7522	Tracheostomy/laryngectomy tube, stainless ste	N							
IN	Medicaid/SCHIP/Family A7523	Tracheostomy shower protector, each	N							
IN	Medicaid/SCHIP/Family A7524	Tracheostoma stent/stud/button, each	N							
IN	Medicaid/SCHIP/Family A7525	Tracheostomy mask, each	N							
IN	Medicaid/SCHIP/Family A7526	Tracheostomy tube collar/holder, each	N							
IN	Medicaid/SCHIP/Family A7527	Trach/laryn tube plug/stop	N							
IN	Medicaid/SCHIP/Family A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, I	N							
IN	Medicaid/SCHIP/Family A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, N	N							
IN	Medicaid/SCHIP/Family A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICA	N							
IN	Medicaid/SCHIP/Family A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICA	N							
IN	Medicaid/SCHIP/Family A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT I	N							
IN	Medicaid/SCHIP/Family A9150	Misc/Exper Non-Prescript Dru	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9152	Single vitamin nos	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9153	Multi-vitamin nos	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9155	Artificial saliva, 30 ml	N							
IN	Medicaid/SCHIP/Family A9180	Lice treatment, topical	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9270	Non-Covered Item Or Service	X					Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family A9272	Wound suction, disposable, includes dressing, a	X		DME.00009			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family A9273	Cold or hot fluid bottle, ice cap or collar, heat a	N							
IN	Medicaid/SCHIP/Family A9274	External ambulatory insulin delivery system, dis	N		CG-DME-42			Precertification is REQUIRED for ;	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A9275	Home glucose disposable monitor, includes tes	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9276	Sensor; invasive (e.g., subcutaneous), disposabl	Y		CG-DME-42			Precertification is REQUIRED for ;	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A9277	Transmitter; external, for use with interstitial c	N		CG-DME-42			Precertification is REQUIRED for ;	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A9278	Receiver (monitor); external, for use with inters	Y		CG-DME-42			Precertification is REQUIRED for ;	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A9279	Monitoring feature/device, stand-alone or inte	X		MED.00133, CG-DME-42			This benefit is managed by the St	None	CMS Ruling 1682
IN	Medicaid/SCHIP/Family A9280	Alert or alarm device, not otherwise classified	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9281	Reaching/grabbing device, any type, any length	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9282	Wig, any type, each	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family A9283	Foot pressure off loading/supportive device, an	X					Non covered but for pediatric members verification of EPSDT services must be verified.		

IN	Medicaid/SCHIP/Family A9284	Spirometer, nonelectronic, includes all accessories	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9285	Inversion/eversion correction device	N						
IN	Medicaid/SCHIP/Family A9286	Hygienic item or device, disposable or non-disp	X						
IN	Medicaid/SCHIP/Family A9300	Exercise Equipment	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9500	Technetium Tc-99m Sestamibi, Diagnostic, Per	N				None	None	None
IN	Medicaid/SCHIP/Family A9501	Technetium TC-99m teboroxime, diagnostic, pe	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9502	Technetium Tc-99m tetrofosmin, diagnostic, pe	N						
IN	Medicaid/SCHIP/Family A9503	Technetium Tc-99m medronate, diagnostic, per	N				None	None	None
IN	Medicaid/SCHIP/Family A9504	Technetium Tc-99m apcitide, diagnostic, per st	N						
IN	Medicaid/SCHIP/Family A9505	Thallium Tl-201 thallos chloride, diagnostic, pe	N				None	None	None
IN	Medicaid/SCHIP/Family A9507	Indium In-111 capromab pendetide, diagnostic,	N	CG-MED-87			None	None	None
IN	Medicaid/SCHIP/Family A9508	Iodine I-131 iobenguane sulfate, diagnostic, pe	N						
IN	Medicaid/SCHIP/Family A9509	Iodine I-123 sodium iodide, diagnostic, per mill	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9510	Technetium Tc-99m disofenin, diagnostic, per s	N						
IN	Medicaid/SCHIP/Family A9512	Technetium Tc-99m pertechnetate, diagnostic,	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	N				ING-CC-0118	None	None
IN	Medicaid/SCHIP/Family A9515	Choline c-11, diagnostic, per study dose up to 2	N				None	None	None
IN	Medicaid/SCHIP/Family A9516	Iodine I-123 sodium iodide, diagnostic, per 100	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9517	Iodine I-131 sodium iodide capsule(s), therapeu	N						
IN	Medicaid/SCHIP/Family A9520	Technetium tc-99m, tilmanocept, diagnostic, ur	N						
IN	Medicaid/SCHIP/Family A9521	Technetium Tc-99m exametazime, diagnostic, r	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9524	Iodine I-131 iodinated serum albumin, diagnost	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9526	Nitrogen N-13 ammonia, diagnostic, per study c	N						
IN	Medicaid/SCHIP/Family A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THEF	N				None	None	None
IN	Medicaid/SCHIP/Family A9528	Iodine I-131 sodium iodide capsule(s), diagnosti	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9529	Iodine I-131 sodium iodide solution, diagnostic,	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9530	Iodine I-131 sodium iodide solution, therapeuti	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9531	Iodine I-131 sodium iodide, diagnostic, per micr	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9532	Iodine I-125 serum albumin, diagnostic, per 5 m	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9536	Technetium Tc-99m depreotide, diagnostic, per X	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9537	Technetium Tc-99m mebrofenin, diagnostic, pe X	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9538	Technetium Tc-99m pyrophosphate, diagnostic	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9539	Technetium Tc-99m pentetate, diagnostic, per :	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9540	Technetium Tc-99m macroaggregated albumin, X	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9541	Technetium Tc-99m sulfur colloid, diagnostic, p	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9542	Indium In-111 ibritumomab tiuxetan, diagnosti	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic	N				ING-CC-0118	None	CMS Guidelines
IN	Medicaid/SCHIP/Family A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, p	N						
IN	Medicaid/SCHIP/Family A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9548	Indium In-111 pentetate, diagnostic, per 0.5 mi	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9550	Technetium Tc-99m sodium gluceptate, diagno	N						
IN	Medicaid/SCHIP/Family A9551	Technetium Tc-99m succimer, diagnostic, per si	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per s	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9553	Chromium Cr-51 sodium chromate, diagnostic,	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9554	Iodine I-125 sodium iothalamate, diagnostic, pe	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9555	Rubidium Rb-82, diagnostic, per study dose, up	N						
IN	Medicaid/SCHIP/Family A9556	Gallium Ga-67 citrate, diagnostic, per millicurie	N						
IN	Medicaid/SCHIP/Family A9557	Technetium Tc-99m bismate, diagnostic, per stl	N						
IN	Medicaid/SCHIP/Family A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries	N						
IN	Medicaid/SCHIP/Family A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic,	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9560	Technetium Tc-99m labeled red blood cells, dia	N						
IN	Medicaid/SCHIP/Family A9561	Technetium Tc-99m oxidronate, diagnostic, per	N						
IN	Medicaid/SCHIP/Family A9562	Technetium Tc-99m mertiatide, diagnostic, per	N				None	None	None
IN	Medicaid/SCHIP/Family A9563	Sodium phosphate P-32, therapeutic, per millic	N						
IN	Medicaid/SCHIP/Family A9564	Chromic phosphate P-32 suspension, therapeut	N						
IN	Medicaid/SCHIP/Family A9566	Technetium Tc-99m fanolesomab, diagnostic, p	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9567	Technetium Tc-99m pentetate, diagnostic, aerc	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGN	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9569	Technetium Tc-99m exametazime labeled auto	X					Non covered but for pediatric members verification of EPSDT services must be verified.	

IN	Medicaid/SCHIP/Family A9570	Indium In-111 labeled autologous white blood c	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9571	Indium In-111 labeled autologous platelets, dia	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9572	Indium In-111 pentetretotide, diagnostic, per stu	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family A9575	Injection, gadoterate meglumine, 0.1 ml	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9576	Injection, gadoteridol, (prohance multipack), pe	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9577	Injection, gadobenate dimeglumine (multihanc	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9578	Injection, gadobenate dimeglumine (multihanc	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9579	Injection, gadolinium-based magnetic resonanc	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9580	Sodium fluoride F-18, diagnostic, per study dos	N				None	None
IN	Medicaid/SCHIP/Family A9581	Injection, Gadoxetate Disodium, 1 Ml	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9582	Iodine I-123 Iobenguane, Diagnostic, Per Study	X	RAD.00064			Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9583	Injection, Gadofosveset Trisodium, 1 Ml	X				Non covered but for pediatric members verification of EPSDT services	must be verified.
IN	Medicaid/SCHIP/Family A9584	Iodine I-123 Ioflupane, diagnostic, per study do	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9585	Injection, gabobutrol, 0.1 ml	X				Non covered but for pediatric members verification of EPSDT services	must be verified.
IN	Medicaid/SCHIP/Family A9586	Florbetapir f18, diagnostic, per study dose, up t	N	CG-MED-80			None	None
IN	Medicaid/SCHIP/Family A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicur	N					
IN	Medicaid/SCHIP/Family A9588	Fluciclovine f-18, diagnostic, 1 millicurie	N				None	None
IN	Medicaid/SCHIP/Family A9589	Instillation, hexaminolevulinat hydrochloride,	N					None
IN	Medicaid/SCHIP/Family A9590	Iodine I-131, Iobenguane, 1 mCi	N					
IN	Medicaid/SCHIP/Family A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie	N					
IN	Medicaid/SCHIP/Family A9597	Positron emission tomography radiopharmaceu	N					
IN	Medicaid/SCHIP/Family A9598	Positron emission tomography radiopharmaceu	N					
IN	Medicaid/SCHIP/Family A9600	Strontium Sr-89 chloride, therapeutic, per millic	N					
IN	Medicaid/SCHIP/Family A9604	Samarium Sm-153 Lexidronam, Therapeutic, Pe	N					
IN	Medicaid/SCHIP/Family A9606	Radium ra-223 dichloride, therapeutic, per micr	N				ING-CC-0112	None
IN	Medicaid/SCHIP/Family A9698	Nonradioactive contrast imaging material, not c	X				Non covered but for pediatric members verification of EPSDT services	must be verified.
IN	Medicaid/SCHIP/Family A9699	Radiopharmaceutical, therapeutic, not otherwi	X				Non covered but for pediatric me	ING-CC-0118
IN	Medicaid/SCHIP/Family A9700	Echocardiography Contrast	N					None
IN	Medicaid/SCHIP/Family A9900	Miscellaneous DME supply, accessory, and/or s	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9901	Delivery/Set Up/Dispensing	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family A9999	Miscellaneous DME supply or accessory, not ot	N					None
IN	Medicaid/SCHIP/Family B0101	Stroke with Motor >51.05.,comorbidity in tier 1	N					
IN	Medicaid/SCHIP/Family B0102	Stroke with Motor >44.45 and Motor <51.05 an	N					
IN	Medicaid/SCHIP/Family B0103	Stroke with Motor >44.45 and Motor <51.05 an	N					
IN	Medicaid/SCHIP/Family B0104	Stroke with Motor >38.85 and Motor <44.45.,cc	N					
IN	Medicaid/SCHIP/Family B0105	Stroke with Motor >34.25 and Motor <38.85.,cc	N					
IN	Medicaid/SCHIP/Family B0106	Stroke with Motor >30.05 and Motor <34.25.,cc	N					
IN	Medicaid/SCHIP/Family B0201	Traumatic brain injury with Motor >53.35 and C	N					
IN	Medicaid/SCHIP/Family B0202	Traumatic brain injury with Motor >44.25 and M	N					
IN	Medicaid/SCHIP/Family B0203	Traumatic brain injury with Motor >44.25 and C	N					
IN	Medicaid/SCHIP/Family B0204	Traumatic brain injury with Motor >40.65 and M	N					
IN	Medicaid/SCHIP/Family B0205	Traumatic brain injury with Motor >28.75 and M	N					
IN	Medicaid/SCHIP/Family B0301	Non-traumatic brain injury with Motor >41.05.,	N					
IN	Medicaid/SCHIP/Family B0302	Non-traumatic brain injury with Motor >35.05 a	N					
IN	Medicaid/SCHIP/Family B0303	Non-traumatic brain injury with Motor >26.15 a	N					
IN	Medicaid/SCHIP/Family B0304	Non-traumatic brain injury with Motor <26.15.,	N					
IN	Medicaid/SCHIP/Family B0305	Non-traumatic brain injury M <42.50 and A <78	N					
IN	Medicaid/SCHIP/Family B0401	Traumatic spinal cord injury with Motor >48.45	N					
IN	Medicaid/SCHIP/Family B0402	Traumatic spinal cord injury with Motor >30.35	N					
IN	Medicaid/SCHIP/Family B0403	Traumatic spinal cord injury with Motor >16.05	N					
IN	Medicaid/SCHIP/Family B0404	Traumatic spinal cord injury with Motor <16.05	N					
IN	Medicaid/SCHIP/Family B0405	Traumatic spinal cord injury with Motor <16.05	N					
IN	Medicaid/SCHIP/Family B0406	Traumatic spinal cord injury M >=24.50 and M <	N					
IN	Medicaid/SCHIP/Family B0407	Traumatic spinal cord injury M <24.50 and A >=	N					
IN	Medicaid/SCHIP/Family B0501	Non-traumatic spinal cord injury with Motor >5	N					
IN	Medicaid/SCHIP/Family B0502	Non-traumatic spinal cord injury with Motor >4	N					
IN	Medicaid/SCHIP/Family B0503	Non-traumatic spinal cord injury with Motor >3	N					
IN	Medicaid/SCHIP/Family B0504	Non-traumatic spinal cord injury with Motor >2	N					
IN	Medicaid/SCHIP/Family B0505	Non-traumatic spinal cord injury with Motor >2	N					

IN	Medicaid/SCHIP/Family B1904	Guillain-Barr <38.50,comorbidity in tier 1	N							
IN	Medicaid/SCHIP/Family B2001	Miscellaneous with Motor >49.15,comorbidity	N							
IN	Medicaid/SCHIP/Family B2002	Miscellaneous with Motor >38.75 and Motor <	N							
IN	Medicaid/SCHIP/Family B2003	Miscellaneous with Motor >27.85 and Motor <	N							
IN	Medicaid/SCHIP/Family B2004	Miscellaneous with Motor <27.85,comorbidity	N							
IN	Medicaid/SCHIP/Family B2005	Miscellaneous M <46.50 and A <77.50,comorb	N							
IN	Medicaid/SCHIP/Family B2101	Burns with Motor >0,comorbidity in tier 1	N							
IN	Medicaid/SCHIP/Family B2102	Burns M <52.50,comorbidity in tier 1	N							
IN	Medicaid/SCHIP/Family B4034	Enteral feeding supply kit; syringe fed, per day,	N	CG-MED-08			Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family B4035	Enteral feeding supply kit; pump fed, per day, i	N	CG-MED-08			Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family B4036	Enteral feeding supply kit; gravity fed, per day,	N	CG-MED-08			Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family B4081	Enteral Ng Tubing W/ Stylet	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4082	Enteral Ng Tubing W/O Stylet	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4083	Enteral Stomach Tube Levine	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4087	Gastrostomy/jejunostomy tube, standard, and	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4088	Gastrostomy/jejunostomy tube, low-profile, an	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4100	Food Thickener, Administered Orally, Per Ounc	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4102	EF adult fluids and electro	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4103	EF ped fluid and electrolyte	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4104	Additive for enteral formula	X	CG-MED-08			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family B4105	In-line cartridge containing digestive enzyme(s)	X	CG-MED-08			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family B4149	Enteral formula, manufactured blenderized nat	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4150	Enteral Formulae Category I	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4152	Enteral Formulae Category Ii	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4153	Enteral Formulae CategoryIiii	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4154	Enteral Formulae Category Iv	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4155	Enteral Formulae Category V	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4157	EF special metabolic inherit	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4158	EF ped complete intact nut	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4159	EF ped complete soy based	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4160	EF ped caloric dense>=0.7kc	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4161	EF ped hydrolyzed/amino acid	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4162	EF ped specmetabolic inherit	N	CG-MED-08				None	None	None
IN	Medicaid/SCHIP/Family B4164	Parenteral 50% Dextrose Solu	N					None	None	None
IN	Medicaid/SCHIP/Family B4168	Parenteral Sol Amino Acid 3.	N					None	None	None
IN	Medicaid/SCHIP/Family B4172	Parenteral Sol Amino Acid 5.	N					None	None	None
IN	Medicaid/SCHIP/Family B4176	Parenteral Sol Amino Acid 7-	N					None	None	None
IN	Medicaid/SCHIP/Family B4178	Parenteral Sol Amino Acid >	N					None	None	None
IN	Medicaid/SCHIP/Family B4180	Parenteral Sol Carb > 50%	N					None	None	None
IN	Medicaid/SCHIP/Family B4185	Parenteral nutrition solution, per 10 grams lipid	N					None	None	None
IN	Medicaid/SCHIP/Family B4187	Omegaven, 10 g lipids	N							
IN	Medicaid/SCHIP/Family B4189	Parenteral Sol Amino Acid &	N					None	None	None
IN	Medicaid/SCHIP/Family B4193	Parenteral Sol 52-73 Gm Prot	N					None	None	None
IN	Medicaid/SCHIP/Family B4197	Parenteral Sol 74-100 Gm Pro	N					None	None	None
IN	Medicaid/SCHIP/Family B4199	Parenteral Sol > 100gm Prote	N					None	None	None
IN	Medicaid/SCHIP/Family B4216	Parenteral Nutrition Additiv	N					None	None	None
IN	Medicaid/SCHIP/Family B4220	Parenteral Supply Kit Premix	N					None	None	None
IN	Medicaid/SCHIP/Family B4222	Parenteral Supply Kit Homemi	N					None	None	None
IN	Medicaid/SCHIP/Family B4224	Parenteral Administration Ki	N					None	None	None
IN	Medicaid/SCHIP/Family B5000	Parenteral Sol Renal-Amirosy	N					None	None	None
IN	Medicaid/SCHIP/Family B5100	Parenteral Sol Hepatic-Fream	N					None	None	None
IN	Medicaid/SCHIP/Family B5200	Parenteral Sol Stres-Brnch C	N					None	None	None
IN	Medicaid/SCHIP/Family B9002	Enteral nutrition infusion pump, any type	N	CG-MED-08				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family B9004	Parenteral Infus Pump Portab	N				Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family B9006	Parenteral Infus Pump Statio	N				Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family B9998	Enteral Supp Not Otherwise C	N							
IN	Medicaid/SCHIP/Family B9999	Parenteral Supp Not Othrws C	N					None	None	None
IN	Medicaid/SCHIP/Family C0101	Stroke with Motor >51.05,comorbidity in tier 2	N							
IN	Medicaid/SCHIP/Family C0102	Stroke with Motor >44.45 and Motor <51.05 an	N							

IN	Medicaid/SCHIP/Family	C1304	Rheumatoid other arthritis M <44.50 and A >=6	N										
IN	Medicaid/SCHIP/Family	C1305	Rheumatoid other arthritis M <51.50 and A <64	N										
IN	Medicaid/SCHIP/Family	C1401	Cardiac with Motor >48.85,comorbidity in tier	N										
IN	Medicaid/SCHIP/Family	C1402	Cardiac with Motor >38.55 and Motor <48.85,comorbidity	N										
IN	Medicaid/SCHIP/Family	C1403	Cardiac with Motor >31.15 and Motor <38.55,comorbidity	N										
IN	Medicaid/SCHIP/Family	C1404	Cardiac with Motor >31.15,comorbidity in tier	N										
IN	Medicaid/SCHIP/Family	C1501	Pulmonary with Motor >49.25,comorbidity in tier	N										
IN	Medicaid/SCHIP/Family	C1502	Pulmonary with Motor >39.05 and Motor <49.2	N										
IN	Medicaid/SCHIP/Family	C1503	Pulmonary with Motor >29.15 and Motor <39.0	N										
IN	Medicaid/SCHIP/Family	C1504	Pulmonary with Motor <29.15,comorbidity in tier	N										
IN	Medicaid/SCHIP/Family	C1601	Pain syndrome with Motor >37.15,comorbidity	N										
IN	Medicaid/SCHIP/Family	C1602	Pain syndrome with Motor >26.75 and Motor <	N										
IN	Medicaid/SCHIP/Family	C1603	Pain syndrome with Motor <26.75,comorbidity	N										
IN	Medicaid/SCHIP/Family	C1604	Pain syndrome M <43.50,comorbidity in tier 2	N										
IN	Medicaid/SCHIP/Family	C1701	Major multiple trauma without brain or spinal c	N										
IN	Medicaid/SCHIP/Family	C1702	Major multiple trauma without brain or spinal c	N										
IN	Medicaid/SCHIP/Family	C1703	Major multiple trauma without brain or spinal c	N										
IN	Medicaid/SCHIP/Family	C1704	Major multiple trauma without brain or spinal c	N										
IN	Medicaid/SCHIP/Family	C1705	Major multiple trauma without brain or spinal c	N										
IN	Medicaid/SCHIP/Family	C1713	Anchor/screw for opposing bone-to-bone or so	X								Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	C1714	Catheter, transluminal atherectomy, directional	X								Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	C1715	Brachytherapy needle	X							None	None	None	
IN	Medicaid/SCHIP/Family	C1716	Brachytherapy source, nonstranded, gold-198,	N							None	None	None	
IN	Medicaid/SCHIP/Family	C1717	Brachytherapy source, nonstranded, high dose	N							None	None	None	
IN	Medicaid/SCHIP/Family	C1719	Brachytherapy source, nonstranded, nonhigh d	N							None	None	None	
IN	Medicaid/SCHIP/Family	C1721	Cardioverter-defibrillator, dual chamber (impla	N	CG-SURG-97						None	None	None	
IN	Medicaid/SCHIP/Family	C1722	Cardioverter-defibrillator, single chamber (impl	N	CG-SURG-97						None	None	None	
IN	Medicaid/SCHIP/Family	C1724	Catheter, transluminal atherectomy, rotational	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1725	Catheter, transluminal angioplasty, nonlaser (m	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1726	Catheter, balloon dilatation, nonvascular	X	CG-SURG-73						None	None	None	
IN	Medicaid/SCHIP/Family	C1727	Catheter, balloon tissue dissector, nonvascular	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1728	Catheter, brachytherapy seed administration	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1729	Catheter, drainage	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1730	Catheter, electrophysiology, diagnostic, other t	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1731	Catheter, electrophysiology, diagnostic, other t	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1732	Catheter, electrophysiology, diagnostic/ablatio	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1733	Catheter, electrophysiology, diagnostic/ablatio	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1734	Orthopedic/device/drug matrix for opposing bc	N										
IN	Medicaid/SCHIP/Family	C1748	Endoscope, single-use (i.e. disposable), upper G	N										
IN	Medicaid/SCHIP/Family	C1749	Endoscope, retrograde imaging/illumination co	N										
IN	Medicaid/SCHIP/Family	C1750	Catheter, hemodialysis/peritoneal, long-term	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1751	Catheter, infusion, inserted peripherally, centra	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1752	Catheter, hemodialysis/peritoneal, short-term	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1753	Catheter, intravascular ultrasound	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1754	Catheter, intradiscal	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1755	Catheter, intraspinal	X							None	None	None	
IN	Medicaid/SCHIP/Family	C1756	Catheter, pacing, transesophageal	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1757	Catheter, thrombectomy/embolectomy	X							None	None	None	
IN	Medicaid/SCHIP/Family	C1758	Catheter, ureteral	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1759	Catheter, intracardiac echocardiography	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1760	Closure device, vascular (implantable/insertabl	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1762	Connective tissue, human (includes fascia lata)	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1763	Connective tissue, nonhuman (includes synthe	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1764	Event recorder, cardiac (implantable)	X	CG-MED-74						None	None	None	
IN	Medicaid/SCHIP/Family	C1765	Adhesion barrier	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1766	Introducer/sheath, guiding, intracardiac electro	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1767	Generator, neurostimulator (implantable), noni	X	CG-SURG-70, CG-SURG-95, SURG.00007, SURG.00026, SURG.0011						None	AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	C1768	Graft, vascular	X									Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	C1769	Guide wire	X							None	None	None	

IN	Medicaid/SCHIP/Family C1770	Imaging coil, magnetic resonance (insertable)	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1771	Repair device, urinary, incontinence, with sling	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1772	Infusion pump, programmable (implantable)	X	CG-SURG-79			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1773	Retrieval device, insertable (used to retrieve fra	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1776	Joint device (implantable)	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1777	Lead, cardioverter-defibrillator, endocardial sin	N	CG-SURG-97				None	None	None
IN	Medicaid/SCHIP/Family C1778	Lead, neurostimulator (implantable)	X	CG-SURG-70, CG-MED-79, SURG.00007, SURG.00112, SURG.00125			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1779	Lead, pacemaker, transvenous VDD single pass	N							
IN	Medicaid/SCHIP/Family C1780	Lens, intraocular (new technology)	N	CG-SURG-40, CG-SURG-77				None	None	None
IN	Medicaid/SCHIP/Family C1781	Mesh (implantable)	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1782	Morcellator	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1783	Ocular implant, aqueous drainage assist device	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1784	Ocular device, intraoperative, detached retina	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1785	Pacemaker, dual chamber, rate-responsive (im	N					None	None	None
IN	Medicaid/SCHIP/Family C1786	Pacemaker, single chamber, rate-responsive (in	N					None	None	None
IN	Medicaid/SCHIP/Family C1787	Patient programmer, neurostimulator	X	SURG.00129, SURG.00158			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1788	Port, indwelling (implantable)	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1789	Prosthesis, breast (implantable)	X	SURG.00023			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1801	Major multiple trauma with brain or spinal cord	N							
IN	Medicaid/SCHIP/Family C1802	Major multiple trauma with brain or spinal cord	N							
IN	Medicaid/SCHIP/Family C1803	Major multiple trauma with brain or spinal cord	N							
IN	Medicaid/SCHIP/Family C1804	Major multiple trauma with brain or spinal cord	N							
IN	Medicaid/SCHIP/Family C1805	Major multiple trauma with brain or spinal cord	N							
IN	Medicaid/SCHIP/Family C1806	Major multiple trauma with brain or spinal cord	N							
IN	Medicaid/SCHIP/Family C1813	Prosthesis, penile, inflatable	X	CG-SURG-12, CG-SURG-27			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1814	Retinal tamponade device, silicone oil	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1815	Prosthesis, urinary sphincter (implantable)	X	SURG.00010			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1816	Receiver and/or transmitter, neurostimulator (i	X	CG-MED-79			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1817	Septal defect implant system, intracardiac	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1818	Integrated keratoprosthesis	X	CG-SURG-94			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1819	Surgical tissue localization and excision device (	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1820	Generator, neurostimulator (implantable), with	X	CG-SURG-95, SURG.00026				AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family C1821	Interspinous process distraction device (implan	X	SURG.00092			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family C1822	Generator, neurostimulator (implantable), high	X	SURG.00026			Non covered but for pediatric me	AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family C1823	Generator, neurostimulator (implantable), non-	N	CG-MED-79				None	None	None
IN	Medicaid/SCHIP/Family C1824	Generator, cardiac contractility modulation (im	N							
IN	Medicaid/SCHIP/Family C1825	Generator, neurostimulator (implantable), non-	N							
IN	Medicaid/SCHIP/Family C1830	Powered bone marrow biopsy needle	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1839	Iris prosthesis	N							
IN	Medicaid/SCHIP/Family C1840	Lens, intraocular (telescopic)	X	CG-SURG-96			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1841	Retinal prosthesis, includes all internal and exte	X	SURG.00113			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1842	Retinal prosthesis, includes all internal and exte	N	SURG.00113				None	None	None
IN	Medicaid/SCHIP/Family C1849	Skin substitute, synthetic, resorbable, per sq cr	Y							
IN	Medicaid/SCHIP/Family C1874	Stent, coated/covered, with delivery system	X	SURG.00132			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1875	Stent, coated/covered, without delivery system	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1876	Stent, noncoated/noncovered, with delivery sy	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1877	Stent, noncoated/noncovered, without delivery	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1878	Material for vocal cord medialization, synthetic	X	MED.00132			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1880	Vena cava filter	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1881	Dialysis access system (implantable)	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1882	Cardioverter-defibrillator, other than single or c	N	CG-SURG-97				None	None	None
IN	Medicaid/SCHIP/Family C1883	Adaptor/extension, pacing lead or neurostimul	X	CG-SURG-95			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1884	Embolization protective system	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1885	Catheter, transluminal angioplasty, laser	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1886	Catheter, extravascular tissue ablation, any mo	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1887	Catheter, guiding (may include infusion/perfusi	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family C1888	Catheter, ablation, noncardiac, endovascular (ir	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family C1889	Implantable/insertable device, not otherwise cl	N							
IN	Medicaid/SCHIP/Family C1890	No implantable/insertable device used with dev	N							

IN	Medicaid/SCHIP/Family	C1891	Infusion pump, nonprogrammable, permanent	X		CG-SURG-79		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C1892	Introducer/sheath, guiding, intracardiac electro	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C1893	Introducer/sheath, guiding, intracardiac electro	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C1894	Introducer/sheath, other than guiding, other th	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C1895	Lead, cardioverter-defibrillator, endocardial dui	N		CG-SURG-97			None	None	None
IN	Medicaid/SCHIP/Family	C1896	Lead, cardioverter-defibrillator, other than endi	N		CG-SURG-97			None	None	None
IN	Medicaid/SCHIP/Family	C1897	Lead, neurostimulator test kit (implantable)	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C1898	Lead, pacemaker, other than transvenous VDD	N							
IN	Medicaid/SCHIP/Family	C1899	Lead, pacemaker/cardioverter-defibrillator com	N					None	None	None
IN	Medicaid/SCHIP/Family	C1900	Lead, left ventricular coronary venous system	N							
IN	Medicaid/SCHIP/Family	C1901	Guillian Barre with Motor >35.95,comorbidity i	N							
IN	Medicaid/SCHIP/Family	C1902	Guillian Barre with Motor >18.05 and Motor <3	N							
IN	Medicaid/SCHIP/Family	C1903	Guillian Barre with Motor <18.05,comorbidity i	N							
IN	Medicaid/SCHIP/Family	C1904	Guillain-Barr <38.50,comorbidity in tier 2	N							
IN	Medicaid/SCHIP/Family	C1982	Catheter, pressure generating, one-way valve, i	N							
IN	Medicaid/SCHIP/Family	C2001	Miscellaneous with Motor >49.15,comorbidity	N							
IN	Medicaid/SCHIP/Family	C2002	Miscellaneous with Motor >38.75 and Motor <	N							
IN	Medicaid/SCHIP/Family	C2003	Miscellaneous with Motor >27.85 and Motor <	N							
IN	Medicaid/SCHIP/Family	C2004	Miscellaneous with Motor <27.85, comorbidity	N							
IN	Medicaid/SCHIP/Family	C2005	Miscellaneous M <46.50 and A <77.50,comorb	N							
IN	Medicaid/SCHIP/Family	C2101	Burns with Motor >0,comorbidity in tier 2	N							
IN	Medicaid/SCHIP/Family	C2102	Burns M <52.50,comorbidity in tier 2	N							
IN	Medicaid/SCHIP/Family	C2596	Probe, image guided, robotic, waterjet ablation	N							
IN	Medicaid/SCHIP/Family	C2613	Lung biopsy plug with delivery system	N							
IN	Medicaid/SCHIP/Family	C2614	Probe, percutaneous lumbar discectomy	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C2615	Sealant, pulmonary, liquid	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2616	Brachytherapy source, nonstranded, yttrium-90	N		CG-SURG-78			None	None	None
IN	Medicaid/SCHIP/Family	C2617	Stent, noncoronary, temporary, without deliver	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2618	Probe/needle, cryoablation	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2619	Pacemaker, dual chamber, nonrate-responsive	N					None	None	None
IN	Medicaid/SCHIP/Family	C2620	Pacemaker, single chamber, nonrate-responsiv	N					None	None	None
IN	Medicaid/SCHIP/Family	C2621	Pacemaker, other than single or dual chamber	N							
IN	Medicaid/SCHIP/Family	C2622	Prosthesis, penile, noninflatable	X		CG-SURG-12, CG-SURG-27		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C2623	Catheter, transluminal angioplasty, drug-coate	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2624	Implantable wireless pulmonary artery pressur	X		MED.00115		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C2625	Stent, noncoronary, temporary, with delivery s	X		SURG.00132		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C2626	Infusion pump, nonprogrammable, temporary	X		CG-SURG-79		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C2627	Catheter, suprapubic/cystoscopic	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2628	Catheter, occlusion	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2629	Introducer/sheath, other than guiding, other th	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2630	Catheter, electrophysiology, diagnostic/ablation	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2631	Repair device, urinary, incontinence, without sli	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C2634	Brachytherapy source, nonstranded, high activi	N					None	None	None
IN	Medicaid/SCHIP/Family	C2635	Brachytherapy source, nonstranded, high activi	N					None	None	None
IN	Medicaid/SCHIP/Family	C2636	Brachytherapy linear source, nonstranded, palli	N					None	None	None
IN	Medicaid/SCHIP/Family	C2637	Brachytherapy source, nonstranded, ytterbium	N					None	None	None
IN	Medicaid/SCHIP/Family	C2638	Brachytherapy source, stranded, iodine-125, pe	N					None	None	None
IN	Medicaid/SCHIP/Family	C2639	Brachytherapy source, nonstranded, iodine-125	N					None	None	None
IN	Medicaid/SCHIP/Family	C2640	Brachytherapy source, stranded, palladium-103	N					None	None	None
IN	Medicaid/SCHIP/Family	C2641	Brachytherapy source, nonstranded, palladium-	N					None	None	None
IN	Medicaid/SCHIP/Family	C2642	Brachytherapy source, stranded, cesium-131, p	N					None	None	None
IN	Medicaid/SCHIP/Family	C2643	Brachytherapy source, nonstranded, cesium-13	N					None	None	None
IN	Medicaid/SCHIP/Family	C2644	Brachytherapy source, cesium-131 chloride soli	N					None	None	None
IN	Medicaid/SCHIP/Family	C2645	Brachytherapy planar source, palladium-103, p	N							
IN	Medicaid/SCHIP/Family	C2698	Brachytherapy source, stranded, not otherwise	N					None	None	None
IN	Medicaid/SCHIP/Family	C2699	Brachytherapy source, nonstranded, not other	N					None	None	None
IN	Medicaid/SCHIP/Family	C5271	Application of low cost skin substitute graft to t	X		SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C5272	Application of low cost skin substitute graft to t	X		SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C5273	Application of low cost skin substitute graft to t	X		SURG.00011		Non covered but for pediatric me	None	None	None

IN	Medicaid/SCHIP/Family	C5274	Application of low cost skin substitute graft to t	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C5275	Application of low cost skin substitute graft to f	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C5276	Application of low cost skin substitute graft to f	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C5277	Application of low cost skin substitute graft to f	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C5278	Application of low cost skin substitute graft to f	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8900	Magnetic resonance angiography with contrast	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8901	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8902	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8903	Magnetic resonance imaging with contrast, bre	X	RAD.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8905	Magnetic resonance imaging without contrast f	X	RAD.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8906	Magnetic resonance imaging with contrast, bre	X	RAD.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8908	Magnetic resonance imaging without contrast f	X	RAD.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8909	Magnetic resonance angiography with contrast	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8910	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8911	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8912	Magnetic resonance angiography with contrast	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8913	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8914	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8918	Magnetic resonance angiography with contrast	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8919	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8920	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8921	Transthoracic echocardiography with contrast,	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8922	Transthoracic echocardiography with contrast,	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8923	Transthoracic echocardiography with contrast,	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8924	Transthoracic echocardiography with contrast,	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8925	Transesophageal echocardiography (TEE) with c	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8926	Transesophageal echocardiography (TEE) with c	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8927	Transesophageal echocardiography (TEE) with c	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8928	Transthoracic echocardiography with contrast,	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8929	Transthoracic echocardiography with contrast,	N				None	None	None
IN	Medicaid/SCHIP/Family	C8930	Transthoracic echocardiography, with contrast,	N				None	None	None
IN	Medicaid/SCHIP/Family	C8931	Magnetic resonance angiography with contrast	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	C8932	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	C8933	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	C8934	Magnetic resonance angiography with contrast	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8935	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8936	Magnetic resonance angiography without conti	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C8937	Computer-aided detection, including computer	N				None	None	None
IN	Medicaid/SCHIP/Family	C8957	Intravenous infusion for therapy/diagnosis; init	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C9046	Cocaine hydrochloride nasal solution for topical	N						
IN	Medicaid/SCHIP/Family	C9047	Injection, caplacizumab-yhdp, 1 mg	Y				ING-CC-0137	None	None
IN	Medicaid/SCHIP/Family	C9065	Injection, romidepsin, non-lyophilized (e.g. liqui	Y				ING-CC-0100	None	None
IN	Medicaid/SCHIP/Family	C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci	N						
IN	Medicaid/SCHIP/Family	C9068	Copper cu-64, dotatate, diagnostic, 1 millicurie	N						
IN	Medicaid/SCHIP/Family	C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	Y						
IN	Medicaid/SCHIP/Family	C9070	Injection, tafasitamab-cxix, 2 mg	N						
IN	Medicaid/SCHIP/Family	C9071	Injection, viltolarsen, 10 mg	Y						
IN	Medicaid/SCHIP/Family	C9072	Injection, immune globulin (asceniv), 500 mg	Y						
IN	Medicaid/SCHIP/Family	C9073	Brexucabtagene autoleucl, up to 200 million a	N						
IN	Medicaid/SCHIP/Family	C9113	Injection, pantoprazole sodium, per vial	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C9122	Mometasone furoate sinus implant, 10 mcg (Sir	N	SURG.00132			None	None	None
IN	Medicaid/SCHIP/Family	C9132	Prothrombin complex concentrate (human), Kc	N						
IN	Medicaid/SCHIP/Family	C9248	Injection, clevidipine butyrate, 1 mg	N						
IN	Medicaid/SCHIP/Family	C9250	Human plasma fibrin sealant, vapor-heated, sol	N						
IN	Medicaid/SCHIP/Family	C9254	Injection, lacosamide, 1 mg	N						
IN	Medicaid/SCHIP/Family	C9257	Injection, bevacizumab, 0.25 mg	Y				ING-CC-0072	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C9290	Injection, bupivacaine liposome, 1 mg	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C9293	Injection, glucarpidase, 10 units	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		

IN	Medicaid/SCHIP/Family	C9352	Microporous collagen implantable tube (Neura	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	C9353	Microporous collagen implantable slit tube (Nei	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	C9354	Acellular pericardial tissue matrix of nonhuman	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm l	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C9356	Tendon, porous matrix of cross-linked collagen	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	C9358	Dermal substitute, native, nondenatured collag	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	C9359	Porous purified collagen matrix bone void filler	N				AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	C9360	Dermal substitute, native, nondenatured collag	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	C9361	Collagen matrix nerve wrap (NeuroMend Collag	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	C9362	Porous purified collagen matrix bone void filler	N				AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	C9363	Skin substitute (Integra Meshed Bilayer Wound	X	SURG.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C9364	Porcine implant, Permacol, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	C9399	Unclassified Drugs Or Biologicals	Y	SURG.00011		When billed for the drug Luxturn	165, ING-CC-0169, ING-CC-0170, ING	None	None
IN	Medicaid/SCHIP/Family	C9460	Injection, cangrelor, 1 mg	N				None	None	None
IN	Medicaid/SCHIP/Family	C9462	Injection, delafloxacin, 1 mg	N				None	None	None
IN	Medicaid/SCHIP/Family	C9482	Injection, sotalol hydrochloride, 1 mg	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	C9488	Injection, conivaptan hydrochloride, 1 mg	N						
IN	Medicaid/SCHIP/Family	C9600	Percutaneous transcatheter placement of drug	N				None	None	None
IN	Medicaid/SCHIP/Family	C9601	Percutaneous transcatheter placement of drug	N				None	None	None
IN	Medicaid/SCHIP/Family	C9602	Percutaneous transluminal coronary atherecto	N				None	None	None
IN	Medicaid/SCHIP/Family	C9603	Percutaneous transluminal coronary atherecto	N				None	None	None
IN	Medicaid/SCHIP/Family	C9604	Percutaneous transluminal revascularization of	N				None	None	None
IN	Medicaid/SCHIP/Family	C9605	Percutaneous transluminal revascularization of	N				None	None	None
IN	Medicaid/SCHIP/Family	C9606	Percutaneous transluminal revascularization of	N			This service must be performed i	None	None	None
IN	Medicaid/SCHIP/Family	C9607	Percutaneous transluminal revascularization of	N				None	None	None
IN	Medicaid/SCHIP/Family	C9608	Percutaneous transluminal revascularization of	N				None	None	None
IN	Medicaid/SCHIP/Family	C9725	Placement of endorectal intracavitary applicat	N						
IN	Medicaid/SCHIP/Family	C9726	Placement and removal (if performed) of applic	N						
IN	Medicaid/SCHIP/Family	C9727	Insertion of implants into the soft palate; minir	X	SURG.00129		Non covered but for pediatric me	MCG Uvulopalatopharyngoplasty(U	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	C9728	Placement of interstitial device(s) for radiation	N						
IN	Medicaid/SCHIP/Family	C9733	Nonophthalmic fluorescent vascular angiograph	N						
IN	Medicaid/SCHIP/Family	C9734	Focused ultrasound ablation/therapeutic interv	X	CG-MED-81, MED.00057		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	C9738	Adjunctive blue light cystoscopy with fluorescei	N						
IN	Medicaid/SCHIP/Family	C9739	Cystourethroscopy, with insertion of transprost	N	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	C9740	Cystourethroscopy, with insertion of transprost	N	CG-SURG-107			None	None	None
IN	Medicaid/SCHIP/Family	C9751	Bronchoscopy, rigid or flexible, transbronchial a	N						
IN	Medicaid/SCHIP/Family	C9752	Destruction of intraosseous basivertebral nerve	N	SURG.00052			None	None	None
IN	Medicaid/SCHIP/Family	C9753	Destruction of intraosseous basivertebral nerve	N	SURG.00052			None	None	None
IN	Medicaid/SCHIP/Family	C9756	Intraoperative near-infrared fluorescence lymp	N						
IN	Medicaid/SCHIP/Family	C9757	Laminotomy (hemilaminectomy), with decomp	N						
IN	Medicaid/SCHIP/Family	C9758	Blinded procedure for NYHA Class III/IV heart fa	N						
IN	Medicaid/SCHIP/Family	C9759	Transcatheter intraoperative blood vessel micr	N						
IN	Medicaid/SCHIP/Family	C9760	Nonrandomized, nonblinded procedure for NYH	N						
IN	Medicaid/SCHIP/Family	C9761	Cystourethroscopy, with ureteroscopy and/or p	N						
IN	Medicaid/SCHIP/Family	C9762	Cardiac magnetic resonance imaging for morph	N						
IN	Medicaid/SCHIP/Family	C9763	Cardiac magnetic resonance imaging for morph	N						
IN	Medicaid/SCHIP/Family	C9764	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9765	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9766	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9767	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9768	Endoscopic ultrasound-guided direct measure	N						
IN	Medicaid/SCHIP/Family	C9769	Cystourethroscopy, with insertion of temporary	N						
IN	Medicaid/SCHIP/Family	C9770	Vitrectomy, mechanical, pars plana approach, v	N						
IN	Medicaid/SCHIP/Family	C9771	Nasal/sinus endoscopy, cryoablation nasal tissu	N						
IN	Medicaid/SCHIP/Family	C9772	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9773	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9774	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9775	Revascularization, endovascular, open or perc	Y						
IN	Medicaid/SCHIP/Family	C9803	Hospital outpatient clinic visit specimen collecti	N						

IN	Medicaid/SCHIP/Family	C9898	Radiolabeled product provided during a hospital admission	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	C9899	Implanted prosthetic device, payable only for ir	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	D0101	Stroke with Motor >51.05, comorbidity in tier 3	N						
IN	Medicaid/SCHIP/Family	D0102	Stroke with Motor >44.45 and Motor <51.05 an	N						
IN	Medicaid/SCHIP/Family	D0103	Stroke with Motor >44.45 and Motor <51.05 an	N						
IN	Medicaid/SCHIP/Family	D0104	Stroke with Motor >38.85 and Motor <44.45, cc	N						
IN	Medicaid/SCHIP/Family	D0105	Stroke with Motor >34.25 and Motor <38.85, cc	N						
IN	Medicaid/SCHIP/Family	D0106	Stroke with Motor >30.05 and Motor <34.25, cc	N						
IN	Medicaid/SCHIP/Family	D0120	Periodic oral evaluation - established patient	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0140	Limited Oral Evaluation - Problem Focused	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0145	ORAL EVALUATION FOR A PATIENT UNDER THR	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0150	Comprehensive Oral Evaluation	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0160	Detailed And Extensive Oral Evaluation - Proble	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0170	Re-Evaluation, Limited, Problem Focused	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0171	Re-Evaluation - Post-Operative Office Visit	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0180	Comprehensive Periodontal Evaluation - New C	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0190	Screening Of A Patient	N						
IN	Medicaid/SCHIP/Family	D0191	Assessment Of A Patient	N						
IN	Medicaid/SCHIP/Family	D0201	Traumatic brain injury with Motor >53.35 and C	N						
IN	Medicaid/SCHIP/Family	D0202	Traumatic brain injury with Motor >44.25 and N	N						
IN	Medicaid/SCHIP/Family	D0203	Traumatic brain injury with Motor >44.25 and C	N						
IN	Medicaid/SCHIP/Family	D0204	Traumatic brain injury with Motor >40.65 and N	N						
IN	Medicaid/SCHIP/Family	D0205	Traumatic brain injury with Motor >28.75 and N	N						
IN	Medicaid/SCHIP/Family	D0210	Intraoral - Complete Series Of Radiographic Im	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0220	Intraoral - Periapical First Radiographic Image	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0230	Intraoral - Periapical Each Additional Radiograp	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0240	Intraoral - Occlusal Radiographic Image	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0250	Extra-oral 2D projection radiographic image cre	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0251	Extra-oral posterior dental radiographic image	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0270	Bitewing - Single Radiographic Image	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0272	Bitewings - Two Radiographic Images	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0273	Bitewings - Three Radiographic Images	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0274	Bitewings - Four Radiographic Images	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0277	Vertical Bitewings - 7 To 8 Radiographic Images	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0301	Non-traumatic brain injury with Motor >41.05, N	N						
IN	Medicaid/SCHIP/Family	D0302	Non-traumatic brain injury with Motor >35.05 a	N						
IN	Medicaid/SCHIP/Family	D0303	Non-traumatic brain injury with Motor >26.15 a	N						
IN	Medicaid/SCHIP/Family	D0304	Non-traumatic brain injury with Motor <26.15, N	N						
IN	Medicaid/SCHIP/Family	D0305	Non-traumatic brain injury M <42.50 and A <78	N						
IN	Medicaid/SCHIP/Family	D0310	Sialography	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0320	Temporomandibular Joint Arthrogram, Includin	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0321	Other Temporomandibular Joint Radiographic I	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0322	Tomographic Survey	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0330	Panoramic Radiographic Image	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0340	2D cephalometric radiographi image - acquisio	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0350	2D Oral/Facial Photographic Image Obtained in	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0351	3D Photographic Image	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0364	Cone Beam Ct Capture And Interpretation With	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0365	Cone Beam Ct Capture And Interpretation With	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0366	Cone Beam Ct Capture And Interpretation With	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0367	Cone Beam Ct Capture And Interpretation With	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0368	Cone Beam Ct Capture And Interpretation For T	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0369	Maxillofacial Mri Capture And Interpretation	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0370	Maxillofacial Ultrasound Capture And Interpret	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0371	Sialoendoscopy Capture And Interpretation	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0380	Cone Beam Ct Image Capture With Limited Field	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0381	Cone Beam Ct Image Capture With Field Of View	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0382	Cone Beam Ct Image Capture With Field Of View	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D0383	Cone Beam Ct Image Capture With Field Of View	N					DentaQuest	

IN	Medicaid/SCHIP/Family	D0384	Cone Beam Ct Image Capture For Tmj Series Inc	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0385	Maxillofacial Mri Image Capture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0386	Maxillofacial Ultrasound Image Capture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0391	Interpretation Of Diagnostic Image By A Practit	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0393	Treatment simulation using 3D image volume	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0394	Digital subtraction of two or more images or im	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0395	Fusion of two or more 3D image volumes of oni	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0401	Traumatic spinal cord injury with Motor >48.45	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0402	Traumatic spinal cord injury with Motor >30.35	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0403	Traumatic spinal cord injury with Motor >16.05	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0404	Traumatic spinal cord injury with Motor <16.05	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0405	Traumatic spinal cord injury with Motor <16.05	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0406	Traumatic spinal cord injury M >=24.50 and M <	N						
IN	Medicaid/SCHIP/Family	D0407	Traumatic spinal cord injury M <24.50 and A >=	N						
IN	Medicaid/SCHIP/Family	D0411	HbA1c in-office point of service testing	N						
IN	Medicaid/SCHIP/Family	D0412	Blood Glucose Level Test - In-Office Using A Glu	N						
IN	Medicaid/SCHIP/Family	D0414	laboratory processing of microbial specimen tc	N						
IN	Medicaid/SCHIP/Family	D0415	Bacteriologic Studies For Determination Of Patf	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0416	Viral culture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0417	Collection and preparation of saliva sample for	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0418	Analysis of saliva sample	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0419	assessment of salivary flow by measurement	N						
IN	Medicaid/SCHIP/Family	D0422	Collection and preparation of genetic sample m	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0423	Genetic test for susceptibility to diseases-speci	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0425	Caries Susceptibility Tests	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0431	Diag tst detect mucos abnorm	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0460	Pulp Vitality Tests	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0470	Diagnostic Casts	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0472	Accession Of Tissue, Gross Examination, Prep A	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0473	Accession Of Tissue, Gross And Microscopic Exa	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0474	Accession Of Tissue, Gross And Microscopic Exa	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0475	Decalcification procedure	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0476	Spec stains for microorganis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0477	Spec stains not for microorg	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0478	Immunohistochemical stains	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0479	Tissue in-situ hybridization	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEA	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0481	Electron Microscopy	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0482	Direct immunofluorescence	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0483	Indirect immunofluorescence	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0484	Consult slides prep elsewhere	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0485	Consult inc prep of slides	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0486	Laboratory accession of brush biopsy sample, r	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0501	Non-traumatic spinal cord injury with Motor >5	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0502	Non-traumatic spinal cord injury with Motor >4	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0503	Non-traumatic spinal cord injury with Motor >3	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0504	Non-traumatic spinal cord injury with Motor >2	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0505	Non-traumatic spinal cord injury with Motor >2	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0600	non-ionizing diagnostic procedure capable of q	N						
IN	Medicaid/SCHIP/Family	D0601	Ccaries risk assessment and documentation, wit	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0602	Caries risk assessment and documentation, wit	N						
IN	Medicaid/SCHIP/Family	D0603	Caries risk assessment and documentation, wit	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D0604	antigen testing for a public health related patf	N						
IN	Medicaid/SCHIP/Family	D0605	antibody testing for a public health related patf	N						
IN	Medicaid/SCHIP/Family	D0701	panoramic radiographic image - image capture	N						
IN	Medicaid/SCHIP/Family	D0702	2-D cephalometric radiographic image - image c	N						
IN	Medicaid/SCHIP/Family	D0703	2-D oral/facial photographic image obtained int	N						
IN	Medicaid/SCHIP/Family	D0704	3-D photographic image - image capture only o	N						
IN	Medicaid/SCHIP/Family	D0705	extra-oral posterior dental radiographic image -	N						

IN	Medicaid/SCHIP/Family D0706	intraoral - occlusal radiographic image - image c	N						
IN	Medicaid/SCHIP/Family D0707	intraoral - periapical radiographic image - image	N						
IN	Medicaid/SCHIP/Family D0708	intraoral - bitewing radiographic image - image	N						
IN	Medicaid/SCHIP/Family D0709	intraoral - complete series of radiographic imag	N						
IN	Medicaid/SCHIP/Family D0801	Replacement of lower extremity joint with Mot	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0802	Replacement of lower extremity joint with Mot	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0803	Replacement of lower extremity joint with Mot	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0804	Replacement of lower extremity joint with Mot	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0805	Replacement of lower extremity joint with Mot	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0901	Other orthopedic with Motor >44.75.,comorbid	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0902	Other orthopedic with Motor >34.35 and Moto	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0903	Other orthopedic with Motor >24.15 and Moto	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0904	Other orthopedic with Motor <24.15.,comorbid	N					DentaQuest	
IN	Medicaid/SCHIP/Family D0999	Unspecified Diagnostic Procedure, By Report	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1001	Amputation, lower extremity with Motor >47.6	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1002	Amputation, lower extremity with Motor >36.2	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1003	Amputation, lower extremity with Motor <36.2	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1004	Amputation lower extremity M <47.50.,comorb	N						
IN	Medicaid/SCHIP/Family D1101	Amputation, other extremity with Motor >36.3	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1102	Amputation, other extremity with Motor <36.3	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1103	Amputation non-lower extremity M <52.50.,co	N						
IN	Medicaid/SCHIP/Family D1110	Prophylaxis - Adult	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1120	Prophylaxis - Child	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1201	Osteoarthritis with Motor >37.65.,comorbidity	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1202	Osteoarthritis with Motor >30.75 and Motor <3	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1203	Osteoarthritis with Motor <30.75.,comorbidity	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1204	Osteoarthritis M <49.50 and A <74.50.,comorbi	N						
IN	Medicaid/SCHIP/Family D1206	Topical Application Of Fluoride Varnish	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1208	Topical Application Of Fluoride-Excluding Varnis	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1301	Rheumatoid, other arthritis with Motor >36.35.	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1302	Rheumatoid, other arthritis with Motor >26.15	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1303	Rheumatoid, other arthritis with Motor <26.15.	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1304	Rheumatoid other arthritis M <44.50 and A >=6	N						
IN	Medicaid/SCHIP/Family D1305	Rheumatoid other arthritis M <51.50 and A <64	N						
IN	Medicaid/SCHIP/Family D1310	Nutritional Counseling For Control Of Dental Di	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1320	Tobacco Counseling For The Control And Prevei	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1321	counseling for the control and prevention of ad	N						
IN	Medicaid/SCHIP/Family D1330	Oral Hygiene Instructions	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1351	Sealant - Per Tooth	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1352	Preventive resin restoration in a moderate to h	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1353	Sealant Repair - Per Tooth	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1354	Interim caries arresting medicament applicati	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1355	caries preventive medicament application - per	N						
IN	Medicaid/SCHIP/Family D1401	Cardiac with Motor >48.85.,comorbidity in tier.	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1402	Cardiac with Motor >38.55 and Motor <48.85.,c	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1403	Cardiac with Motor >31.15 and Motor <38.55.,c	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1404	Cardiac with Motor <31.15.,comorbidity in tier.	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1501	Pulmonary with Motor >49.25.,comorbidity in t	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1502	Pulmonary with Motor >39.05 and Motor <49.2	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1503	Pulmonary with Motor >29.15 and Motor <39.C	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1504	Pulmonary with Motor <29.15.,comorbidity in t	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1510	space maintainer - fixed - unilateral	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1516	Space Maintainer - Fixed - Bilateral, Maxillary	N						
IN	Medicaid/SCHIP/Family D1517	Space Maintainer - Fixed - Bilateral, Mandibular	N						
IN	Medicaid/SCHIP/Family D1520	Space Maintainer - Removable - Unilateral	N					DentaQuest	
IN	Medicaid/SCHIP/Family D1526	Space Maintainer - Removable - Bilateral, Maxil	N						
IN	Medicaid/SCHIP/Family D1527	Space Maintainer - Removable - Bilateral, Manc	N						
IN	Medicaid/SCHIP/Family D1551	re-cement or re-bond bilateral space maintaine	N						
IN	Medicaid/SCHIP/Family D1552	re-cement or re-bond bilateral space maintaine	N						

IN	Medicaid/SCHIP/Family	D1553	re-cement or re-bond unilateral space maintainer - p	N										
IN	Medicaid/SCHIP/Family	D1556	removal of fixed unilateral space maintainer - p	N										
IN	Medicaid/SCHIP/Family	D1557	removal of fixed bilateral space maintainer - m	N										
IN	Medicaid/SCHIP/Family	D1558	removal of fixed bilateral space maintainer - m	N										
IN	Medicaid/SCHIP/Family	D1575	distal shoe space maintainer-fixed- unilateral	N										
IN	Medicaid/SCHIP/Family	D1601	Pain syndrome with Motor >37.15, comorbidity	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1602	Pain syndrome with Motor >26.75 and Motor <	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1603	Pain syndrome with Motor <26.75, comorbidity	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1604	Pain syndrome M <43.50, comorbidity in tier 3	N										
IN	Medicaid/SCHIP/Family	D1701	Major multiple trauma without brain or spinal c	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1702	Major multiple trauma without brain or spinal c	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1703	Major multiple trauma without brain or spinal c	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1704	Major multiple trauma without brain or spinal c	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1705	Major multiple trauma without brain or spinal c	N										
IN	Medicaid/SCHIP/Family	D1801	Major multiple trauma with brain or spinal cord	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1802	Major multiple trauma with brain or spinal cord	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1803	Major multiple trauma with brain or spinal cord	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1804	Major multiple trauma with brain or spinal cord	N										
IN	Medicaid/SCHIP/Family	D1805	Major multiple trauma with brain or spinal cord	N										
IN	Medicaid/SCHIP/Family	D1806	Major multiple trauma with brain or spinal cord	N										
IN	Medicaid/SCHIP/Family	D1901	Guillian Barre with Motor >35.95, comorbidity i	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1902	Guillian Barre with Motor >18.05 and Motor <3	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1903	Guillian Barre with Motor <18.05, comorbidity i	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D1904	Guillain-Barr <38.50, comorbidity in tier 3	N										
IN	Medicaid/SCHIP/Family	D1999	Unspecified Preventive Procedure, By Report	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2001	Miscellaneous with Motor >49.15, comorbidity	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2002	Miscellaneous with Motor >38.75 and Motor <	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2003	Miscellaneous with Motor >27.85 and Motor <	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2004	Miscellaneous with Motor <27.85, comorbidity	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2005	Miscellaneous M <46.50 and A <77.50, comorb	N										
IN	Medicaid/SCHIP/Family	D2101	Burns with Motor >0, comorbidity in tier 3	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2102	Burns M <52.50, comorbidity in tier 3	N										
IN	Medicaid/SCHIP/Family	D2140	Amalgam - One Surface, Permanent	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2150	Amalgam - Two Surfaces, Permanent	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2160	Amalgam - Three Surfaces, Permanent	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2161	Amalgam - Four Or More Surfaces, Permanent	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2330	Resin - One Surface, Anterior	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2331	Resin - Two Surfaces, Anterior	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2332	Resin - Three Surfaces, Anterior	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2335	Resin - Four Or More Surfaces Or Involving Incis	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2390	Resin-Based Composite Crown, Anterior	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2391	Resin-Based Composite - One Surface, Posterior	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2392	Resin-Based Composite - Two Surfaces, Posterior	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2393	Resin-Based Composite - Three Surfaces, Posterior	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2394	Resin-Based Composite - Four Or More Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2410	Gold Foil - One Surface	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2420	Gold Foil - Two Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2430	Gold Foil - Three Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2510	Inlay - Metallic - One Surface	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2520	Inlay - Metallic - Two Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2530	Inlay - Metallic - Three Or More Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2542	Onlay Metallic, Two Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2543	Onlay-Metallic-Three Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2544	Onlay-Metallic-Four Or More Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2610	Inlay - Porcelain/Ceramic - One Surface	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2620	Inlay - Porcelain/Ceramic - Two Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2630	Inlay - Porcelain/Ceramic - Three Or More Surfa	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2642	Onlay - Porcelain/Ceramic - Two Surfaces	N					DentaQuest					
IN	Medicaid/SCHIP/Family	D2643	Onlay - Porcelain/Ceramic - Three Surfaces	N					DentaQuest					

IN	Medicaid/SCHIP/Family	D2644	Onlay - Porcelain/Ceramic - Four Or More Surfa	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2650	Inlay - Composite/Resin - One Surface	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2651	Inlay - Composite/Resin - Two Surfaces	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2652	Inlay - Composite/Resin - Three Or More Surfac	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2662	Onlay - Composite/Resin - Two Surfaces	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2663	Onlay - Composite/Resin - Three Surfaces	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2664	Onlay - Composite/Resin - Four Or More Surfac	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2710	Crown - Resin-Based Composite (Indirect)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2712	Crown 3/4 resin-based compos	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2720	Crown - Resin With High Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2721	Crown - Resin With Predominantly Base Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2722	Crown - Resin With Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2740	Crown - Porcelain/Ceramic Substrate	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2750	Crown - Porcelain Fused To High Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2751	Crown - Porcelain Fused To Predominantly Base	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2752	Crown - Porcelain Fused To Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2753	crown - porcelain fused to titanium and titaniu	N						
IN	Medicaid/SCHIP/Family	D2780	Crown, 3/4 Cast High Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2781	Crown, 3/4 Cast Predominately Base Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2782	Crown, 3/4 Cast Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2783	Crown, 3/4 Porcelain/Ceramic	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2790	Crown - Full Cast High Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2791	Crown - Full Cast Predominantly Base Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2792	Crown - Full Cast Noble Metal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2794	Crown-titanium	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2799	Provisional Crown - Further Treatment Or Com	N						
IN	Medicaid/SCHIP/Family	D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2915	Re-Cement Or Re-Bond Indirectly Fabricated Or	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2920	Re-Cement Or Re-Bond Crown	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2921	Reattachment of tooth fragment, incisal edge o	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2928	prefabricated porcelain/ceramic crown - perma	N						
IN	Medicaid/SCHIP/Family	D2929	Prefabricated Porcelain/Ceramic Crown - Prima	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2930	Prefabricated Stainless Steel Crown - Primary Ti	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2931	Prefabricated Stainless Steel Crown - Permaner	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2932	Prefabricated Resin Crown	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2933	Prefabricated Stainless Steel Crown With Resin	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2934	Prefab steel crown primary	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2940	Protective Restoration	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2941	Interim therapeutic restoration primary dentiti	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2949	Restorative foundation for an indirect restorati	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2950	Core buildup, including any pins when required	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2951	Pin Retention - Per Tooth, In Addition To Restor	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2952	POST AND CORE IN ADDITION TO CROWN, INDI	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POC	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2954	Prefabricated Post And Core In Addition To Cro	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2955	Post Removal	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2957	Each Additional Prefabricated Post, Same Tooth	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2960	Labial Veneer (Laminate) - Chairside	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2961	Labial Veneer (Resin Laminate) - Laboratory	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2962	Labial Veneer (Porcelain Laminate) - Laboratory	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2971	Add proc construct new crown	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2975	Coping	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2980	Crown Repair Necessitated By Restorative Mati	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2981	Inlay Repair Necessitated By Restorative Mater	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2982	Onlay Repair Necessitated By Restorative Mate	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2983	Veneer Repair Necessitated By Restorative Mat	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2990	Resin Infiltration Of Incipient Smooth Surface Le	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D2999	Unspecified Restorative Procedure, By Report	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3110	Pulp Cap - Direct (Excluding Final Restoration)	N		DentaQuest				

IN	Medicaid/SCHIP/Family	D3120	Pulp Cap - Indirect (Excluding Final Restoration)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3220	Therapeutic Pulpotomy (Excluding Final Restor	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3221	Gross Pulpal Debridement, Primary And Permai	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3222	Partial pulpotomy for apexogenesis, permanen	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3230	Pulpal Therapy (Resorbable Filling) - Anterior, P	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3240	Pulpal Therapy (Resorbable Filling) - Posterior, f	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3310	Endodontic therapy, anterior tooth (excluding f	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3320	Endodontic therapy, bicuspid tooth (excluding f	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3330	Endodontic therapy, molar (excluding final rest	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3331	Treatment Of Root Canal Obstruction, Non-Surg	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3332	Incomplete Endodontic Therapy, Inoperable Or	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3333	Internal Root Repair Of Performance Defects	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3346	Retreatment Of Previous Root Canal Therapy -	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3347	Retreatment Of Previous Root Canal Therapy - I	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3348	Retreatment Of Previous Root Canal Therapy - I	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3351	Apexification/Recalcification-Initial Visit (Apical	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3352	Apexification/recalcification - interim medicati	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3353	Apexification/Recalcification - Final Visit (Includ	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3355	Pulpal regeneration - initial visit	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3356	Pulpal regeneration - interim medication replac	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3357	Pulpal regeneration - completion of treatment	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3410	Apicoectomy - anterior	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3421	Apicoectomy - bicuspid (first root)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3425	Apicoectomy - molar (first root)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3426	Apicoectomy (each additional root)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3428	Bone graft in conjunction with periradicular sur	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3429	Bone graft in conjunction with periradicular sur	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3430	Retrograde Filling - Per Root	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3431	Biologic materials to aid in soft and osseous tiss	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3432	Guided tissue regeneration, resorbable barrier,	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3450	Root Amputation - Per Root	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3460	Endodontic Endosseous Implant	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3470	Intentional Reimplantation (Including Necessar	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3471	surgical repair of root resorption - anterior	N						
IN	Medicaid/SCHIP/Family	D3472	surgical repair of root resorption - premolar	N						
IN	Medicaid/SCHIP/Family	D3473	surgical repair of root resorption - molar	N						
IN	Medicaid/SCHIP/Family	D3501	surgical exposure of root surface without apico	N						
IN	Medicaid/SCHIP/Family	D3502	surgical exposure of root surface without apico	N						
IN	Medicaid/SCHIP/Family	D3503	surgical exposure of root surface without apico	N						
IN	Medicaid/SCHIP/Family	D3910	Surgical Procedure For Isolation Of Tooth With	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3920	Hemisection (Including Any Root Removal), Not	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3950	Canal Preparation And Fitting Of Preformed Do	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D3999	Unspecified Endodontic Procedure, By Report	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4210	Gingivectomy Or Gingivoplasty - Four Or More	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4211	Gingivectomy Or Gingivoplasty - One To Three	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4212	Gingivectomy Or Gingivoplasty To Allow Access	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4230	Anatomical Crown Exposure - Four Or More Cor	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4231	Anatomical Crown Exposure - One To Three Tee	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4240	Gingival flap procedure, including root planing,	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4241	Gingival flap procedure, including root planing,	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4245	Apically Positioned Flap	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4249	Clinical Crown Lengthening-Hard Tissue	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4260	Osseous Surgery (Including Elevation Of A Full T	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4261	Osseous Surgery (Including Elevation Of A Full T	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4263	bone replacement graft - retained natural tooth	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4264	bone replacement graft - retained natural tooth	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4265	Biologic Materials To Aid In Soft And Osseous Ti	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4266	Guided Tissue Regeneration - Resorbable Barrie	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D4267	Guided Tissue Regeneration - Nonresorbable Bi	N		DentaQuest				

IN	Medicaid/SCHIP/Family	D4268	Surgical Revision Procedure, Per Tooth	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4270	Pedicle Soft Tissue Graft Procedure	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4273	Autogenous connective tissue graft procedure	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4274	mesial/distal wedge procedure, single tooth (w	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4275	Non-autogenous connective tissue graft (includ	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4276	Combined Connective Tissue And Double Pedic	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4277	Free soft tissue graft procedure (including recip	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4278	Free soft tissue graft procedure (including recip	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4283	Autogenous connective tissue graft procedure	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4285	Non-atuogenous connective tissue graft proced	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4320	Provisional Splinting - Intracoronal	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4321	Provisional Splinting - Extracoronal	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4341	Periodontal Scaling And Root Planing, Per Quad	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4342	Periodontal Scaling And Root Planing - One - Th	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4346	scalling in presence of generalized moderate or	N							
IN	Medicaid/SCHIP/Family	D4355	Full Mouth Debridement To Enable Comprehen	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4381	Localized Delivery Of Antimicrobial Agents Via	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4910	Periodontal Maintenance Procedures (Followin	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4920	Unscheduled dressing change (by someone oth	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4921	Gingival irrigation per quadrant	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D4999	Unspecified Periodontal Procedure, By Report	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5110	Complete Denture - Maxillary	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5120	Complete Denture - Mandibular	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5130	Immediate Denture - Maxillary	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5140	Immediate Denture - Mandibular	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5211	Maxillary Partial Denture - Resin Base (Includi	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5212	Mandibular Partial Denture - Resin Base (Includ	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5213	Maxillary Partial Denture - Cast Metal Framewc	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5214	Mandibular Partial Denture - Cast Metal Frame	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5221	Immediate maxillary partial denture - resin basi	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5222	Immediate mandibular partial denture - resin b	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5223	Immediate maxillary partial denture - cast met	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5224	Immediate mandibular partial denture - cast m	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5225	Maxillary part denture flex	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5226	Mandibular part denture flex	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5282	Removable Unilateral Partial Denture - One Pie	N							
IN	Medicaid/SCHIP/Family	D5283	Removable Unilateral Partial Denture - One Pie	N							
IN	Medicaid/SCHIP/Family	D5284	removable unilateral partial denture - one piec	N							
IN	Medicaid/SCHIP/Family	D5286	removable unilateral partial denture - one piecc	N							
IN	Medicaid/SCHIP/Family	D5410	Adjust Complete Denture - Maxillary	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5411	Adjust Complete Denture - Mandibular	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5421	Adjust Partial Denture - Maxillary	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5422	Adjust Partial Denture - Mandibular	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5510	Repair Broken Complete Denture Base	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5511	repair broken complete denture base, mandibu	N							
IN	Medicaid/SCHIP/Family	D5512	repair broken complete denture base, maxillary	N							
IN	Medicaid/SCHIP/Family	D5520	Replace Missing Or Broken Teeth - Complete Di	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5610	Repair Resin Denture Base	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5611	repair resin partial denture base, mandibular	N							
IN	Medicaid/SCHIP/Family	D5612	repair resin partial denture base, maxillary	N							
IN	Medicaid/SCHIP/Family	D5620	Repair Cast Framework	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5621	repair cast partial framework, mandibular	N							
IN	Medicaid/SCHIP/Family	D5622	repair cast partial framework, maxillary	N							
IN	Medicaid/SCHIP/Family	D5630	Repair Or Replace Broken Retentive Clasping M	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5640	Replace Broken Teeth - Per Tooth	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5650	Add Tooth To Existing Partial Denture	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5660	Add clasp to existing partial denture - per tooth	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5670	Replace All Teeth And Acrylic On Cast Metal Fra	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D5671	Replace All Teeth And Acrylic On Cast Metal Fra	N		DentaQuest					

IN	Medicaid/SCHIP/Family	D5710	Rebase Complete Maxillary Denture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5711	Rebase Complete Mandibular Denture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5720	Rebase Maxillary Partial Denture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5721	Rebase Mandibular Partial Denture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5730	Reline Complete Maxillary Denture (Chairside)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5731	Reline Complete Mandibular Denture (Chairside)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5740	Reline Maxillary Partial Denture (Chairside)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5741	Reline Mandibular Partial Denture (Chairside)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5750	Reline Complete Maxillary Denture (Laboratory)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5751	Reline Complete Mandibular Denture (Laboratory)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5760	Reline Maxillary Partial Denture (Laboratory)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5761	Reline Mandibular Partial Denture (Laboratory)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5810	Interim Complete Denture (Maxillary)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5811	Interim Complete Denture (Mandibular)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5820	Interim Partial Denture (Maxillary)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5821	Interim Partial Denture (Mandibular)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5850	Tissue Conditioning, Maxillary	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5851	Tissue Conditioning, Mandibular	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5862	Precision Attachment, By Report	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5863	Overdenture complete maxillary	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5864	Overdenture partial maxillary	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5865	Overdenture complete mandibular	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5866	Overdenture partial mandibular	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5867	Replacement Of Replaceable Part Of Semi-Precision	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5875	Modification Of Removable Prosthesis Followin	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5876	Add Metal Substructure To Acrylic Full Denture	N						
IN	Medicaid/SCHIP/Family	D5899	Unspecified Removable Prosthodontic Procedure	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5911	Facial Moulage (Sectional)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5912	Facial Moulage (Complete)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5913	Nasal Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5914	Auricular Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5915	Orbital Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5916	Ocular Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5919	Facial Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5922	Nasal Septal Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5923	Ocular Prosthesis, Interim	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5924	Cranial Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5925	Facial Augmentation Implant Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5926	Nasal Prosthesis, Replacement	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5927	Auricular Prosthesis, Replacement	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5928	Orbital Prosthesis, Replacement	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5929	Facial Prosthesis, Replacement	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5931	Obturator Prosthesis, Surgical	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5932	Obturator Prosthesis, Definitive	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5933	Obturator Prosthesis, Modification	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5934	Mandibular Resection Prosthesis With Guide Flap	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5935	Mandibular Resection Prosthesis Without Guide Flap	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5936	Obturator Prosthesis, Interim	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5937	Trismus Appliance (Not For Tmd Treatment)	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5951	Feeding Aid	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5952	Speech Aid Prosthesis, Pediatric	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5953	Speech Aid Prosthesis, Adult	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5954	Palatal Augmentation Prosthesis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5955	Palatal Lift Prosthesis, Definitive	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5958	Palatal Lift Prosthesis, Interim	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5959	Palatal Lift Prosthesis, Modification	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5960	Speech Aid Prosthesis, Modification	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5982	Surgical Stent	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D5983	Radiation Carrier	N		DentaQuest				

IN	Medicaid/SCHIP/Family	D5984	Radiation Shield	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5985	Radiation Cone Locator	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5986	Fluoride Gel Carrier	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5987	Commissure Splint	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5988	Surgical Splint	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5991	Vesiculobullosous disease medicament carrier	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5992	Adjust maxillofacial prosthetic appliance	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5993	Maintenance and cleaning of a maxillofacial pro	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D5995	periodontal medicament carrier with periphera	N								
IN	Medicaid/SCHIP/Family	D5996	periodontal medicament carrier with periphera	N								
IN	Medicaid/SCHIP/Family	D5999	Unspecified Maxillofacial Prosthesis, By Report	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6010	Surgical placement of implant body: endosteal i	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6011	Second stage implant surgery	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT B	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6013	Surgical placement of mini implant	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6040	Surgical Placement: Epostal Implant	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6050	Surgical Placement: Transosteal Implant	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6051	Interim Abutment	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6055	Dental Implant Supported Connecting Bar	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6056	Prefabricated Abutment - Includes Modifier	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6057	Custom Fabricated Abutment - Includes Placem	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6058	Abutment Supported Porcelain/Ceramic Crown	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6059	Abutment Supported Porcelain Fused To Metal	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6060	Abutment Supported Porcelain Fused To Metal	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6061	Abutment Supported Porcelain Fused To Metal	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6062	Abutment Supported Cast Metal Crown (High N	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6063	Abutment Supported Cast Metal Crown (Predo	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6064	Abutment Supported Cast Metal Crown (Noble	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6065	Implant Supported Porcelain/Ceramic Crown	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6066	Implant Supported Porcelain Fused To Metal Cr	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6067	Implant Supported Metal Crown	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6068	Abutment Supported Retainer For Porcelain/Ce	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6069	Abutment Supported Retainer For Porcelain Fu	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6070	Abutment Supported Retainer For Porcelain Fu	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6071	Abutment Supported Retainer For Porcelain Fu	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6072	Abutment Supported Retainer For Cast Metal F	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6073	Abutment Supported Retainer For Cast Metal F	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6074	Abutment Supported Retainer For Cast Metal F	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6075	Implant Supported Retainer For Ceramic Fpd	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6076	Implant Supported Retainer For Porcelain Fuse	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6077	Implant Supported Retainer For Case Metal Fpc	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6080	Implant maintenance procedures when prosthe	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6081	scaling and debridement in the presence of infi	N								
IN	Medicaid/SCHIP/Family	D6082	implant supported crown - porcelain fused to p	N								
IN	Medicaid/SCHIP/Family	D6083	implant supported crown - porcelain fused to n	N								
IN	Medicaid/SCHIP/Family	D6084	implant supported crown - porcelain fused to ti	N								
IN	Medicaid/SCHIP/Family	D6085	provisional implant crown	N								
IN	Medicaid/SCHIP/Family	D6086	implant supported crown - predominantly base	N								
IN	Medicaid/SCHIP/Family	D6087	implant supported crown - noble alloys	N								
IN	Medicaid/SCHIP/Family	D6088	implant supported crown - titanium and titaniu	N								
IN	Medicaid/SCHIP/Family	D6090	Repair Implant Supported Prosthesis, By Report	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISI	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6092	Re-Cement Or Re-Bond Implant/Abutment Sup	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6093	Re-Cement Or Re-Bond Implant/Abutment Sup	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6094	Abut support crown titanium	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6095	Repair Implant Abutment, By Report	N		DentaQuest						
IN	Medicaid/SCHIP/Family	D6096	remove broken implant retaining screw	N								
IN	Medicaid/SCHIP/Family	D6097	abutment supported crown - porcelain fused to	N								
IN	Medicaid/SCHIP/Family	D6098	implant supported retainer - porcelain fused to	N								

IN	Medicaid/SCHIP/Family	D6099	implant supported retainer for FPD - porcelain fused to metal	N					
IN	Medicaid/SCHIP/Family	D6100	Implant Removal, By Report	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6101	Debridement Of A Peri-Implant Defect Or Defective Implant	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6102	Debridement And Osseous Contouring Of A Peri-Implant Defect	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6103	Bone Graft For Repair Of Peri-Implant Defect-Defective Implant	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6104	Bone Graft At Time Of Implant Placement	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6110	Implant /Abutment Supported Removable Denture - Partial	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6111	Implant /Abutment Supported Removable Denture - Partial	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6112	Implant /Abutment Supported Removable Denture - Partial	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6113	Implant /Abutment Supported Removable Denture - Partial	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6114	Implant /Abutment Supported Fixed Denture - Full	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6115	Implant /Abutment Supported Fixed Denture - Full	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6116	Implant /Abutment Supported Fixed Denture - Full	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6117	Implant /Abutment Supported Fixed Denture - Full	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6118	implant/abutment supported interim fixed denture	N					
IN	Medicaid/SCHIP/Family	D6119	implant/abutment supported interim fixed denture	N					
IN	Medicaid/SCHIP/Family	D6120	implant supported retainer - porcelain fused to metal	N					
IN	Medicaid/SCHIP/Family	D6121	implant supported retainer for metal FPD - precision	N					
IN	Medicaid/SCHIP/Family	D6122	implant supported retainer for metal FPD - non-precision	N					
IN	Medicaid/SCHIP/Family	D6123	implant supported retainer for metal FPD - titanium	N					
IN	Medicaid/SCHIP/Family	D6190	Radio/surgical implant index	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6191	semi-precision abutment - placement	N					
IN	Medicaid/SCHIP/Family	D6192	semi-precision attachment - placement	N					
IN	Medicaid/SCHIP/Family	D6194	Abutment Supported Retainer Crown For Fixed Prosthesis	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6195	abutment supported retainer - porcelain fused to metal	N					
IN	Medicaid/SCHIP/Family	D6199	Unspecified Implant Procedure, By Report	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6205	Pontic-indirect resin based	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6210	Pontic - Cast High Noble Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6211	Pontic - Cast Predominantly Base Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6212	Pontic - Cast Noble Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6214	Pontic titanium	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6240	Pontic - Porcelain Fused To High Noble Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6241	Pontic - Porcelain Fused To Predominantly Base Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6242	Pontic - Porcelain Fused To Noble Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6243	pontic - porcelain fused to titanium and titanium	N					
IN	Medicaid/SCHIP/Family	D6245	Pontic-Porcelain/Ceramic	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6250	Pontic - Resin With High Noble Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6251	Pontic - Resin With Predominantly Base Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6252	Pontic - Resin With Noble Metal	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6253	Provisional Pontic - Further Treatment Or Conversion	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6548	Retainer-Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6549	retainer - for resin bonded fixed prosthesis	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6600	Retainer inlay-porcelain/ceramic, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6602	Retainer inlay - cast high noble metal, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6603	Retainer inlay - cast high noble metal, three or more surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6604	Retainer inlay - cast predominantly base metal, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6606	Retainer inlay - cast noble metal, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6607	Retainer inlay - cast noble metal, three or more surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6608	Retainer onlay - porcelain/ceramic, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6610	Retainer onlay - cast high noble metal, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6611	Retainer onlay - cast high noble metal, three or more surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6612	Retainer onlay - cast predominantly base metal, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6614	Retainer onlay - cast noble metal, two surfaces	N			DentaQuest		
IN	Medicaid/SCHIP/Family	D6615	Retainer onlay - cast noble metal, three or more surfaces	N			DentaQuest		

IN	Medicaid/SCHIP/Family	D6624	Retainer inlay - titanium	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6634	Retainer onlay - titanium	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6710	Retainer crown - indirect resin based composite	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6720	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6721	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6722	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6740	Retainer fixed partial denture retainer crown - ;	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6750	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6751	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6752	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6753	retainer crown - porcelain fused to titanium an	N						
IN	Medicaid/SCHIP/Family	D6780	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6781	Retainer fixed partial denture retainer crown - ;	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6782	Retainer fixed partial denture retainer crown - ;	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6783	Retainer fixed partial denture retainer crown - ;	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6784	retainer crown 3/4 - titanium and titanium alloy	N						
IN	Medicaid/SCHIP/Family	D6790	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6791	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6792	Retainer fixed partial denture retainer - crown - N	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6793	Provisional Retainer Crown - Further Treatment	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6794	Retainer crown - titanium	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6920	Connector Bar	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6930	Re-Cement Or Re-Bond Fixed Partial Denture	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6940	Stress Breaker	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6950	Precision Attachment	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6980	Fixed Partial Denture Repair Necessitated By Re	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6985	Pediatric Partial Denture, Fixed	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D6999	Unspecified Fixed Prosthodontic Procedure, By	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7111	Coronal Remnants - Deciduous Tooth	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7140	Extraction, Erupted Tooth Or Exposed Root (Ele	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7210	extraction, erupted tooth requiring removal of	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7220	Removal Of Impacted Tooth - Soft Tissue	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7230	Removal Of Impacted Tooth - Partially Bony	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7240	Removal Of Impacted Tooth - Completely Bony	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7241	Removal Of Impacted Tooth - Completely Bony	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7250	removal of residual tooth roots (cutting proced	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7251	Coronectomy - intentional partial tooth remova	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7260	Oroantral Fistula Closure	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7261	Primary Closure Of A Sinus Perforation	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7270	Tooth Reimplantation And/Or Stabilization Of A	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7272	Tooth Transplantation (Includes Reimplantation	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7280	exposure of an unerupted tooth	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7282	Mobilization Of Erupted Or Malpositioned Toot	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7283	Placement Of Device To Facilitate Eruption Of I	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, To	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7286	incisional biopsy of oral tissue-soft	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7287	Cytology Sample Collection	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7288	Brush biopsy	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7290	Surgical Repositioning Of Teeth	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7291	Transseptal Fiberotomy, By Report	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7292	placement of temporary anchorage device [scri	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7293	placement of temporary anchorage device requ	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7294	placement of temporary anchorage device with	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7295	Harvest of bone for use in autogenous grafting	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7296	corticotomy - one to three teeth or tooth space	N						
IN	Medicaid/SCHIP/Family	D7297	corticotomy - four or more teeth or tooth space	N						
IN	Medicaid/SCHIP/Family	D7310	alveoloplasty in conjunction with extractions - f	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7311	alveoloplasty in conjunction with extractions - c	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH E	N		DentaQuest				

IN	Medicaid/SCHIP/Family	D7321	Alveoloplasty not w/extracts	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7340	Vestibuloplasty - Ridge Extension (Secondary E	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7350	Vestibuloplasty - Ridge Extension (Including Sof	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7410	Radical Excision - Lesion Diameter Up To 1.25 C	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7411	Excision Of Benign Lesion Greater Than 1.25 Cr	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7412	Excision Of Benign Lesion, Complicated	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7413	Excision Of Malignant Lesion Up To 1.25 Cm	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7414	Excision Of Malignant Lesion Greater Than 1.25 N			DentaQuest				
IN	Medicaid/SCHIP/Family	D7415	Excision Of Malignant Lesion, Complicated	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7440	Excision Of Malignant Tumor-Lesion Diameter U	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7441	Excision Of Malignant Tumor - Lesion Diameter	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7450	Removal Of Odontogenic Cyst Or Tumor - Lesio	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7451	Removal Of Odontogenic Cyst Or Tumor - Lesio	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7460	Removal Of Nonodontogenic Cyst Or Tumor - Li	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7461	Removal Of Nonodontogenic Cyst Or Tumor - Li	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7465	Destruction Of Lesion(S) By Physical Or Chemica	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7471	Removal Of Exostosis-Per Site	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7472	Removal Of Torus Palatinus	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7473	Removal Of Torus Mandibularis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7485	reduction of osseous tuberosity	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7490	Radical Resection Of Mandible With Bone Graft	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7510	Incision And Drainage Of Abscess - Intraoral Sof	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7511	Incision/drain abscess intra	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7520	Incision And Drainage Of Abscess - Extraoral Sof	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7521	Incision/drain abscess extra	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7530	Removal Of Foreign Body, Skin, Or Subcutaneous	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7540	Removal Of Reaction-Producing Foreign Bodies	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7550	Sequestrectomy For Osteomyelitis	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7560	Maxillary Sinusotomy For Removal Of Tooth Fra	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7610	maxilla - open reduction (teeth immobilized, if f	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7620	Maxilla - Closed Reduction (Teeth Immobilized,	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7630	mandible - open reduction (teeth immobilized,	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7640	Mandible - Closed Reduction (Teeth Immobilize	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7650	Malar And/Or Zygomatic Arch - Open Reduction	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7660	Malar And/Or Zygomatic Arch - Closed Reductio	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7670	Alveolus - Stabilization Of Teeth, Closed Reduct	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7671	Alveolus - Open Reduction, May Include Stabiliz	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7680	Facial Bones - Complicated Reduction With Fixa	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7710	maxilla - open reduction	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7720	Maxilla - Closed Reduction	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7730	mandible - open reduction	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7740	Mandible - Closed Reduction	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7750	malar and/or zygomatic arch - open reduction	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7760	Malar And/Or Zygomatic Arch - Closed Reductio	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7770	alveolus - open reduction stabilization of teeth	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7771	Alveolus, Closed Reduction Stabilization Of Teel	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7780	facial bones - complicated reduction with fixati	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7810	Open Reduction Of Dislocation	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7820	Closed Reduction Of Dislocation	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7830	Manipulation Under Anesthesia	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7840	condylectomy	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7850	Surgical Discectomy, With/Without Implant	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7852	Disc Repair	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7854	Synovectomy	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7856	Myotomy	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7858	Joint Reconstruction	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7860	Arthroscopy	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7865	Arthroplasty	N	CG-SURG-09	DentaQuest	None	None	None	None
IN	Medicaid/SCHIP/Family	D7870	Arthrocentesis	N	CG-SURG-09	DentaQuest	None	None	None	None

IN	Medicaid/SCHIP/Family	D7871	Non-Arthroscopic Lysis And Lavage	N	CG-SURG-09	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7872	Arthroscopy - Diagnosis, With Or Without Biops	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7873	arthroscoy: lavage and lysis of adhesions	N	CG-SURG-09	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7874	arthroscoy: disc repositioning and stabilization	N	CG-SURG-09	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7875	arthroscoy: synovectomy	N	CG-SURG-09	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7876	arthroscoy: discectomy	N	CG-SURG-09	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7877	arthroscoy: debridement	N	CG-SURG-09	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7880	Occlusal Orthotic Device, By Report	N	CG-SURG-09			None	None	None
IN	Medicaid/SCHIP/Family	D7881	Occlusal orthotic device adjustment	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7899	Unspecified Tmd Therapy, By Report	N	CG-SURG-09	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7910	Suture Of Recent Small Wounds Up To 5 Cm	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7911	Complicated Suture - Up To 5 Cm	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7912	Complicated Suture - Greater Than 5 Cm	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7920	Skin Graft (Identify Defect Covered, Location Ar	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7921	Collection And Application Of Autologous Blood	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7922	placement of intra-socket biological dressing to	N						
IN	Medicaid/SCHIP/Family	D7940	Osteoplasty - For Orthognathic Deformities	Y	SURG.00129, CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7941	Osteotomy - Mandibular Rami	Y	SURG.00129, CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7943	Osteotomy - Mandibular Rami With Bone Graft	Y	SURG.00129, CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	Y	SURG.00129, CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7945	osteotomy - body of mandible	Y	SURG.00129, CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7946	LeFort I (maxilla - total)	Y	SURG.00129, CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7947	Lefort I (Maxilla - Segmented)	Y	SURG.00129, CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7948	LeFort II or LeFort III (osteoplasty of facial bone	Y	CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7949	Lefort Ii Or Lefort Iii - With Bone Graft	Y	CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7950	Osseous, osteoperiosteal, or cartilage graft of ti	Y	CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7951	Sinus Augmentation With Bone Or Bone Substit	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7952	Sinus Augmentation Via A Vertical Approach	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7953	Bone replacement graft for ridge preservation -	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7955	Repair of maxillofacial soft and/or hard tissue d	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7961	buccal/labial frenectomy (frenulectomy)	N						
IN	Medicaid/SCHIP/Family	D7962	lingual frenectomy (frenulectomy)	N						
IN	Medicaid/SCHIP/Family	D7963	Frenuloplasty	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7970	Excision Of Hyperplastic Tissue - Per Arch	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7971	excision of pericoronal gingiva	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7972	Surgical Reduction Of Fibrous Tuberosity	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7979	non - surgical sialolithotomy	N						
IN	Medicaid/SCHIP/Family	D7980	Sialolithotomy	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7981	Excision Of Salivary Gland, By Report	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7982	sialodochoplasty	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7983	closure of salivary fistula	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7990	emergency tracheotomy	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7991	coronoidectomy	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7993	surgical placement of craniofacial implant - extr	N						
IN	Medicaid/SCHIP/Family	D7994	surgical placement: zygomatic implant	N						
IN	Medicaid/SCHIP/Family	D7995	Synthetic Graft - Mandible Or Facial Bones, By F	N	CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7996	Implant-Mandible For Augmentation Purposes	Y	CG-SURG-84	DentaQuest		None	None	None
IN	Medicaid/SCHIP/Family	D7997	Appliance Removal (Not By Dentist Who Placed	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7998	INTRAORAL PLACEMENT OF A FIXATION DEVIC	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D7999	Unspecified Oral Surgery Procedure, By Report	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8010	Limited Orthodontic Treatment Of The Primary	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8020	Limited Orthodontic Treatment Of The Transiti	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8030	Limited Orthodontic Treatment Of The Adolesc	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8040	Limited Orthodontic Treatment Of The Adult Dr	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8050	Interceptive Orthodontic Treatment Of The Pir	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8060	Interceptive Orthodontic Treatment Of The Tra	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8070	Comprehensive Orthodontic Treatment Of The	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8080	Comprehensive Orthodontic Treatment Of The	N		DentaQuest				
IN	Medicaid/SCHIP/Family	D8090	Comprehensive Orthodontic Treatment Of The	N		DentaQuest				

IN	Medicaid/SCHIP/Family	D8210	Removable Appliance Therapy	N						
IN	Medicaid/SCHIP/Family	D8220	Fixed Appliance Therapy	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D8660	Pre-Orthodontic Treatment Examination To Mo	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D8670	Periodic Orthodontic Treatment Visit	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D8680	Orthodontic Retention (Removal Of Appliances,	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D8681	Removable orthodontic retainer adjustment	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D8690	Orthodontic Treatment, (Alternative Billing To	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D8695	removal of fixed orthodontic appliances for rea	N						
IN	Medicaid/SCHIP/Family	D8696	repair of orthodontic appliance - maxillary	N						
IN	Medicaid/SCHIP/Family	D8697	repair of orthodontic appliance - mandibular	N						
IN	Medicaid/SCHIP/Family	D8698	re-cement or re-bond fixed retainer - maxillary	N						
IN	Medicaid/SCHIP/Family	D8699	re-cement or re-bond fixed retainer - mandibul	N						
IN	Medicaid/SCHIP/Family	D8701	repair of fixed retainer, includes reattachment	N						
IN	Medicaid/SCHIP/Family	D8702	repair of fixed retainer, includes reattachment	N						
IN	Medicaid/SCHIP/Family	D8703	replacement of lost or broken retainer - maxilla	N						
IN	Medicaid/SCHIP/Family	D8704	replacement of lost or broken retainer - mandit	N						
IN	Medicaid/SCHIP/Family	D8999	Unspecified Orthodontic Procedure, By Report	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9110	Palliative (Emergency) Treatment Of Dental Pai	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9120	FIXED PARTIAL DENTURE SECTIONING	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9130	Temporomandibular Joint Dysfunction - Non-In	Y	CG-SURG-09			None		None
IN	Medicaid/SCHIP/Family	D9210	Local Anesthesia Not In Conjunction With Oper	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9211	Regional Block Anesthesia	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9212	Trigeminal Division Block Anesthesia	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9215	Local Anesthesia	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9219	Evaluation For Moderate Sedation, Deep Sedati	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9222	deep sedation/general anesthesia - first 15 min	N						
IN	Medicaid/SCHIP/Family	D9223	Deep sedation/general anesthesia - each 15 mi	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9230	Analgesia Anxiolysis, Inhalation Of Nitrous Oxid	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9239	intravenous moderate (conscious) sedation/an	N						
IN	Medicaid/SCHIP/Family	D9243	Intravenous moderate (concious) sedation/ana	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9248	Non-intraventous conscious sedation	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDE	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9311	consultation with a medical health care profess	N						
IN	Medicaid/SCHIP/Family	D9410	House/Extended Care Facility Call	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9420	Hospital Call	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9430	Office Visit For Observation (During Regularly S	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9440	Office Visit - After Regularly Scheduled Hours	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9450	Case Presentation, Detailed And Extensive Trea	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADM	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR M	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9613	Infiltration Of Sustained Release Therapeutic Di	N						
IN	Medicaid/SCHIP/Family	D9630	drugs or medicaments dispensed in the office fr	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9910	Application Of Desensitizing Medicament	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9911	Application Of Desensitizing Resin For Cervical	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9920	Behavior Management, By Report	Y	CG-MED-41			None		None
IN	Medicaid/SCHIP/Family	D9930	Treatment Of Complications (Post-Surgical) - Ur	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9932	Cleaning and inspection of removable complete	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9933	Cleaning and inspection of removable complete	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9934	Cleaning and inspection of removable partial de	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9935	Cleaning and inspection of removable partial de	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9941	Fabrication Of Athletic Mouthguard	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9942	Repair/reline occlusal guard	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9943	Occlusal guard adjustment	N					DentaQuest	
IN	Medicaid/SCHIP/Family	D9944	Occlusal Guard - Hard Appliance, Full Arch	N						
IN	Medicaid/SCHIP/Family	D9945	Occlusal Guard - Soft Appliance, Full Arch	N						
IN	Medicaid/SCHIP/Family	D9946	Occlusal Guard - Hard Appliance, Partial Arch	N						
IN	Medicaid/SCHIP/Family	D9950	Occlusion Analysis - Mounted Case	N	CG-SURG-09			None		None
IN	Medicaid/SCHIP/Family	D9951	Occlusal Adjustment - Limited	N	CG-SURG-09			None	DentaQuest	None
IN	Medicaid/SCHIP/Family	D9952	Occlusal Adjustment - Complete	N	CG-SURG-09			None	DentaQuest	None

IN	Medicaid/SCHIP/Family	D9961	Duplicate Copy Patient's Records	N							
IN	Medicaid/SCHIP/Family	D9970	Enamel Microabrasion	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9971	Odontoplasty 1-2 Teeth, Includes Removal Of E	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9972	External Bleaching - Per Arch - Performed In Off	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9973	External Bleaching-Per Tooth	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9974	Internal Bleaching-Per Tooth	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9975	External Bleaching For Home Application, Per A	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9985	Sales tax	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9986	Missed Appointment	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9987	Cancelled Appointment	N		DentaQuest					
IN	Medicaid/SCHIP/Family	D9990	Certified Translation Or Sign-Language Services	N							
IN	Medicaid/SCHIP/Family	D9991	dental case management - addressing appointm	N							
IN	Medicaid/SCHIP/Family	D9992	dental case management - care coordination	N							
IN	Medicaid/SCHIP/Family	D9993	dental case management - motivational interv	N							
IN	Medicaid/SCHIP/Family	D9994	dental case management - patient education tc	N							
IN	Medicaid/SCHIP/Family	D9995	teledentistry - synchronous; real-time encount	N							
IN	Medicaid/SCHIP/Family	D9996	teledentistry - asynchronous; information store	N							
IN	Medicaid/SCHIP/Family	D9997	dental case management - patients with specia	N							
IN	Medicaid/SCHIP/Family	D9999	Unspecified Adjunctive Procedure, By Report	N		DentaQuest					
IN	Medicaid/SCHIP/Family	E0100	Cane Adjust/Fixed With Tip	N				Pre-authorization required for all	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	E0105	Cane Adjust/Fixed Quad/3 Pro	N				Preauthorization is required for a	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0110	Crutch Forearm Pair	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0111	Crutch Forearm Each	N				This code is not covered/allowed as a rental.			
IN	Medicaid/SCHIP/Family	E0112	Crutch Underarm Pair Wood	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0113	Crutch Underarm Each Wood	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0114	Crutch Underarm Pair No Wood	N				If this is a rental, then Precertific; None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	E0116	Crutch, underarm, other than wood, adjustable	N				If this is a rental, then Precertification is REQUIRED.			
IN	Medicaid/SCHIP/Family	E0117	Crutch, Underarm, Articulating, Spring Assisted	N				If this is a rental, then Precertification is REQUIRED.			
IN	Medicaid/SCHIP/Family	E0118	Crutch substitute, lower leg platform, with or w	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	E0130	Walker Rigid Adjust/Fixed Ht	N				This code is not covered/allowed as a rental.			
IN	Medicaid/SCHIP/Family	E0135	Walker Folding Adjust/Fixed	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0140	Walker, with trunk support, adjustable or fixed	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0141	Rigid Walker Wheeled Wo Seat	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0143	Walker Folding Wheeled W/O S	N				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	E0144	Enclosed Walker W Rear Seat	N				Pre-authorization required for all	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0147	Walker Variable Wheel Resist	N				Pre-authorization required for all	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0148	Heavyduty Walker No Wheels	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0149	Heavy Duty Wheeled Walker	N				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	E0153	Forearm Crutch Platform Atta	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0154	Walker Platform Attachment	N				This code is not covered/allowed as a rental.			
IN	Medicaid/SCHIP/Family	E0155	Walker Wheel Attachment,Pair	N				This code is not covered/allowed as a rental.			
IN	Medicaid/SCHIP/Family	E0156	Walker Seat Attachment	N				This code is not covered/allowed	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0157	Walker Crutch Attachment	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0158	Walker Leg Extenders Set Of4	N				This code is not covered/allowed as a rental.			
IN	Medicaid/SCHIP/Family	E0159	Brake For Wheeled Walker	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0160	Sitz Type Bath Or Equipment	N				Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0161	Sitz Bath/Equipment W/Faucet	N				Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0162	Sitz Bath Chair	N				Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0163	COMMODOE CHAIR, MOBILE OR STATIONARY, W	N				This code is not covered/allowed	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0165	COMMODOE CHAIR, MOBILE OR STATIONARY, W	N							
IN	Medicaid/SCHIP/Family	E0167	PAIL OR PAN FOR USE WITH COMMODOE CHAIR,	N				Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0168	Heavyduty/Wide Commode Chair	N							
IN	Medicaid/SCHIP/Family	E0170	Commode chair with integrated seat lift mecha	N	CG-DME-25			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0171	Commode chair with integrated seat lift mecha	Y	CG-DME-25			Preauthorization is required for a	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0172	Seat lift mechanism placed over or on top of toi	N	CG-DME-25			Preauthorization is required for a	None	None	None
IN	Medicaid/SCHIP/Family	E0175	Commode Chair Foot Rest	Y				Preauthorization is required for a	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0181	POWERED PRESSURE REDUCING MATTRESS OV	Y	CG-DME-16			Preauthorization is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR	N	CG-DME-16			Preauthorization is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0184	Dry Pressure Mattress	N	CG-DME-16			None	None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E0185	Gel Pressure Mattress Pad	N	CG-DME-16		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0186	Air Pressure Mattress	N	CG-DME-16		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0187	Water Pressure Mattress	N	CG-DME-16		Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0188	Synthetic Sheepskin Pad	N	CG-DME-16		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0189	Lambswool Sheepskin Pad	N	CG-DME-16		Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY	N			Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0191	Protector Heel Or Elbow	N			Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0193	Powered Air Flotation Bed	X	CG-DME-16		Non covered but for pediatric me	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0194	Air Fluidized Bed	X	CG-DME-16		Non covered but for pediatric me	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0196	Gel Pressure Mattress	N	CG-DME-16		Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0197	Air Pressure Pad For Mattres	N	CG-DME-16		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0198	Water Pressure Pad For Mattr	N	CG-DME-16		Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0199	Dry Pressure Pad For Mattres	N	CG-DME-16		Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0200	Heat Lamp Without Stand	Y			Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0202	Phototherapy Light W/ Photom	N	CG-DME-12		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Tal	N			Preauthorization required for all	None	None
IN	Medicaid/SCHIP/Family	E0205	Heat Lamp With Stand	Y			Preauthorization required for all rentals.		
IN	Medicaid/SCHIP/Family	E0210	Electric Heat Pad Standard	N			Preauthorization is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0215	Electric Heat Pad Moist	N			Preauthorization is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0217	Water Circ Heat Pad W Pump	Y	DME.00037		Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0218	Fluid circulating cold pad with pump, any type	Y	DME.00037		Preauthorization is REQUIRED for	None	None
IN	Medicaid/SCHIP/Family	E0221	Infrared heating pad system	N			Preauthorization is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0225	Hydrocollator Unit	N			Preauthorization is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0231	Non-contact wound warming device (temperat	N			Precertification is REQUIRED for	None	None
IN	Medicaid/SCHIP/Family	E0232	Warming card for use with the non-contact wo	N					
IN	Medicaid/SCHIP/Family	E0235	Paraffin Bath Unit Portable	N			Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0236	Pump For Water Circulating P	Y	DME.00037		Preauthorization is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0239	Hydrocollator Unit Portable	N			Preauthorization is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0240	Bath/shower chair, with or without wheels, any	N			Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0241	Bath Tub Wall Rail	N			Preauthorization is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0242	Bath Tub Rail Floor	N			Preauthorization required for all rentals.		
IN	Medicaid/SCHIP/Family	E0243	Toilet Rail	N			Preauthorization required for all rentals.		
IN	Medicaid/SCHIP/Family	E0244	Toilet Seat Raised	N			Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0245	Tub Stool Or Bench	N			Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0246	Transfer Tub Rail Attachment	N			Preauthorization required for all	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0247	Transfer bench for tub or toilet with or without	N			Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0248	Transfer bench, heavy duty, for tub or toilet wit	N			Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0249	Pad For Water Circulating Heat Unit, For Replac	N			Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0250	Hosp Bed Fixed Ht W/ Mattres	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0251	Hosp Bed Fixd Ht W/O Mattres	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0255	Hospital Bed Var Ht W/ Mattr	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0256	Hospital Bed Var Ht W/O Matt	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0260	Hosp Bed Semi-Electr W/ Matt	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0261	Hosp Bed Semi-Electr W/O Mat	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0265	Hosp Bed Total Electr W/ Mat	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0266	Hosp Bed Total Elec W/O Matt	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0270	Hospital Bed Institutional T	N			Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0271	Mattress Innerspring	N	CG-DME-15		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0272	Mattress Foam Rubber	N	CG-DME-15, CG-DME-16		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0273	Bed Board	N	CG-DME-15		Precertification is REQUIRED for	None	None
IN	Medicaid/SCHIP/Family	E0274	Over-Bed Table	N	CG-DME-15		Precertification is REQUIRED for	None	None
IN	Medicaid/SCHIP/Family	E0275	Bed Pan Standard	N			Preauthorization required for all	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0276	Bed Pan Fracture	N			Pre-authorization required for all	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0277	Powered Pres-Redu Air Mattrs	Y	CG-DME-16		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0280	Bed Cradle	Y	CG-DME-15		Preauthorization required for all	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0290	Hosp Bed Fx Ht W/O Rails W/M	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0291	Hosp Bed Fx Ht W/O Rail W/O	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0292	Hosp Bed Var Ht W/O Rail W/O	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0293	Hosp Bed Var Ht W/O Rail W/	Y	CG-DME-15		Precertification is REQUIRED for	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E0294	Hosp Bed Semi-Elect W/ Mattr	Y	CG-DME-15		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0295	Hosp Bed Semi-Elect W/O Matt	N	CG-DME-15		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0296	Hosp Bed Total Elect W/ Matt	N	CG-DME-15		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0297	Hosp Bed Total Elect W/O Mat	N	CG-DME-15		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0300	Pediatric crib, hospital grade, fully enclosed, wit	N	CG-DME-15			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0301	Hospital bed, heavy duty, extra wide, with weig	Y	CG-DME-15		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0302	Hospital bed, extra heavy duty, extra wide, with	Y	CG-DME-15		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0303	Hospital bed, heavy duty, extra wide, with weig	Y	CG-DME-15		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0304	Hospital bed, extra heavy duty, extra wide, with	Y	CG-DME-15		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0305	Rails Bed Side Half Length	N	CG-DME-15			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0310	Rails Bed Side Full Length	N	CG-DME-15			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0315	Bed Accessory Brd/Tbl/Supprt	N	CG-DME-15			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0316	Safety enclosure frame/canopy for use with ho:	N	CG-DME-15			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0325	Urinal; male, jug-type, any material	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0326	Urinal Female Jug-Type	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0328	Hospital bed, pediatric, manual, 360 degree sid	Y	CG-DME-15		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0329	Hospital bed, pediatric, electric or semi-electric	Y	CG-DME-15		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0350	Control Unit Bowel System	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0352	Disposable Pack W/Bowel Syst	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0370	Air Elevator For Heel	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0371	Nonpower Mattress Overlay	Y	CG-DME-16		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0372	Powered Air Mattress Overlay	Y	CG-DME-16		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0373	Nonpowered Pressure Mattress	Y	CG-DME-16		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0424	Stationary Compressed Gas O2	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0425	Gas System Stationary Compre	X	CG-DME-18		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0430	Oxygen System Gas Portable	X	CG-DME-18		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E0431	Portable Gaseous O2	N	CG-DME-18			None	None	None
IN	Medicaid/SCHIP/Family	E0433	Portable Liquid Oxygen System, Rental; Home L	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0434	Portable Liquid O2	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0435	Oxygen System Liquid Portabl	X	CG-DME-18		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E0439	Stationary Liquid O2	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0440	Oxygen System Liquid Station	X	CG-DME-18		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E0441	Stationary Oxygen Contents, Gaseous, 1 Month	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0442	Stationary Oxygen Contents, Liquid, 1 Month'S	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0443	Portable Oxygen Contents, Gaseous, 1 Month'S	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0444	Portable Oxygen Contents, Liquid, 1 Month'S S	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0445	Oximeter Device For Measuring Blood Oxygen I	N						
IN	Medicaid/SCHIP/Family	E0446	Topical oxygen delivery system, not otherwise ;	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	E0447	Portable oxygen contents, liquid, 1 month's sup	N	CG-DME-18		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0455	Oxygen Tent Excl Croup/Ped T	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0457	Chest Shell	N			Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E0459	Chest Wrap	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0462	Rocking Bed W/ Or W/O Side R	Y			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0465	Home ventilator, any type, used with invasive i	N	CG-DME-26			None	None	None
IN	Medicaid/SCHIP/Family	E0466	Home ventilator, any type, used with non-invas	Y	CG-DME-26, CG-DME-47		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0467	Home ventilator, multi-function respiratory dev	N	CG-DME-26, CG-DME-47		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0470	Respiratory assist device, bi-level pressure capa	Y		AIM	Precertification is REQUIRED for ;	AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family	E0471	Respiratory assist device, bi-level pressure capa	Y		AIM	Precertification is REQUIRED for ;	AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family	E0472	Respiratory assist device, bi-level pressure capa	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0480	Percussor Elect/Pneum Home M	X				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0481	Intrapulmonary percussive ventilation system a	Y	DME.00012		Precertification is REQUIRED for ;	None	Durable and Home Me	None
IN	Medicaid/SCHIP/Family	E0482	Cough stimulating device, alternating positive a	Y			Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0483	High frequency chest wall oscillation system, in	Y	CG-DME-43		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E0484	Oscillatory Positive Expiratory Pressure Device,	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0485	Oral device/appliance used to reduce upper air	Y	DME.00039	AIM	Precertification is REQUIRED for ;	AIM Sleep: Sleep Disorder Managen	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0486	Oral device/appliance used to reduce upper air	Y	SURG.00129	AIM	Precertification is REQUIRED for ;	AIM Sleep: Sleep Disorder Managen	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0487	Spirometer, electronic, includes all accessories	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	E0500	Ippb All Types	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0550	Humidif Extens Supple W Ippb	N	CG-DME-18			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E0555	Humidifier For Use W/ Regula	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0560	Humidifier Supplemental W/ I	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0561	Humidifier, non-heated, used with positive airw	N				AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family	E0562	Humidifier, heated, used with positive airway p	N				AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family	E0565	Compressor Air Power Source	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0570	Nebulizer With Compression	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0572	Aerosol Compressor Adjust Pr	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0574	Ultrasonic Generator W Svneb	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0575	Nebulizer Ultrasonic	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0580	Nebulizer For Use W/ Regulat	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0585	Nebulizer W/ Compressor & He	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0600	Suction Pump Portab Hom Modl	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0601	Continuous positive airway pressure (cpap) dev	Y		AIM		Precertification is REQUIRED for ;	AIM Sleep: Sleep Disorder Managen	None
IN	Medicaid/SCHIP/Family	E0602	Breast Pump	N				Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0603	Breast pump, electric (AC and/or DC), any type	N	CG-DME-35			Providers must request medicalc	None	None
IN	Medicaid/SCHIP/Family	E0604	Breast pump, hospital grade, electric (AC and/o	X	CG-DME-35			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	E0605	Vaporizer Room Type	N				Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0606	Drainage Board Postural	N				Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0607	Blood Glucose Monitor Home	N				Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0610	Pacemaker Monitr Audible/Vis	N				Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0615	Pacemaker Monitr Digital/Vis	N				Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0616	Cardiac Event Recorder	N	CG-MED-40, CG-MED-74			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0617	Automatic Ext Defibrillator	Y	DME.00032			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0618	Apnea Monitor, Without Recording Feature	N	CG-DME-08			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0619	Apnea Monitor, With Recording Feature	N	CG-DME-08			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0620	Skin piercing device for collection of capillary bl	N				Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E0621	Patient Lift Sling Or Seat	N	CG-DME-23			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0625	Patient lift, bathroom or toilet, not otherwise cl	N	CG-DME-23			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0627	Seat lift mechanism, electric, any type	Y	CG-DME-25			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0629	Seat lift mechanism, non-electric, any type	N	CG-DME-25			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0630	Patient lift, hydraulic or mechanical, includes ar	N	CG-DME-23			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0635	Patient Lift Electric	Y	CG-DME-23			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0636	Multi-positional Patient Support System, With Ir	Y	CG-DME-23			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0637	Combination sit-to-stand frame/table system, a	Y	CG-DME-23,			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0638	Standing frame/table system, one position (e.g	Y				Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM	N	CG-DME-23			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL CO	Y	CG-DME-23			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0641	Standing frame/table system, multi-position (e.	Y				Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0642	Standing frame/table system, mobile (dynamic	X				Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	E0650	Pneuma Compresor Non-Segment	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0651	Pneum Compressor Segmental	N	CG-DME-06, CG-DME-46			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0652	Pneum Compres W/Cal Pressure	N	CG-DME-06, CG-DME-46			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0655	Pneumatic Appliance Half Arm	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0656	Segmental pneumatic appliance for use with pr	Y	CG-DME-06			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0657	Segmental pneumatic appliance for use with pr	Y	CG-DME-06			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0660	Pneumatic Appliance Full Leg	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0665	Pneumatic Appliance Full Arm	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0666	Pneumatic Appliance Half Leg	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0667	Seg Pneumatic Appl Full Leg	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0668	Seg Pneumatic Appl Full Arm	N	CG-DME-06, CG-DME-46			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0669	Seg Pneumatic Appli Half Leg	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0670	Segmental pneumatic appliance for use with pr	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0671	Pressure Pneum Appl Full Leg	N	CG-DME-06, CG-DME-46			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0672	Pressure Pneum Appl Full Arm	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0673	Pressure Pneum Appl Half Leg	Y	CG-DME-06, CG-DME-46			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0675	Pneumatic compression device, high pressure, i	X				Non covered but for pediatric members verification of EPSDT services	must be verified.	
IN	Medicaid/SCHIP/Family	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (IN	X	DME.00037, CG-DME-46			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	E0691	Ultraviolet light therapy system, includes bulbs,	Y	CG-DME-41			Precertification is REQUIRED for ;	None	None
IN	Medicaid/SCHIP/Family	E0692	Ultraviolet Light Therapy System Panel, Include	N	CG-DME-41			Precertification is REQUIRED for ;	None	None

IN	Medicaid/SCHIP/Family	E0693	Ultraviolet Light Therapy System Panel, Include	Y	CG-DME-41		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0694	Ultraviolet Multidirectional Light Therapy Syste	Y	CG-DME-41		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0700	Safety Equipment, Device Or Accessory, Any Ty	N						
IN	Medicaid/SCHIP/Family	E0705	Transfer device, any type, each	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0710	Restraints Any Type	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMUL	N	CG-DME-04			MCG; BHG: B-820-T: Trigeminal Ner	None	None
IN	Medicaid/SCHIP/Family	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMUL	N	CG-DME-04			None	None	None
IN	Medicaid/SCHIP/Family	E0731	Conductive Garment For Tens/	N	CG-DME-03, CG-DME-04		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0740	Non-implanted pelvic floor electrical stimulator	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0744	Neuromuscular Stim For Scolio	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0745	Neuromuscular Stim For Shock	N	CG-DME-03, DME.00022			None	None	None
IN	Medicaid/SCHIP/Family	E0746	Electromyograph Biofeedback	X	MED.00125		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E0747	Elec Osteogen Stim Not Spine	Y	CG-DME-40		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0748	Elec Osteogen Stim Spinal	Y		AIM	Precertification is REQUIRED for	AIM Musculoskeletal: Spine Surgery	None	None
IN	Medicaid/SCHIP/Family	E0749	Elec Osteogen Stim Implanted	Y			Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0755	Electronic Salivary Reflex S	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0760	Osteogen Ultrasound Stimltor	Y	CG-DME-45		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0761	Non-Thermal Pulsed High Frequency Radiowavi	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E0762	Transcutaneous electrical joint stimulation devi	X	DME.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E0764	Functional neuromuscular stimulation, transcut	X	DME.00022		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0765	Nerve Stimulator For Tx N&V	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0766	Electrical stimulation device used for cancer tre	X	CG-DME-44		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E0769	Electric wound treatment dev	Y			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0770	Functional electrical stimulator, transcutaneous	Y	DME.00022		Precertification is REQUIRED for	None	Durable and Home Me	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0776	Iv Pole	N	CG-DME-21			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0779	Amb Infusion Pump Mechanical	N	CG-DME-21			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0780	Mech Amb Infusion Pump <8hrs	N	CG-DME-21			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0781	External Ambulatory Infus Pu	N	CG-DME-21			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0782	Non-Programble Infusion Pump	Y	CG-SURG-79		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0783	Programmable Infusion Pump	Y	CG-SURG-79		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0784	Ext Amb Infusn Pump Insulin	N	CG-DME-42			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0785	Replacement Impl Pump Cathet	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0786	Implantable Pump Replacement	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0787	External ambulatory infusion pump, insulin, dos	Y	CG-DME-42			None	None	None
IN	Medicaid/SCHIP/Family	E0791	Parenteral Infusion Pump Sta	N	CG-DME-21			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0830	Ambulatory Traction Device	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0840	Tract Frame Attach Headboard	Y	CG-DME-05		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0849	Cervical pneum trac equip	N	CG-DME-05		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0850	Traction Stand Free Standing	N	CG-DME-05		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0855	Cervical Traction Equipment	N	CG-DME-05		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0856	Cervical traction device, cervical collar with infl	N	CG-DME-05		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0860	Tract Equip Cervical Tract	N	CG-DME-05		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0870	Tract Frame Attach Footboard	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0880	Trac Stand Free Stand Extrem	N			If this is a rental, then Precertific	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0890	Traction Frame Attach Pelvic	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0900	Trac Stand Free Stand Pelvic	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0910	Trapeze Bar Attached To Bed	N	CG-DME-15			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0911	Trapeze bar, heavy duty, for patient weight cap	N	CG-DME-15			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0912	Trapeze bar, heavy duty, for patient weight cap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0920	Fracture Frame Attached To B	Y			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0930	Fracture Frame Free Standing	Y			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0935	Continuous passive motion exercise device for	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVI	N			Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0940	Trapeze Bar Free Standing	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0941	Gravity Assisted Traction De	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0942	Cervical Head Harness/Halter	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0944	Pelvic Belt/Harness/Boot	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0945	Belt/Harness Extremity	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0946	Fracture Frame Dual W Cross	Y			Precertification is REQUIRED for	None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E0947	Fracture Frame Attachmnts Pe	Y			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0948	Fracture Frame Attachmnts Ce	Y			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0950	Tray	N	CG-DME-34		This code is not covered/allowed	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0951	Loop Heel	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0952	Loop Tie	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0953	Wheelchair accessory, lateral thigh or knee sup	N	CG-DME-34		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0954	Wheelchair accessory, foot box, any type, inclu	Y	CG-DME-34		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E0955	Wheelchair accessory, headrest, cushioned, pre	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0956	Wheelchair accessory, lateral trunk or hip supp	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0957	Wheelchair accessory, medial thigh support, pr	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0958	Whlchr Att- Conv 1 Arm Drive	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0959	Amputee Adapter	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0960	Wheelchair accessory, shoulder harness/straps	N	CG-DME-34		This code is not covered/allowed	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0961	Wheelchair Brake Extension	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0966	Wheelchair Head Rest Extensi	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0967	Manual wheelchair accessory, hand rim with pr	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0968	Wheelchair Commode Seat	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0969	Wheelchair Narrowing Device	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0970	Wheelchair No. 2 Footplates	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0971	Manual wheelchair accessory, anti-tipping devi	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0973	Wheelchair Adjustabl Height	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0974	Wheelchair Grade-Aid	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0978	Wheelchair Belt W/Airplane B	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0980	Wheelchair Safety Vest	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0981	Wheelchair accessory, seat upholstery, replace	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0982	Wheelchair accessory, back upholstery, replace	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0983	Manual wheelchair accessory, power add-on to	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0984	Manual wheelchair accessory, power add-on to	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0985	Wheelchair accessory, seat lift mechanism	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0986	Manual wheelchair accessory, push-rim activat	X	CG-DME-34		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0988	Manual wheelchair accessory, lever-activated,)	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0990	Whelchair Elevating Leg Res	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0992	Wheelchair Solid Seat Insert	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0994	Wheelchair Arm Rest	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E0995	Wheelchair accessory, calf rest/pad, replaceme	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1002	Wheelchair accessory, power seating system, ti	Y	CG-DME-31		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1003	Wheelchair accessory, power seating system, ri	Y	CG-DME-31		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1004	Wheelchair accessory, power seating system, ri	Y	CG-DME-31		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1005	Wheelchair accessory, power seatng system, re	Y	CG-DME-31		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1006	Wheelchair accessory, power seating system, o	Y	CG-DME-31		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1007	Wheelchair accessory, power seating system, o	Y	CG-DME-31		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1008	Wheelchair accessory, power seating system, o	Y	CG-DME-31		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1009	Wheelchair accessory, addition to power seatin	X	CG-DME-31, CG-DME-34		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1010	Wheelchair accessory, addition to power seatin	Y	CG-DME-31, CG-DME-34, GENE.00017		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1011	Modification To Pediatric Wheelchair, Width Ac	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1012	Wheelchair accessory, addition to power seatin	Y	CG-DME-31		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E1014	Reclining Back, Addition To Pediatric Wheelchai	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1015	Shock Absorber For Manual Wheelchair, Each	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1016	Shock Absorber For Power Wheelchair, Each	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1017	Heavy Duty Shock Absorber For Heavy Duty Or	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1018	Heavy Duty Shock Absorber For Heavy Duty Or	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1020	Residual limb support system for wheelchair, ar	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1028	Wheelchair accessory, manual swingaway, retri	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1029	Wheelchair accessory, ventilator tray, fixed	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1030	Wheelchair accessory, ventilator tray, gimbaled	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1031	Rollabout Chair With Casters	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1035	Multi-Positional Patient Transfer System, With	Y	CG-DME-23		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1036	Multi-Positional Patient Transfer System, Extra	N	CG-DME-23		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1037	Transport Chair, Pediatric Size	Y			Precertification is REQUIRED for all rentals.			

IN	Medicaid/SCHIP/Family	E1038	Transport chair, adult size, patient weight capai	N			Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E1039	Transport chair, adult size, heavy duty, patient	N			Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E1050	Wheelchr Fxd Full Length Arms	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1060	Wheelchair Detachable Arms	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1070	Wheelchair Detachable Foot R	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1083	Hemi-wheelchair, fixed full-length arms, swing-	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1084	Hemi-Wheelchair Detachable A	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1085	Hemi-Wheelchair Fixed Arms	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1086	Hemi-Wheelchair Detachable A	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1087	Wheelchair Lightwt Fixed Arm	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1088	Wheelchair Lightweight Det A	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1089	Wheelchair Lightwt Fixed Arm	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1090	Wheelchair Lightweight Det A	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1092	Wheelchair Wide W/ Leg Rests	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1093	Wheelchair Wide W/ Foot Rest	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1100	Whchr S-Recl Fxd Arm Leg Res	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1110	Wheelchair Semi-Recl Detach	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1130	Whlchr Stand Fxd Arm Ft Rest	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1140	Wheelchair Standard Detach A	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1150	Wheelchair Standard W/ Leg R	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1160	Wheelchair Fixed Arms	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1161	Manual Adult Size Wheelchair, Includes Tilt In S	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1170	Whlchr Ampu Fxd Arm Leg Rest	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1171	Wheelchair Amputee W/O Leg R	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1172	Wheelchair Amputee Detach Ar	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1180	Wheelchair Amputee W/ Foot R	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1190	Wheelchair Amputee W/ Leg Re	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1195	Wheelchair Amputee Heavy Dut	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1200	Wheelchair Amputee Fixed Arm	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1220	Whlchr Special Size/Constrc	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1221	Wheelchair Spec Size W Foot	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1222	Wheelchair Spec Size W/ Leg	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1223	Wheelchair Spec Size W Foot	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1224	Wheelchair Spec Size W/ Leg	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1225	Wheelchair Spec Sz Semi-Recl	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1226	Wheelchair Spec Sz Full-Recl	N	CG-DME-34			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1227	Wheelchair Spec Sz Spec Ht A	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1228	Wheelchair Spec Sz Spec Ht B	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1229	Pediatric wheelchair NOS	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1230	Power Operated Vehicle	X	CG-DME-31		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, /	N	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, /	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, W/	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, Y	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, W/	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Y	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1239	Ped power wheelchair NOS	X	CG-DME-31		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1240	Whchr Litwt Det Arm Leg Rest	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1250	Wheelchair Lightwt Fixed Arm	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1260	Wheelchair Lightwt Foot Rest	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1270	Wheelchair Lightweight Leg R	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1280	Whchr H-Duty Det Arm Leg Res	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1285	Wheelchair Heavy Duty Fixed	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1290	Wheelchair Hvy Duty Detach A	N	CG-DME-24			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1295	Wheelchair Heavy Duty Fixed	Y	CG-DME-24		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1296	Wheelchair Special Seat Heig	Y	CG-DME-34, SURG.00111		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1297	Wheelchair Special Seat Dept	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E1298	Wheelchair Spec Seat Depth/W	Y	CG-DME-34		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1300	Whirlpool Portable	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1310	Whirlpool Non-Portable	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1352	Oxygen accessory, flow regulator capable of po	N				None	None	None
IN	Medicaid/SCHIP/Family	E1353	Oxygen Supplies Regulator	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1354	Oxygen accessory, wheeled cart for portable cy	X	CG-DME-18		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1355	Oxygen Supplies Stand/Rack	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1356	Oxygen accessory, battery pack/cartridge for pi	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1357	Oxygen accessory, battery charger for portable	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1358	Oxygen accessory, DC power adapter for portan	N	CG-DME-18			None	None	None
IN	Medicaid/SCHIP/Family	E1372	Oxy Suppl Heater For Nebuliz	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1390	Oxygen Concentrator	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1391	Oxygen concentrator, dual delivery port, capab	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1392	Portable oxygen concentrator, rental	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1399	Durable medical equipment, miscellaneous	Y	CG-ANC-08, CG-MED-63, CG-I	AIM Therapy1	Precertification is REQUIRED for ;	AIM Sleep: Sleep Disorder Managen	None	None
IN	Medicaid/SCHIP/Family	E1405	O2/Water Vapor Enrich W/Heat	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1406	O2/Water Vapor Enrich W/O He	N	CG-DME-18			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1500	Centrifuge, for dialysis	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1510	Kidney Dialysate Delivry Sys	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1520	Heparin Infusion Pump For Di	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1530	Air Bubble Detector For Dial	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1540	Pressure Alarm For Dialysis	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1550	Bath Conductivity Meter	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1560	Blood Leak Detector For Dial	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1570	Adjustable Chair For Esrd Pt	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1575	Transducer Protector/Fluid B	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1580	Unipuncture Control System	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1590	Hemodialysis Machine	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1592	Auto Interm Peritoneal Dialy	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1594	Cycler Dialysis Machine	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1600	Deliv/Install Equip For Dial	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1610	Reverse Osmosis Water Purifi	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1615	Deionizer Water Purification	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1620	Blood Pump For Dialysis	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1625	Water Softening System	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1630	Reciprocating Peritoneal Dia	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1632	Wearable Artificial Kidney	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1634	Peritoneal dialysis clamps, each	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1635	Compact Travel Hemodialyzer	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1636	Sorbent Cartridges For Dialy	N			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1637	Hemostats, for dialysis, each	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1639	Scale, for dialysis, each	X				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1699	Dialysis equipment, not otherwise specified	N			Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	E1700	Jaw Motion Rehab System	N	CG-SURG-09			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1701	Repl Cushions For Jaw Motion	N	CG-SURG-09		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1702	Repl Measr Scales Jaw Motion	N	CG-SURG-09		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1800	Adjust Elbow Ext/Flex Device	N	CG-DME-39			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1801	Static progressive stretch elbow device, extensi	N	DME.00038			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1802	Dynamic Adjustable Forearm Pronation/Supina	N	CG-DME-39		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1805	Adjust Wrist Ext/Flex Device	N	CG-DME-39			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1806	Static progressive stretch wrist device, flexion a	Y	DME.00038		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1810	Adjust Knee Ext/Flex Device	N	CG-DME-39			None	None	None
IN	Medicaid/SCHIP/Family	E1811	Static progressive stretch knee device, extensio	Y	DME.00038		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1812	Dynamic knee, extension/flexion device with ac	N	CG-DME-39		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1815	Adjust Ankle Ext/Flex Device	N	CG-DME-39		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	E1816	Static progressive stretch ankle device, flexion :	Y	DME.00038		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1818	Static progressive stretch forearm pronation/su	N	DME.00038			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1820	Soft Interface Material	N	CG-DME-39		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1821	Replacement soft interface material/cuffs for b	N	DME.00038		Precertification is REQUIRED for ;	None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E1825	Adjust Finger Ext/Flex Devc	N	CG-DME-39		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1830	Adjust Toe Ext/Flex Device	N	CG-DME-39		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1831	Static progressive stretch toe device, extension	Y	DME.00038		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1840	Dynamic adjustable shoulder flexion/abduction	N	CG-DME-39		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1841	Static progressive stretch shoulder device, with Y		DME.00038		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E1902	Communication board, non-electronic augment	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2000	Gastric suction pump, home model, portable or	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2100	Blood glucose monitor with integrated voice sy	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2101	Blood glucose monitor with integrated lancing/	N			Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2120	Pulse generator system for tympanic treatment	X	DME.00024		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2201	Manual wheelchair accessory, nonstandard sea	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2202	Manual wheelchair accessory, nonstandard sea	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2203	Manual wheelchair accessory, nonstandard sea	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2204	Manual wheelchair accessory, nonstandard sea	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2205	Manual wheelchair accessory, handrim without Y		CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2206	Manual wheelchair accessory, wheel lock assen	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2207	Wheelchair accessory, crutch and cane holder, i	X	CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	E2208	Wheelchair accessory, cylinder tank carrier, eac	X	CG-DME-34		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPP	N	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2210	Wheelchair accessory, bearings, any type, repla	Y	CG-DME-34		Precertification is REQUIRED for	ING-CC-0025	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2211	Manual wheelchair accessory, pneumatic propu	N	CG-DME-34		This code is not covered/allowed	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2212	Manual wheelchair accessory, tube for pneumo	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2213	Manual wheelchair accessory, insert for pneum	N	CG-DME-34		This code is not covered/allowed	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2214	Manual wheelchair accessory, pneumatic caste	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2215	Manual wheelchair accessory, tube for pneumo	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2216	Manual wheelchair accessory, foam filled propu	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2217	Manual wheelchair accessory, foam filled caste	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2218	Manual wheelchair accessory, foam propulsion Y		CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2219	Manual wheelchair accessory, foam caster tire, Y		CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2220	Manual wheelchair accessory, solid (rubber/pla	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2221	Manual wheelchair accessory, solid (rubber/pla	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2222	Manual wheelchair accessory, solid (rubber/pla	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2224	Manual wheelchair accessory, propulsion whee	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2225	Manual wheelchair accessory, caster wheel exc	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2226	Manual wheelchair accessory, caster fork, any s	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2227	Manual wheelchair accessory, gear reduction d	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2228	Manual wheelchair accessory, wheel braking sy	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2230	Manual wheelchair accessory, manual standing	Y	CG-DME-34,		Precertification is REQUIRED for	None	None	None
IN	Medicaid/SCHIP/Family	E2231	Manual wheelchair accessory, solid seat suppor	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2291	Planar back for ped size wc	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2292	Planar seat for ped size wc	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2293	Contour back for ped size wc	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2294	Contour seat for ped size wc	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2295	Manual wheelchair accessory, for pediatric size	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2300	Wheelchair accessory, power seat elevation sys	X	CG-DME-31		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2301	Wheelchair accessory, power standing system, X				Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2310	Power wheelchair accessory, electronic connec	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2311	Power wheelchair accessory, electronic connec	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2312	Power wheelchair accessory, hand or chin contr	X	CG-DME-34		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2313	Power wheelchair accessory, harness for upgra	X	CG-DME-34		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2321	Power wheelchair accessory, hand control inter	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2322	Power wheelchair accessory, hand control inter	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2323	Power wheelchair accessory, specialty joystick	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2324	Power wheelchair accessory, chin cup for chin c	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2325	Power wheelchair accessory, sip and puff interf	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2326	Power wheelchair accessory, breath tube kit fo	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2327	Power wheelchair accessory, head control inter	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2328	Power wheelchair accessory, head control or ex	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2329	Power wheelchair accessory, head control inter	Y	CG-DME-34		Precertification is REQUIRED for	None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E2330	Power wheelchair accessory, head control inter	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2331	Power wheelchair accessory, attendant control	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2340	Power wheelchair accessory, nonstandard seat	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2341	Power wheelchair accessory, nonstandard seat	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2342	Power wheelchair accessory, nonstandard seat	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2343	Power wheelchair accessory, nonstandard seat	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2351	Power wheelchair accessory, electronic interfac	X	CG-DME-34, CG-DME-07		Non covered but for pediatric me	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2358	Power wheelchair accessory, group 34 nonseal	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2359	Power wheelchair accessory, group 34 sealed le	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2360	Power wheelchair accessory, 22 nf non-sealed l	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2361	Power wheelchair accessory, 22nf sealed lead a	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2362	Power wheelchair accessory, group 24 non-seal	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2363	Power wheelchair accessory, group 24 sealed le	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2364	Power wheelchair accessory, u-1 non-sealed le	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2365	Power wheelchair accessory, u-1 sealed lead ac	N	CG-DME-34		This code is not covered/allowed	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2366	Power wheelchair accessory, battery charger, s	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2367	Power wheelchair accessory, battery charger, d	X	CG-DME-34		Non covered but for pediatric me	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2368	Power wheelchair component, drive wheel mot	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2369	Power wheelchair component, drive wheel gea	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2370	Power wheelchair component, integrated drive	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2371	Power wheelchair accessory, group 27 sealed le	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2372	Power wheelchair accessory, group 27 nonseal	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2373	Power wheelchair accessory, hand or chin conti	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CH	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPAN	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABL	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABL	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2378	Power wheelchair component, actuator, replac	N	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PI	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PI	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLE	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLE	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVI	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CAST	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBI	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBI	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBI	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEE	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHI	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FOR	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2397	Power wheelchair accessory, lithium-based bat	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2398	Wheelchair accessory, dynamic positioning hari	Y			Precertification is REQUIRED for all rentals.		
IN	Medicaid/SCHIP/Family	E2402	Negative pressure wound therapy electrical pui	Y	DME.00009		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2500	Speech generating device, digitized speech, usi	N	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2502	Speech generating device, digitized speech, usi	N	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2504	Speech generating device, digitized speech, usi	Y	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2506	Speech generating device, digitized speech, usi	N	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2508	Speech generating device, synthesized speech,	N	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2510	Speech generating device, synthesized speech,	Y	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2511	Speech generating software program, for perso	Y	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2512	Accessory for speech generating device, mount	N	CG-DME-07		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2599	Accessory for speech generating device, not otl	Y	CG-DME-07		Precertification is REQUIRED for ; None	None	None
IN	Medicaid/SCHIP/Family	E2601	Gen w/c cushion wdth < 22 in	N	CG-DME-34			None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2602	Gen w/c cushion wdth >=22 in	N	CG-DME-34			None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2603	Skin protect wc cus wd <22in	N	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2604	Skin protect wc cus wd>=22in	N	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	E2605	Position wc cush wdth <22 in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2606	Position wc cush wdth>=22 in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2607	Skin pro/pos wc cus wd <22in	N	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2608	Skin pro/pos wc cus wd>=22in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2609	Custom fabricate w/c cushion	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2610	Powered w/c cushion	X	CG-DME-34		Non covered but for pediatric me	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2611	Gen use back cush wdth <22in	N	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2612	Gen use back cush wdth>=22in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2613	Position back cush wd <22in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2614	Position back cush wd>=22in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2615	Pos back post/lat wdth <22in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2616	Pos back post/lat wdth>=22in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2617	Custom fab w/c back cushion	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2619	Replace cover w/c seat cush	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2620	WC planar back cush wd <22in	N	CG-DME-34		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2621	WC planar back cush wd>=22in	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2622	Skin protection wheelchair seat cushion, adjust	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2623	Skin protection wheelchair seat cushion, adjust	N	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2624	Skin protection and positioning wheelchair seat	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2625	Skin protection and positioning wheelchair seat	N	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2626	Wheelchair accessory, shoulder elbow, mobile ;	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2627	Wheelchair accessory, shoulder elbow, mobile ;	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2628	Wheelchair accessory, shoulder elbow, mobile ;	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2629	Wheelchair accessory, shoulder elbow, mobile ;	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2630	Wheelchair accessory, shoulder elbow, mobile ;	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2631	Wheelchair accessory, addition to mobile arm s	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2632	Wheelchair accessory, addition to mobile arm s	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E2633	Wheelchair accessory, addition to mobile arm s	Y	CG-DME-34		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E8000	Posterior gait trainer	Y	CG-DME-36		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E8001	Upright gait trainer	Y	CG-DME-36		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	E8002	Anterior gait trainer	Y	CG-DME-36		Precertification is REQUIRED for ; None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0008	Admin Influenza Virus Vac	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0009	Admin Pneumococcal Vaccine	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0010	Admin Hepatitis B Vaccine	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0027	Semen Analysis	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0068	Professional services for the administration of a	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family	G0069	Professional services for the administration of s	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family	G0070	Professional services for the administration of c	N	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family	G0071	Payment for communication technology-based	N					
IN	Medicaid/SCHIP/Family	G0076	Brief (20 minutes) care management home visit	N					
IN	Medicaid/SCHIP/Family	G0077	Limited (30 minutes) care management home v	N					
IN	Medicaid/SCHIP/Family	G0078	Moderate (45 minutes) care management hom	N					
IN	Medicaid/SCHIP/Family	G0079	Comprehensive (60 minutes) care management	N					
IN	Medicaid/SCHIP/Family	G0080	Extensive (75 minutes) care management hom	N					
IN	Medicaid/SCHIP/Family	G0081	Brief (20 minutes) care management home visit	N					
IN	Medicaid/SCHIP/Family	G0082	Limited (30 minutes) care management home v	N					
IN	Medicaid/SCHIP/Family	G0083	Moderate (45 minutes) care management hom	N					
IN	Medicaid/SCHIP/Family	G0084	Comprehensive (60 minutes) care management	N					
IN	Medicaid/SCHIP/Family	G0085	Extensive (75 minutes) care management hom	N					
IN	Medicaid/SCHIP/Family	G0086	Limited (30 minutes) care management home c	N					
IN	Medicaid/SCHIP/Family	G0087	Comprehensive (60 minutes) care management	N					
IN	Medicaid/SCHIP/Family	G0088	Professional services, initial visit, for the admini	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family	G0089	Professional services, initial visit, for the admini	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family	G0090	Professional services, initial visit, for the admini	N	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family	G0101	Ca Screen;Pelvic/Breast Exam	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0102	Prostate Ca Screening; Dre	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0103	PROSTATE CANCER SCREENING; PROSTATE SPE	N					
IN	Medicaid/SCHIP/Family	G0104	Ca Screen;Flexi Sigmoidscope	X			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	G0105	Colorectal Scrn; Hi Risk Ind	X	CG-SURG-01		Non covered but for pediatric me	None	None

IN	Medicaid/SCHIP/Family	G0106	Colon Ca Screen;Barium Enema	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0108	Diabetes outpatient self-management training	N						
IN	Medicaid/SCHIP/Family	G0109	Diab Manage Trn Ind/Group	N						
IN	Medicaid/SCHIP/Family	G0117	Glaucoma screening for high risk patients furnis	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0118	Glaucoma screening for high risk patient furnis	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0120	Colon Ca Scrn; Barium Enema	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0121	Colon Ca Scrn Not Hi Rsk Ind	X	CG-SURG-01		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0122	Colon Ca Scrn; Barium Enema	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0123	Screen Cerv/Vag Thin Layer	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family	G0124	Screen C/V Thin Layer By Md	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family	G0127	Trim Nail(S)	N						
IN	Medicaid/SCHIP/Family	G0128	Direct (face-to-face with patient) skilled nursing	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0129	Occupational therapy services requiring the skill	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0130	Single Energy X-Ray Study	Y	CG-MED-39			None	None	None
IN	Medicaid/SCHIP/Family	G0141	Scr C/V Cyto,Autosys And Md	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family	G0143	Scr C/V Cyto,Thinlayer,Rescr	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family	G0144	Scr C/V Cyto,Thinlayer,Rescr	X	CG-MED-53		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0145	Scr C/V Cyto,Thinlayer,Rescr	X	CG-MED-53		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0147	Scr C/V Cyto, Automated Sys	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family	G0148	Scr C/V Cyto, Autosys, Rescr	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family	G0151	Services performed by a qualified physical ther	N	CG-MED-23, CG-REHAB-12		Precertification is required after	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0152	Services performed by a qualified occupational	N	CG-MED-23, CG-REHAB-12		Precertification is required after	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0153	Services performed by a qualified speech-langu	N	CG-MED-23, CG-REHAB-12		Precertification is required after	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0155	Services Of Clinical Social Worker In Home Heal	X	CG-MED-23		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0156	Services Of Home Health/Hospice Aide In Home	X	CG-MED-23		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0157	Services performed by a qualified physical ther	X	CG-MED-23, CG-REHAB-12		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0158	Services performed by a qualified occupational	X	CG-MED-23, CG-REHAB-12		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0159	Services performed by a qualified physical ther	X	CG-MED-23, CG-REHAB-12		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0160	Services performed by a qualified occupational	X	CG-MED-23, CG-REHAB-12		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0161	Services performed by a qualified speech-langu	X	CG-MED-23, CG-REHAB-12		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0162	Skilled services by a registered nurse (RN) for m	X	CG-MED-23		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0166	Extrnl Counterpulse, Per Tx	N						
IN	Medicaid/SCHIP/Family	G0168	Wound Closure By Adhesive	N						
IN	Medicaid/SCHIP/Family	G0175	Opps Service,Sched Team Conf	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0176	Opps/Php;Activity Therapy	X	CG-BEH-15		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0177	Opps/Php; Train & Educ Serv	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0179	Physician re-certification for Medicare-covered	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0180	Md Certification Hha Patient	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0181	Home Health Care Supervision	X			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0182	Hospice Care Supervision	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0186	Dstry Eye Lesn,Fdr Vssl Tech	N						
IN	Medicaid/SCHIP/Family	G0219	PET img wholebody melanoma nonco	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0235	PET imaging, any site, not otherwise specified	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0237	Therapeutic procedures to increase strength or	N	CG-REHAB-03			None	None	None
IN	Medicaid/SCHIP/Family	G0238	Therapeutic procedures to improve respiratory	N	CG-REHAB-03			None	None	None
IN	Medicaid/SCHIP/Family	G0239	Therapeutic procedures to improve respiratory	N	CG-REHAB-03			None	None	None
IN	Medicaid/SCHIP/Family	G0245	Initial Physician Evaluation And Management O	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0246	Follow-Up Physician Evaluation And Managemen	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0247	Routine Foot Care By A Physician Of A Diabetic	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0248	Demonstration, prior to initiation of home INR	N	CG-DME-30			None	None	None
IN	Medicaid/SCHIP/Family	G0249	Provision of test materials and equipment for h	N	CG-DME-30		Precertification is REQUIRED for	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0250	Physician review, interpretation, and patient m	X	CG-DME-30		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0252	PET imaging, full and partial-ring PET scanners	X	CG-MED-80		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0255	Current Perception Threshold/Sensory Nerve C	X	MED.00082, MED.00092		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	G0257	Unscheduled Or Emergency Dialysis Treatment	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0259	Injection Procedure For Sacroiliac Joint; Arthro	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0260	Injection Procedure For Sacroiliac Joint; Provis	X			Non covered but for pediatric me	AIM Musculoskeletal: Pain Manage	None	None
IN	Medicaid/SCHIP/Family	G0268	Removal Of Impacted Cerumen (One Or Both E	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	G0269	Placement Of Occlusive Device Into Either a Ve	X			Non covered but for pediatric me	None	None	None

IN	Medicaid/SCHIP/Family	G0270	Medical Nutrition Therapy; Reassessment And	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0271	Medical Nutrition Therapy, Reassessment And	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0276	Blinded procedure for lumbar stenosis, percuta	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0277	Hyperbaric oxygen under pressure, full body ch	Y	CG-MED-73		None	None	None
IN	Medicaid/SCHIP/Family	G0278	Iliac Artery Angiography Performed At The Sam	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0279	Diagnostic digital breast tomosynthesis, unilate	N					
IN	Medicaid/SCHIP/Family	G0281	Electrical Stimulation, (Unattended), To One Or	N				AIM Rehab: Outpatient Rehabilitation	None
IN	Medicaid/SCHIP/Family	G0282	Electrical Stimulation, (Unattended), To One Or	N				AIM Rehab: Outpatient Rehabilitation	None
IN	Medicaid/SCHIP/Family	G0283	Electrical Stimulation (Unattended), To One Or	Y		AIM		AIM Rehab: Outpatient Rehabilitation	None
IN	Medicaid/SCHIP/Family	G0288	Reconstruction, Computed Tomographic Angiogr	N					
IN	Medicaid/SCHIP/Family	G0289	Arthroscopy, Knee, Surgical, For Removal Of Lo	N				AIM Musculoskeletal: Joint Surgery	None
IN	Medicaid/SCHIP/Family	G0293	Noncovered Surgical Procedure(S) Using Consci	N					
IN	Medicaid/SCHIP/Family	G0294	Noncovered Procedure(S) Using Either No Anes	N					
IN	Medicaid/SCHIP/Family	G0295	Electromagnetic Stimulation, To One Or More	X				AIM Rehab: Outpatient Rehabilitation	None
IN	Medicaid/SCHIP/Family	G0296	Counseling visit to discuss need for lung cancer	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0299	Direct skilled nursing services of a registered nu	X	CG-MED-23, CG-MED-71			None	None
IN	Medicaid/SCHIP/Family	G0300	Direct skilled nursing services of a license practi	X	CG-MED-23, CG-MED-71			None	None
IN	Medicaid/SCHIP/Family	G0302	Pre-operative pulmonary surgery services for p	X	CG-REHAB-03, SURG.00022			None	None
IN	Medicaid/SCHIP/Family	G0303	Pre-operative pulmonary surgery services for p	X	CG-REHAB-03, SURG.00022			None	None
IN	Medicaid/SCHIP/Family	G0304	Pre-operative pulmonary surgery services for p	X	CG-REHAB-03, SURG.00022			None	None
IN	Medicaid/SCHIP/Family	G0305	Post-discharge pulmonary surgery services afte	X	CG-REHAB-03, SURG.00022			None	None
IN	Medicaid/SCHIP/Family	G0306	Complete cbc, automated (hgb, hct, rbc, wbc, w	N					
IN	Medicaid/SCHIP/Family	G0307	Complete (cbc), automated (hgb, hct, rbc, wbc;	N					
IN	Medicaid/SCHIP/Family	G0328	Fecal blood scrn immunoassay	X				None	None
IN	Medicaid/SCHIP/Family	G0329	Electromagnetic tx for ulcers	X				AIM Rehab: Outpatient Rehabilitation	None
IN	Medicaid/SCHIP/Family	G0333	Dispense fee initial 30 day	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0337	Hospice evaluation preelecti	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0339	Robot lin-radsurg com, first	Y		AIM		AIM: Radiation Oncology	None
IN	Medicaid/SCHIP/Family	G0340	Robt lin-radsurg fractx 2-5	Y		AIM		AIM: Radiation Oncology	None
IN	Medicaid/SCHIP/Family	G0341	Percutaneous islet celltrans	X	TRANS.00010			This service must be performed in	None
IN	Medicaid/SCHIP/Family	G0342	Laparoscopy islet cell trans	X	TRANS.00010			This service must be performed in	None
IN	Medicaid/SCHIP/Family	G0343	Laparotomy islet cell transp	X	TRANS.00010			This service must be performed in	None
IN	Medicaid/SCHIP/Family	G0372	Physician service required to establish and docu	N					
IN	Medicaid/SCHIP/Family	G0378	Hospital observation service, per hour	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0379	Direct admission of patient for hospital observa	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0380	Level 1 hospital emergency department visit pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0381	Level 2 hospital emergency department visit pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0382	Level 3 hospital emergency department visit pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0383	Level 4 hospital emergency department visit pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0384	Level 5 hospital emergency department visit pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0390	TRAUMA RESPONSE TEAM ASSOCIATED WITH I	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0396	Alcohol and/or substance (other than tobacco)	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0397	Alcohol and/or substance (other than tobacco)	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0398	Home sleep study test (HST) with type II portab	X				AIM Sleep: Sleep Disorder Management	None
IN	Medicaid/SCHIP/Family	G0399	Home sleep test (HST) with type III portable mc	X				AIM Sleep: Sleep Disorder Management	None
IN	Medicaid/SCHIP/Family	G0400	Home sleep test (HST) with type IV portable mc	X				AIM Sleep: Sleep Disorder Management	None
IN	Medicaid/SCHIP/Family	G0402	Initial preventive physical examination; face-to-	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0403	Electrocardiogram, routine ECG with 12 leads; g	X	CG-MED-62			None	None
IN	Medicaid/SCHIP/Family	G0404	Electrocardiogram, routine ECG with 12 leads; t	X	CG-MED-62			None	None
IN	Medicaid/SCHIP/Family	G0405	Electrocardiogram, routine ECG with 12 leads; i	X	CG-MED-62			None	None
IN	Medicaid/SCHIP/Family	G0406	Follow-up inpatient consultation, limited, physi	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0407	Follow-up inpatient consultation, intermediate,	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0408	Follow-up inpatient consultation, complex, phy	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0409	Social work and psychological services, directl	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0410	Group psychotherapy other than of a multiple f	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0411	Interactive group psychotherapy, in a partial hc	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G0412	Open treatment of iliac spine(s), tuberosity avu	N				This service must be performed in an Inpatient setting.	
IN	Medicaid/SCHIP/Family	G0413	Percutaneous skeletal fixation of posterior pelv	N					
IN	Medicaid/SCHIP/Family	G0414	Open treatment of anterior pelvic bone fractur	N				This service must be performed in an Inpatient setting.	

IN	Medicaid/SCHIP/Family	G0415	Open treatment of posterior pelvic bone fractu	N				This service must be performed in an Inpatient setting.		
IN	Medicaid/SCHIP/Family	G0416	Surgical pathology, gross and microscopic exam	N						
IN	Medicaid/SCHIP/Family	G0420	Face-To-Face Educational Services Related To T	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0421	Face-To-Face Educational Services Related To T	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0422	Intensive Cardiac Rehabilitation; With Or Witho	X	CG-REHAB-02			Non covered but for pediatric me None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0423	Intensive cardiac rehabilitation; with or without	X	CG-REHAB-02			Non covered but for pediatric me None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0424	Pulmonary rehabilitation, including exercise (in	X	CG-REHAB-03			Non covered but for pediatric me None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0425	Telehealth consultation, emergency departmer	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0426	Telehealth consultation, emergency departmer	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0427	Telehealth consultation, emergency departmer	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0428	Collagen Meniscus Implant procedure for filling	X	SURG.00011			Non covered but for pediatric me AIM Musculoskeletal: Joint Surgery	None	None
IN	Medicaid/SCHIP/Family	G0429	Dermal Filler injection(s) for the treatment of f	X	MED.00132			Non covered but for pediatric me None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	G0432	Infectious agent antibody detection by enzyme	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0433	Infectious agent antibody detection by enzyme	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0435	Infectious agent antigen detection by rapid anti	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0438	Annual wellness visit; includes a personalized p	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0439	Annual wellness visit; includes a personalized p	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0442	Annual alcohol misuse screening, 15 minutes	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0443	Brief face-to-face behavioral counseling for alcc	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0444	Annual depression screening, 15 minutes	N						
IN	Medicaid/SCHIP/Family	G0445	Semiannual High Intensity behavioral counselin	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0446	Annual, face-to-face intensive behavioral therap	X				Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family	G0447	Face-to-face behavioral counseling for obesity,	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0448	Insertion or replacement of a permanent pacin	X	CG-SURG-97			Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family	G0451	Development testing, with interpretation and r	X	CG-BEH-01			Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family	G0452	Molecular pathology procedure; physician inter	N				None	None	None
IN	Medicaid/SCHIP/Family	G0453	Continuous intraoperative neurophysiology mo	X	CG-SURG-104			Non covered but for pediatric me None	None	None
IN	Medicaid/SCHIP/Family	G0454	Physician documentation of face-to-face visit fc	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0455	Preparation with instillation of fecal microbiota	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0458	Low dose rate (ldr) prostate brachytherapy sen	X				Non covered but for pediatric me AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family	G0459	Inpatient telehealth pharmacologic managemen	N						
IN	Medicaid/SCHIP/Family	G0460	Autologous platelet rich plasma for chronic wou	N	MED.00110			None	None	None
IN	Medicaid/SCHIP/Family	G0463	Hospital outpatient clinic visit for assessment a	N						
IN	Medicaid/SCHIP/Family	G0466	Federally qualified health center (FQHC) visit, n	N						
IN	Medicaid/SCHIP/Family	G0467	Federally qualified health center (FQHC) visit, e	N						
IN	Medicaid/SCHIP/Family	G0468	Federally qualified health center (FQHC) visit, ir	N						
IN	Medicaid/SCHIP/Family	G0469	Federally qualified health center (FQHC) visit, rr	N						
IN	Medicaid/SCHIP/Family	G0470	Federally qualified health center (FQHC) visit, rr	N						
IN	Medicaid/SCHIP/Family	G0471	Collection of venous blood by venipuncture or c	N						
IN	Medicaid/SCHIP/Family	G0472	Hepatitis C antibody screening for individual at	N						
IN	Medicaid/SCHIP/Family	G0473	Face-to-face behavioral counseling for obesity,	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0475	HIV antigen/antibody, combination assay, scree	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0476	Infectious agent detection by nucleic acid (DNA	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0480	Drug test(s), definitive, utilizing (1) drug identifi	Y	CG-LAB-09			None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	G0481	Drug test(s), definitive, utilizing (1) drug identifi	Y	CG-LAB-09			None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	G0482	Drug test(s), definitive, utilizing (1) drug identifi	Y	CG-LAB-09			None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	G0483	Drug test(s), definitive, utilizing (1) drug identifi	Y	CG-LAB-09			None	Laboratory Services: Ur	None
IN	Medicaid/SCHIP/Family	G0490	Face-to-face home health nursing visit by a rural	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	G0491	Dialysis procedure at a medicare certified esrd	N						
IN	Medicaid/SCHIP/Family	G0492	Dialysis procedure with single evaluation by a p	N						
IN	Medicaid/SCHIP/Family	G0493	Skilled services of a registered nurse (RN) for th	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family	G0494	Skilled services of a licensed practical nurse (LPI	N	CG-MED-23			This code is not covered except v	None	None
IN	Medicaid/SCHIP/Family	G0495	Skilled services of a registered nurse (rn), in the	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family	G0496	Skilled services of a licensed practical nurse (lpr	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family	G0498	Chemotherapy administration, intravenous influ	N						
IN	Medicaid/SCHIP/Family	G0499	Hepatitis B screening in nonpregnant, high-risk	N						
IN	Medicaid/SCHIP/Family	G0500	Moderate sedation services provided by the sai	N	CG-MED-21			None	None	None
IN	Medicaid/SCHIP/Family	G0501	Resource-intensive services for patients for whi	N						
IN	Medicaid/SCHIP/Family	G0506	Comprehensive assessment of and care plannin	N						

IN	Medicaid/SCHIP/Family G0508	Telehealth consultation, critical care, initial , ph	N								
IN	Medicaid/SCHIP/Family G0509	Telehealth consultation, critical care, subsequent	N								
IN	Medicaid/SCHIP/Family G0511	Rural health clinic or federally qualified health c	N								
IN	Medicaid/SCHIP/Family G0512	Rural health clinic or federally qualified health c	N								
IN	Medicaid/SCHIP/Family G0513	Prolonged preventive service(s) (beyond the ty)	N								
IN	Medicaid/SCHIP/Family G0514	Prolonged preventive service(s) (beyond the ty)	N								
IN	Medicaid/SCHIP/Family G0516	Insertion of non-biodegradable drug delivery irr	N					ING-CC-0030	None	None	
IN	Medicaid/SCHIP/Family G0517	Removal of non-biodegradable drug delivery irr	N					ING-CC-0030	None	None	None
IN	Medicaid/SCHIP/Family G0518	Removal with reinsertion, non-biodegradable d	N					ING-CC-0030	None	None	None
IN	Medicaid/SCHIP/Family G0659	Drug test(s), definitive, utilizing drug identifi	Y	CG-LAB-09				None	None	None	None
IN	Medicaid/SCHIP/Family G0913	Improvement in visual function achieved withir	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G0914	Patient care survey was not completed by patie	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G0915	Improvement in visual function not achieved w	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G0916	Satisfaction with care achieved within 90 days f	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G0917	Patient satisfaction survey was not completed i	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G0918	Satisfaction with care not achieved within 90 d	X								Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G0955	CUSTOMIZED POWER WHEELCHAIR	N								
IN	Medicaid/SCHIP/Family G0956	CPWC ASSESSMENTS BY OT	N								
IN	Medicaid/SCHIP/Family G0957	CPWC ASSESSMENTS BY PT	N								
IN	Medicaid/SCHIP/Family G0958	CPWC MODIFICATION	N								
IN	Medicaid/SCHIP/Family G0959	CPWC ADJUSTMENTS	N								
IN	Medicaid/SCHIP/Family G0970	CUSTOM MANUAL WHEELCHAIR	N								
IN	Medicaid/SCHIP/Family G0973	CMWC ASSESSMENT BY OT STANDARD	N								
IN	Medicaid/SCHIP/Family G0974	CMWC ASSESSMENT BY PT STANDARD	N								
IN	Medicaid/SCHIP/Family G0976	ACD ASSESSMENT BY ST STANDARD	N								
IN	Medicaid/SCHIP/Family G1001	Clinical Decision Support Mechanism eviCore, a	N								
IN	Medicaid/SCHIP/Family G1002	Clinical Decision Support Mechanism MedCurre	N								
IN	Medicaid/SCHIP/Family G1003	Clinical Decision Support Mechanism Medicalis	N								
IN	Medicaid/SCHIP/Family G1004	Clinical Decision Support Mechanism National C	N								
IN	Medicaid/SCHIP/Family G1007	Clinical Decision Support Mechanism AIM Speci	N								
IN	Medicaid/SCHIP/Family G1008	Clinical Decision Support Mechanism Cranberry	N								
IN	Medicaid/SCHIP/Family G1009	Clinical Decision Support Mechanism Sage Heal	N								
IN	Medicaid/SCHIP/Family G1010	Clinical Decision Support Mechanism Stanson, z	N								
IN	Medicaid/SCHIP/Family G1011	Clinical Decision Support Mechanism, qualified	N								
IN	Medicaid/SCHIP/Family G1012	Clinical Decision Support Mechanism AgileMD,	N								
IN	Medicaid/SCHIP/Family G1013	Clinical Decision Support Mechanism EvidenceC	N								
IN	Medicaid/SCHIP/Family G1014	Clinical Decision Support Mechanism InveniQA	N								
IN	Medicaid/SCHIP/Family G1015	Clinical Decision Support Mechanism Reliant M	N								
IN	Medicaid/SCHIP/Family G1016	Clinical Decision Support Mechanism Speed of C	N								
IN	Medicaid/SCHIP/Family G1017	Clinical Decision Support Mechanism HealthHel	N								
IN	Medicaid/SCHIP/Family G1018	Clinical Decision Support Mechanism INFINX, as	N								
IN	Medicaid/SCHIP/Family G1019	Clinical Decision Support Mechanism LogicNets	N								
IN	Medicaid/SCHIP/Family G1020	Clinical decision support mechanism curbside cl	N								
IN	Medicaid/SCHIP/Family G1021	Clinical decision support mechanism ehealthlin	N								
IN	Medicaid/SCHIP/Family G1022	Clinical decision support mechanism intermoun	N								
IN	Medicaid/SCHIP/Family G1023	Clinical decision support mechanism persivia cli	N								
IN	Medicaid/SCHIP/Family G2000	Blinded administration of convulsive therapy pr	N								
IN	Medicaid/SCHIP/Family G2001	Brief (20 minutes) in-home visit for a new patie	N								
IN	Medicaid/SCHIP/Family G2002	Limited (30 minutes) in-home visit for a new pa	N								
IN	Medicaid/SCHIP/Family G2003	Moderate (45 minutes) in-home visit for a new	N								
IN	Medicaid/SCHIP/Family G2004	Comprehensive (60 minutes) in-home visit for a	N								
IN	Medicaid/SCHIP/Family G2005	Extensive (75 minutes) in-home visit for a new	N								
IN	Medicaid/SCHIP/Family G2006	Brief (20 minutes) in-home visit for an existin	N								
IN	Medicaid/SCHIP/Family G2007	Limited (30 minutes) in-home visit for an exist	N								
IN	Medicaid/SCHIP/Family G2008	Moderate (45 minutes) in-home visit for an exis	N								
IN	Medicaid/SCHIP/Family G2009	Comprehensive (60 minutes) in-home visit for a	N								
IN	Medicaid/SCHIP/Family G2010	Remote evaluation of recorded video and/or irr	N								
IN	Medicaid/SCHIP/Family G2011	Alcohol and/or substance (other than tobacco)	N								
IN	Medicaid/SCHIP/Family G2012	Brief communication technology-based service, N	N								

IN	Medicaid/SCHIP/Family	G2128	Documentation of medical reason(s) for not on	N							
IN	Medicaid/SCHIP/Family	G2129	Procedure related BP's not taken during an out	N							
IN	Medicaid/SCHIP/Family	G2136	Back pain measured by the visual analog scale (	N							
IN	Medicaid/SCHIP/Family	G2137	Back pain measured by the visual analog scale (	N							
IN	Medicaid/SCHIP/Family	G2138	Back pain as measured by the visual analog scal	N							
IN	Medicaid/SCHIP/Family	G2139	Back pain measured by the visual analog scale (	N							
IN	Medicaid/SCHIP/Family	G2140	Leg pain measured by the visual analog scale (v	N							
IN	Medicaid/SCHIP/Family	G2141	Leg pain measured by the visual analog scale (v	N							
IN	Medicaid/SCHIP/Family	G2142	Functional status measured by the Oswestry Di	N							
IN	Medicaid/SCHIP/Family	G2143	Functional status measured by the Oswestry Di	N							
IN	Medicaid/SCHIP/Family	G2144	Functional status measured by the Oswestry Di	N							
IN	Medicaid/SCHIP/Family	G2145	Functional status measured by the Oswestry Di	N							
IN	Medicaid/SCHIP/Family	G2146	Leg pain as measured by the visual analog scale	N							
IN	Medicaid/SCHIP/Family	G2147	Leg pain measured by the visual analog scale (v	N							
IN	Medicaid/SCHIP/Family	G2148	Performance met: multimodal pain manageme	N							
IN	Medicaid/SCHIP/Family	G2149	Documentation of medical reason(s) for not usi	N							
IN	Medicaid/SCHIP/Family	G2150	Performance not met: multimodal pain manage	N							
IN	Medicaid/SCHIP/Family	G2151	Patients with diagnosis of a degenerative neurc	N							
IN	Medicaid/SCHIP/Family	G2152	Performance met: the residual change score is	N							
IN	Medicaid/SCHIP/Family	G2167	Performance not met: the residual change scor	N							
IN	Medicaid/SCHIP/Family	G2168	Services performed by a physical therapist assis	N	CG-REHAB-12			None		None	None
IN	Medicaid/SCHIP/Family	G2169	Services performed by an occupational therapis	N	CG-REHAB-12			None		None	None
IN	Medicaid/SCHIP/Family	G2170	Percutaneous arteriovenous fistula creation (A)	N							
IN	Medicaid/SCHIP/Family	G2171	Percutaneous arteriovenous fistula creation (A)	N							
IN	Medicaid/SCHIP/Family	G2173	Uri episodes where the patient had a competin	N							
IN	Medicaid/SCHIP/Family	G2174	Uri episodes when the patient had a new or ref	N							
IN	Medicaid/SCHIP/Family	G2175	Episodes where the patient had a competing cc	N							
IN	Medicaid/SCHIP/Family	G2176	Outpatient, ed, or observation visits that result	N							
IN	Medicaid/SCHIP/Family	G2177	Acute bronchitis/bronchiolitis episodes when th	N							
IN	Medicaid/SCHIP/Family	G2178	Clinician documented that patient was not an e	N							
IN	Medicaid/SCHIP/Family	G2179	Clinician documented that patient had medical	N							
IN	Medicaid/SCHIP/Family	G2180	Clinician documented that patient was not an e	N							
IN	Medicaid/SCHIP/Family	G2181	Bmi not documented due to medical reason or	N							
IN	Medicaid/SCHIP/Family	G2182	Patient receiving first-time biologic disease mo	N							
IN	Medicaid/SCHIP/Family	G2183	Documentation patient unable to communicate	N							
IN	Medicaid/SCHIP/Family	G2184	Patient does not have a caregiver	N							
IN	Medicaid/SCHIP/Family	G2185	Documentation caregiver is trained and certifie	N							
IN	Medicaid/SCHIP/Family	G2186	Patient /caregiver dyad has been referred to ap	N							
IN	Medicaid/SCHIP/Family	G2187	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2188	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2189	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2190	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2191	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2192	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2193	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2194	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2195	Patients with clinical indications for imaging of	N							
IN	Medicaid/SCHIP/Family	G2196	Patient identified as an unhealthy alcohol user	N							
IN	Medicaid/SCHIP/Family	G2197	Patient screened for unhealthy alcohol use usin	N							
IN	Medicaid/SCHIP/Family	G2198	Documentation of medical reason(s) for not scr	N							
IN	Medicaid/SCHIP/Family	G2199	Patient not screened for unhealthy alcohol use	N							
IN	Medicaid/SCHIP/Family	G2200	Patient identified as an unhealthy alcohol user	N							
IN	Medicaid/SCHIP/Family	G2201	Documentation of medical reason(s) for not prc	N							
IN	Medicaid/SCHIP/Family	G2202	Patient did not receive brief counseling if ident	N							
IN	Medicaid/SCHIP/Family	G2203	Documentation of medical reason(s) for not prc	N							
IN	Medicaid/SCHIP/Family	G2204	Patients between 50 and 85 years of age who r	N							
IN	Medicaid/SCHIP/Family	G2205	Patients with pregnancy during adjuvant treatm	N							
IN	Medicaid/SCHIP/Family	G2206	Patient received adjuvant treatment course inc	N							
IN	Medicaid/SCHIP/Family	G2207	Reason for not administering adjuvant treatme	N							

IN	Medicaid/SCHIP/Family	G2208	Patient did not receive adjuvant treatment cou	N									
IN	Medicaid/SCHIP/Family	G2209	Patient refused to participate	N									
IN	Medicaid/SCHIP/Family	G2210	Risk-adjusted functional status change residual	N									
IN	Medicaid/SCHIP/Family	G2211	Visit complexity inherent to evaluation and ma	N									
IN	Medicaid/SCHIP/Family	G2212	Prolonged office or other outpatient evaluation	N									
IN	Medicaid/SCHIP/Family	G2213	Initiation of medication for the treatment of op	N									
IN	Medicaid/SCHIP/Family	G2214	Initial or subsequent psychiatric collaborative c	N									
IN	Medicaid/SCHIP/Family	G2215	Take-home supply of nasal naloxone (provision	N									
IN	Medicaid/SCHIP/Family	G2216	Take-home supply of injectable naloxone (provi	N									
IN	Medicaid/SCHIP/Family	G2250	Remote assessment of recorded video and/or ii	N									
IN	Medicaid/SCHIP/Family	G2251	Brief communication technology-based service,	N									
IN	Medicaid/SCHIP/Family	G2252	Brief communication technology-based service,	N									
IN	Medicaid/SCHIP/Family	G6001	Ultrasonic guidance for placement of radiation	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6002	Stereoscopic x-ray guidance for localization of t	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6003	Radiation treatment delivery, single treatment	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6004	Radiation treatment delivery, single treatment	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6005	Radiation treatment delivery, single treatment	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6006	Radiation treatment delivery, single treatment	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6007	Radiation treatment delivery, 2 separate treatn	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6008	Radiation treatment delivery, 2 separate treatn	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6009	Radiation treatment delivery, 2 separate treatn	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6010	Radiation treatment delivery, 2 separate treatn	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6011	Radiation treatment delivery,3 or more separat	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6012	Radiation treatment delivery,3 or more separat	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6013	Radiation treatment delivery,3 or more separat	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6014	Radiation treatment delivery,3 or more separat	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6015	Intensity modulated treatment delivery, single	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6016	Compensator-based beam modulation treatme	Y		AIM			AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G6017	Intra-fraction localization and tracking of target	X				Non covered but for pediatric me	AIM: Radiation Oncology	None		None	
IN	Medicaid/SCHIP/Family	G8395	Left ventricular ejection fraction (LVEF)>= 40% <	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8396	Left ventricular ejection fraction (LVEF) not per	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8397	Dilated macular or fundus exam performed, inc	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8399	Patient with central dual-energy x-ray absorptio	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8400	Patient with central dual-energy x-ray absorptio	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8404	Lower extremity neurological exam performed	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8405	Lower extremity neurological exam not perform	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8410	Footwear evaluation performed and document	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8415	Footwear evaluation was not performed	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8416	Clinician documented that patient was not an e	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8417	Bmi is documented above normal parameters a	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8418	Bmi is documented below normal parameters a	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8419	Bmi documented outside normal parameters, n	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8420	Bmi is documented within normal parameters e	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8421	Bmi not documented and no reason is given	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8422	Bmi not documented, documentation the patie	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8427	Eligible clinician attests to documenting in the r	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8428	Current list of medications not documented as	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8430	Eligible clinician attests to documenting in the r	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8431	Screening for depression is documented as beir	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8432	Depression screening not documented, reason	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8433	Screening for depression not completed, docun	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8450	Beta-blocker therapy prescribed	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8451	Beta-blocker therapy for LVEF < 40% not prescr	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8452	Beta-blocker therapy not prescribed	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8465	High risk of recurrence of prostate cancer	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8473	Angiotensin converting enzyme (ACE) inhibitor	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8474	Angiotensin converting enzyme (ACE) inhibitor	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8475	Angiotensin converting enzyme (ACE) inhibitor	X				Non covered but for pediatric members verification of EPSDT services must be verified.					
IN	Medicaid/SCHIP/Family	G8476	Most recent blood pressure has a systolic meas	X				Non covered but for pediatric members verification of EPSDT services must be verified.					

IN	Medicaid/SCHIP/Family	G8477	Most recent blood pressure has a systolic meas	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8478	Blood pressure measurement not performed or	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8482	Influenza immunization administered or previo	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8483	Influenza immunization was not administered f	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8484	Influenza immunization was not ordered or adn	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8506	Patient receiving angiotensin converting enzym	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8510	Screening for depression is documented as neg	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8511	Screening for depression documented as positiv	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8535	Elder maltreatment screen not documented; dc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8536	No documentation of an elder maltreatment sc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8539	Functional outcome assessment documented a	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8540	Functional outcome assessment not document	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8541	Functional outcome assessment using a standa	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8542	Functional outcome assessment using a standa	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8543	Documentation of a positive functional outcom	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8559	Patient Referred To A Physician (Preferably A Pl	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8560	Patient Has A History Of Active Drainage From	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8561	Patient Is Not Eligible For The Referral For Oto	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8562	Patient Does Not Have A History Of Active Drai	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8563	Patient not referred to a physician (preferably	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8564	Patient Was Referred To A Physician (Preferabl	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8565	Verification And Documentation Of Sudden Or	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8566	Patient Is Not Eligible For The "Referral For Oto	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8567	Patient Does Not Have Verification And Docum	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8568	Patient was not referred to a physician (prefer	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8569	Prolonged postoperative intubation (> 24 hrs) r	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8570	Prolonged postoperative intubation (> 24 hrs) r	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8575	Developed postoperative renal failure or requir	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8576	No postoperative renal failure/dialysis not requ	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8577	Re-exploration required due to mediastinal ble	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8578	Re-exploration not required due to mediastinal	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8598	Aspirin or another antiplatelet therapy used	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8599	Aspirin or another antiplatelet therapy not use	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8600	Iv T-Pa Initiated Within Three Hours (<= 180 Mi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8601	Iv T-Pa Not Initiated Within Three Hours (<= 18	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8602	IV tPA not initiated within 3 hours (<= 180 minu	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8633	Pharmacologic therapy (other than minerals/vi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8635	Pharmacologic therapy for osteoporosis was nc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8647	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8648	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8650	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8651	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8652	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8654	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8655	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8656	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8658	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8659	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8660	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8661	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8662	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8663	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8664	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8666	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8667	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8668	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8670	Risk-adjusted functional status change residual	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8694	Left ventricular ejection fraction (LVEF) < 40%	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8708	Patient not prescribed or dispensed antibiotic	X				Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family	G8709	Patient prescribed or dispensed antibiotic for di	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8710	Patient prescribed or dispensed antibiotic	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8711	Prescribed or dispensed antibiotic	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8712	Antibiotic not prescribed or dispensed	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8721	PT category (primary tumor), pN category (regio	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8722	Documentation of medical reason(s) for not inc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8723	Specimen site is other than anatomic location c	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8724	PT category, pN category and histologic grade v	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8733	Elder maltreatment screen documented as posi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8734	Elder maltreatment screen documented as neg	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8735	Elder maltreatment screen documented as pos	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8749	Absence of signs of melanoma (tenderness, jau	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8752	Most recent systolic blood pressure < 140 mm l	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8753	Most recent systolic blood pressure >= 140 mm	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8754	Most recent diastolic blood pressure < 90 mm l	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8755	Most recent diastolic blood pressure >= 90 mm	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8756	No documentation of blood pressure measurem	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8783	Normal blood pressure reading documented, fc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8785	Blood pressure reading not documented, reaso	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8797	Specimen site other than anatomic location of f	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8798	Specimen site other than anatomic location of j	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8806	Performance of trans-abdominal or trans-vagin	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8807	Transabdominal or transvaginal ultrasound not	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8808	Trans-abdominal or trans-vaginal ultrasound nc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8815	Documented reason in the medical records for	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8816	Statin medication prescribed at discharge	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8817	Statin therapy not prescribed at discharge, reas	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8818	Patient discharge to home no later than postop	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8825	Patient not discharged to home by postoperati	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8826	Patient discharged to home no later than postop	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8833	Patient not discharged to home by postoperati	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8834	Patient discharged to home no later than postop	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8838	Patient not discharged to home by postoperati	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8839	Sleep apnea symptoms assessed, including pres	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8840	Documentation of reason(s) for not documenti	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8841	Sleep apnea symptoms not assessed, reason nc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8842	Apnea hypopnea index (AHI) or respiratory dist	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8843	Documentation of reason(s) for not measuring	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8844	Apnea hypopna index (AHI) or respiratory distu	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8845	Positive airway pressure therapy prescribed	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8846	Moderate or severe obstructive sleep apnea (a	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8849	Documentation of reason(s) for not prescribing	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8850	Positive airway pressure therapy not prescribec	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8851	Objective measurement of adherence to posit	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8852	Positive airway pressure therapy prescribed	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8854	Documentation of reason(s) for not objectively	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8855	Objective measurement of adherence to posit	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8856	Referral to a physician for an otologic evaluato	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8857	Patient is not eligible for the referral for otologi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8858	Referral to a physician for an otologic evaluato	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8863	Patients not assessed for risk of bone loss, reas	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8864	Pneumococcal vaccine administered or previou	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8865	Documentation of medical reason(s) for not ad	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8866	Documentation of patient reason(s) for not ad	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8867	Pneumococcal vaccine not administered or pre	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8869	Patient has documented immunity to hepatitis	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8875	Clinician diagnosed breast cancer preoperative	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8876	Documentation of reason(s) for not performing	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G8877	Clinician did not attempt to achieve the diagno	X				Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family G8878	Sentinel lymph node biopsy procedure perform	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8880	Documentation of reason(s) sentinel lymph noc	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8881	Stage of breast cancer is greater than T1N0M0	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8882	Sentinel lymph node biopsy procedure not perf	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8883	Biopsy results reviewed, communicated, tracke	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8884	Clinician documented reason that patient's bio	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8885	Biopsy results not reviewed, communicated, tr	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8907	Patient documented not to have experienced a	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8908	Patient documented to have received a burn pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8909	Patient documented not to have received a bur	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8910	Patient documented to have experienced a fall	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8911	Patient documented not to have experienced a	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8912	Patient documented to have experienced a wr	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8913	Patient documented not to have experienced a	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8914	Patient documented to have experienced a hos	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8915	Patient documented not to have experienced a	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8916	Patient with preoperative order for IV antibioti	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8917	Patient with preoperative order for IV antibioti	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8918	Patient without preoperative order for IV antibi	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8923	Left ventricular ejection fraction (LVEF) < 40%	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8924	Spirometry test results demonstrate FEV1/FVC	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8925	Spirometry test results demonstrate FEV1 >= 6	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8926	Spirometry test not performed or documented,	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8934	Left ventricular ejection fraction (LVEF) < 40%	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8935	Clinician prescribed angiotensin converting enz	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8936	Clinician documented that patient was not an e	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8937	Clinician did not prescribe angiotensin converti	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8938	Bmi is documented as being outside of normal	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8941	Elder maltreatment screen documented as posi	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8942	Functional outcomes assessment using a stand	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8944	Ajcc melanoma cancer stage 0 through iic mela	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8946	Minimally invasive biopsy method attempted b	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8950	Pre-hypertensive or hypertensive blood pressu	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8952	Prehypertensive or hypertensive blood pressur	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8955	Most recent assessment of adequacy of volum	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8956	Patient receiving maintenance hemodialysis in	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8958	Assessment of adequacy of volume manage	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8961	Cardiac stress imaging test primarily performed	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8962	Cardiac stress imaging test performed on patie	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8963	Cardiac stress imaging performed primarily for	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8964	Cardiac stress imaging test performed primary	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8965	Cardiac stress imaging test primarily performed	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8966	Cardiac stress imaging test performed on symp	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8967	Warfarin or another FDA-approved oral antico	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8968	Documentation of medical reason(s) for not pre	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8969	Documentation of patient reason(s) for not pre	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G8970	No risk factors or one moderate risk factor for	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9001	Mccd, Initial Rate	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9002	Coordinated care fee (Level 1)	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9003	Mccd, Risk Adj Hi, Initial	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9004	Mccd, Risk Adj Lo, Initial	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9005	Coordinated care fee risk adjusted maintenanc	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9006	Mccd, Home Monitoring	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9007	Mccd, Sch Team Conf	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9008	Coordinated care fee, physician coordinated ca	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family G9009	Coordinated care fee, risk adjusted maintenanc	N						
IN	Medicaid/SCHIP/Family G9010	Coordinated care fee, risk adjusted maintenanc	N						
IN	Medicaid/SCHIP/Family G9011	Coordinated care fee, risk adjusted maintenanc	N						
IN	Medicaid/SCHIP/Family G9012	Other specified case management service not e	X	CG-BEH-02			Non covered but for pediatric me None	None	None

IN	Medicaid/SCHIP/Family	G9013	ESRD demo bundle level I	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9014	ESRD demo bundle-level II	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9016	Demo-Smoking Cessation Coun	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9050	ONC; PRIM FOCUS; WRKUP EVAL/STAG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9051	ONC; PRIM FOCUS; TX DECISION OPTNS	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9052	ONC; PRIM; SURVEILLANCE RECUR;	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9053	ONC; PRIM; EXPECT MGMT EVIDENCE CA;	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9054	ONC;PRIM;SUP PT TERM CA;PALLIATV TX	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9055	ONC;PRIM;OTH UNS NOT OTHERWISE LIST	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9056	ONC;PRAC GUIDE;MGMT ADHERS TO GUIDE	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9057	ONC; PRAC; MGMT DIFFER CLIN TRIAL	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9058	ONC; MGMT DIFFR PHYS DISAGREE GUIDE	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9059	ONC;PRAC;MGMT DIFFERS PT OPT ALT TX	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9060	ONC; PRAC; MGMT DIFFER COMORBID ILL	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9061	ONC; PTS COND NOT ADDRESSED GUIDE	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9062	ONC; PRAC; MGMT DIFFERS OTH REASON	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9063	ONC; STATUS; NSCLC; STAGE I NO DZ PROGRES	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9064	ONC; STATUS; NSCLC; STAGE II NO DZ PROGRES	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9065	ONC; STATUS; NSCLC; STAGE III A NO DZ PROGR	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9066	ONC; STATUS; NSCLC; STAGE III B MET LOC RE	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9068	ONC; STATUS; SC& COMB SM/NONSM; LTD NO X	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9069	ONC; STATUS; SCLC SM CELL&COMB SM/NONSM	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9070	ONC; STATUS; SCLC SC&COMB SM/NONSM; EX X	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9071	ONC; F BRST;ACA; ST I/II;ER&/PR POS;NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9072	ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9073	ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9074	ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9075	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC R	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9077	ONC;PROS CA;T1-T2C&GLESN 27&PSA< /=20 NC X	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9078	ONC;PROS CA;T2/GLEASON 8-10/PSA >20 NO P	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9079	ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PRC	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9080	ONC; STATUS; PROS CA; TX RISING PSA/FAIL DE	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9083	ONC; STATUS; PROS CA ACA; EXTENT UNKN UN	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9084	ONC; STATUS; COLON CA; T1-3 NO M0 NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9085	ONC; STATUS; COLON CA; T4 NO M0 NO PROGR	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9086	ONC; COLON CA; T1-4 N1-2 M0 NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9087	ONC; COLON CA; M1 MET W/CURR DZ	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9088	ONC; COLON CA; M1 MET NO CURR DZ	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9089	ONC; STATUS; COLON CA; EXTENT UNK	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9090	ONC; RECTAL CA; T1-2 NO M0 NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9091	ONC; RECTAL CA; T3 NO M0 NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9092	ONC; RECTAL CA;T1-3 N1-2 M0 NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9093	ONC; RECTAL CA; T4 ANY N M0 NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9094	ONC; STATUS; RECTAL CA; M1 MET	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9095	ONC; STATUS; RECTAL CA; EXTENT UNK	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9096	ONC;ESOPH CA;T1-T3 NO-N1/NX NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9097	ONC; ESOPH CA; T4 ANY N M0 NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9098	ONC; STATUS; ESOPH CA ; M1 METASTAT	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9099	ONC; STATUS; ESOPH CA; EXTENT UNK	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9100	ONC; GASTR CA; R0 RESECT NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9101	ONC; GASTR CA; R1/R2 RESECT NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9102	ONC; GASTR CA; M0 UNRESECT NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9103	ONC; STATUS; GASTR CA; CLIN M1 MET	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9104	ONC; STATUS; GASTR CA ; EXTENT UNK	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9105	ONC; PAN CA; R0 RESECT NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9106	ONC; PAN CA; R1/R2 RESECT NO PROG	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9107	ONC; PAN CA; UNRESECTBL M1 MET	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9108	ONC; STATUS; PAN CA; EXTENT DZ UNK	X			Non covered but for pediatric members verification of EPSDT services must be verified.	

IN	Medicaid/SCHIP/Family G9109	ONC; H&N CA; T1-T2&N0 M0 NO PROG	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9110	ONC;H&N CA; T3-4&/N1-3 M0 NO PROG	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9111	ONC; STATUS; H&N CA; M1 MET LOC	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9112	ONC; STATUS; H&N CA; EXTENT UNKN	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9113	ONC; OV CA; ST IA-B GR 1 NO PROG	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9114	ONC; OV CA; ST IA-B; IC; II;NO PROG	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9115	ONC; OV CA; ST III-IV; NO PROG	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9116	ONC; OV CA; PROGRSSN&/PLATINM RSIST	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9117	ONC; STATUS; OV CA; EXTENT UNKN	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9123	ONC; CML; CP NO HEM CYT/MOL REMISS	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9124	ONC;CML; AP NO HEMA CYT/MOL REMISS	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9125	ONC; CML BP NOT HEM CYT/MOL REMISS	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9126	ONC; CML HEM CYTOGN/MOLECULR REMISS	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9128	ONC; MX MYELOMA SYS DZ; SMOLDR ST I	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9129	ONC; MX MYELOMA SYS DZ ST II/HIGHER	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9130	ONC; MX MYELOMA SYS DZ EXTENT UNKN	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9131	ONCOLOGY; DISEASE STATUS; INVASIVE FEMAL	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9132	ONCOLOGY; DISEASE STATUS; PROSTATE CANC	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9133	ONCOLOGY; DISEASE STATUS; PROSTATE CANC	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9134	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S X	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9135	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S X	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9136	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S X	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9137	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S X	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9138	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S X	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9139	ONCOLOGY; DISEASE STATUS; CHRONIC MYELC	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9140	Frontier extended stay clinic demonstration; fo	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9143	Warfarin responsiveness testing by genetic test	X	GENE.00010, CG-GENE-11			Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family G9147	Outpatient Intravenous Insulin Treatment (OIVI)	X	MED.00065			Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family G9148	National Committee for Quality Assurance-Leve	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9149	National Committee for Quality Assurance-Leve	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9150	National Committee for Quality Assurance-Leve	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9151	MAPCP Demonstration-state provided services	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9152	MAPCP Demonstration-Community Health Teal	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9153	MAPCP Demonstration-Physician Incentive Poc	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9156	Evaluation for wheelchair requiring face-to-face	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9157	Transesophageal Doppler used for cardiac mon	N					
IN	Medicaid/SCHIP/Family G9187	Bundled payments for care improvement initia	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9188	Beta-blocker therapy not prescribed, reason no	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9189	Beta-blocker therapy prescribed or currently be	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9190	Documentation of medical reason(s) for not pre	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9191	Documentation of patient reason(s) for not pre	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9192	Documentation of system reason(s) for not pre	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9196	Documentation of medical reason(s) for not orc	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9197	Documentation of order for first or second gen	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9198	Order for first or second generation cephalospc	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9212	Dsm-iv-tr criteria for major depressive disorder	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9213	Dsm-iv-tr criteria for major depressive disorder	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9223	Pneumocystis jiroveci pneumonia prophylaxis p	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9225	Foot exam was not performed, reason not give	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9226	Foot examination performed (includes examina	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9227	Functional outcome assessment documented, c	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9228	Chlamydia, gonorrhea and syphilis screening re	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9229	Chlamydia, gonorrhea, and syphilis screening re	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9230	Chlamydia, gonorrhea, and syphilis not screene	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9231	Documentation of end stage renal disease (ESR	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9242	Documentation of viral load equal to or greater	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9243	Documentation of viral load less than 200 copie	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9246	Patient did not have at least one medical visit ir	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family G9247	Patient had at least one medical visit in each 6 i	X				Non covered but for pediatric members verification of EPSDT services must be verified.	

IN	Medicaid/SCHIP/Family	G9250	Documentation of patient pain brought to a cor	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9251	Documentation of patient with pain not brough	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9254	Documentation of patient discharged to home	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9255	Documentation of patient discharged to home	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9267	Documentation of patient with one or more coi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9268	Documentation of patient with one or more coi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9269	Documentation of patient without one or more	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9270	Documentation of patient without one or more	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9273	Blood pressure has a systolic value of < 140 and	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9274	Blood pressure has a systolic value of =140 and	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9275	Documentation that patient is a current non-to	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9276	Documentation that patient is a current tobacc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9277	Documentation that the patient is on daily aspi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9278	Documentation that the patient is not on daily	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9279	Pneumococcal screening performed and docum	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9280	Pneumococcal vaccination not administered pri	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9281	Screening performed and documentation that	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9282	Documentation of medical reason(s) for not req	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9283	Non small cell lung cancer biopsy and cytology	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9284	Non small cell lung cancer biopsy and cytology	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9285	Specimen site other than anatomic location of	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9286	Documentation of antibiotic regimen prescribe	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9287	No antibiotic regimen prescribed within 7 days	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9288	Documentation of medical reason(s) for not req	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9289	Non small cell lung cancer biopsy and cytology	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9290	Non small cell lung cancer biopsy and cytology	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9291	Specimen site other than anatomic location of	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9292	Documentation of medical reason(s) for not req	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9293	Pathology report does not include the pt categ	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9294	Pathology report includes the pt category and a	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9295	Specimen site other than anatomic cutaneous	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9296	Patients with documented shared decision-mak	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9297	Shared decision-making including discussion of	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9298	Patients who are evaluated for venous thromb	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9299	Patients who are not evaluated for venous thro	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9305	Intervention for presence of leak of endolumi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9306	Intervention for presence of leak of endolumi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9307	No return to the operating room for a surgical	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9308	Unplanned return to the operating room for a s	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9309	No unplanned hospital readmission within 30 d	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9310	Unplanned hospital readmission within 30 days	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9311	No surgical site infection	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9312	Surgical site infection	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9313	Amoxicillin, with or without clavulanate, not pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9314	Amoxicillin, with or without clavulanate, not pr	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9315	Documentation amoxicillin, with or without cla	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9316	Documentation of patient-specific risk assessm	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9317	Documentation of patient-specific risk assessm	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9318	Imaging study named according to standardize	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9319	Imaging study not named according to standar	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9321	Count of previous ct (any type of ct) and cardi	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9322	Count of previous ct and cardiac nuclear medic	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9341	Search conducted for prior patient CT studies c	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9342	Search not conducted prior to an imaging study	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9344	Search for prior patient completed dicom form	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9345	Follow-up recommendations documented acco	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9347	Follow-up recommendations according to recor	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9348	CT scan of the paranasal sinuses ordered at the	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9349	Documentation of a ct scan of the paranasal sin	X				Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family G9350	Ct scan of the paranasal sinuses not ordered at X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9351	More than one ct scan of the paranasal sinuses X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9352	More than one ct scan of the paranasal sinuses X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9353	More than one CT scan of the paranasal sinuses X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9354	More than one ct scan of the paranasal sinuses X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9355	Elective delivery or early induction not perform X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9356	Elective delivery or early induction performed X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9357	Post-partum screenings, evaluations and educa X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9358	Post-partum screenings, evaluations and educa X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9359	Documentation of negative or managed positiv X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9360	No documentation of negative or managed pos X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9361	Medical indication for induction [documentatio N				
IN	Medicaid/SCHIP/Family G9364	Sinusitis caused by, or presumed to be caused t X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9367	At least two different high-risk medications ord X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9368	At least two different high-risk medications not X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9380	Patient offered assistance with end of life issue X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9382	Patient not offered assistance with end of life is X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9383	Patient received screening for hcv infection wit X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9384	Documentation of medical reason(s) for not rec X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9385	Documentation of patient reason(s) for not rec X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9386	Screening for hcv infection not received within X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9393	Patient with an initial phq-9 score greater than X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9394	Patient who had a diagnosis of bipolar disorder X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9395	Patient with an initial PHQ-9 score greater than X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9396	Patient with an initial phq-9 score greater than X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9399	Documentation in the patient record of a discus X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9400	Documentation of medical or patient reason(s) X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9401	No documentation in the patient record of a dis X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9402	Patient received follow-up on the date of disch: X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9403	Clinician documented reason patient was not a X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9404	Patient did not receive follow-up on the date of X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9405	Patient received follow-up within 7 days from d X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9406	Clinician documented reason patient was not a X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9407	Patient did not receive follow-up on or within 7 X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9408	Patients with cardiac tamponade and/or perica X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9409	Patients without cardiac tamponade and/or pei X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9410	Patient admitted within 180 days, status post c X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9411	Patient not admitted within 180 days, status pc X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9412	Patient admitted within 180 days, status post c X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9413	Patient not admitted within 180 days, status pc X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9414	Patient had one dose of meningococcal vaccine X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9415	Patient did not have one dose of meningococca X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9416	Patient had one tetanus, diphtheria toxoids anc X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9417	Patient did not have one tetanus, diphtheria to X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9418	Primary non-small cell lung cancer biopsy and c X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9419	Documentation of medical reason(s) for not inc X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9420	Specimen site other than anatomic location of l X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9421	Primary nonsmall cell lung cancer biopsy and cy X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9422	Non-small cell lung cancer biopsy and cytology X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9423	Documentation of medical reason for not includ X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9424	Specimen site other than anatomic location of l X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9425	Non small cell lung cancer biopsy and cytology X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9426	Improvement in median time from ed arrival to X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9427	Improvement in median time from ed arrival to X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9428	Pathology report includes the PT category and X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9429	Documentation of medical reason(s) for not inc X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9430	Specimen site other than anatomic cutaneous l X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9431	Pathology report does not include the PT categr X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family G9432	Asthma well-controlled based on the act, c-act, X				Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family	G9434	Asthma not well-controlled based on the act, c	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9448	Patients who were born in the years 1945?196	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9449	History of receiving blood transfusions prior to	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9450	History of injection drug use	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9451	Patient received one-time screening for hcv infi	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9452	Documentation of medical reason(s) for not rec	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9453	Documentation of patient reason(s) for not rec	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9454	One-time screening for hcv infection not receiv	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9455	Patient underwent abdominal imaging with ultr	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9456	Documentation of medical or patient reason(s)	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9457	Patient did not undergo abdominal imaging anc	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9458	Patient documented as tobacco user and receiv	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9459	Currently a tobacco non-user	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9460	Tobacco assessment or tobacco cessation inter	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9468	Patient not receiving corticosteroids greater th	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9470	Patients not receiving corticosteroids greater th	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9471	Within the past 2 years, central dual-energy x-r	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9473	Services performed by chaplain in the hospice s	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9474	Services performed by dietary counselor in the	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9475	Services performed by other counselor in the h	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9476	Services performed by volunteer in the hospice	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9477	Services performed by care coordinator in the h	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9478	Services performed by other qualified therapist	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9479	Services performed by qualified pharmacist in t	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9480	Admission to medicare care choice model progr	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9481	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9482	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9483	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9484	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9485	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9486	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9487	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9488	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9489	Remote in-home visit for the evaluation and m	N						
IN	Medicaid/SCHIP/Family	G9490	CMS Innovation Center Models, home visit for	N						
IN	Medicaid/SCHIP/Family	G9497	Received instruction from the anesthesiologist	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9498	Antibiotic regimen prescribed	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9500	Radiation exposure indices, or exposure time a	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9501	Radiation exposure indices, or exposure time a	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9502	Documentation of medical reason for not perfo	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9504	Documented reason for not assessing hepatitis	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9505	Antibiotic regimen prescribed within 10 days af	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9506	Biologic immune response modifier prescribed	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9507	Documentation that the patient is on a statin r	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9508	Documentation that the patient is not on a stat	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9509	Adult patients 18 years of age or older with maj	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9510	Remission at twelve months not demonstrated	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9511	Index PHQ-9 or PHQ-9M score greater than 9 d	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9512	Individual had a pdc of 0.8 or greater	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9513	Individual did not have a pdc of 0.8 or greater	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9514	Patient required a return to the operating room	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9515	Patient did not require a return to the operati	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9516	Patient achieved an improvement in visual acui	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9517	Patient did not achieve an improvement in visu	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9518	Documentation of active injection drug use	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9519	Patient achieves final refraction (spherical equi	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9520	Patient does not achieve final refraction (spheri	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9521	Total number of emergency department visits	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9522	Total number of emergency department visits	X						Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family	G9529	Patient with minor blunt head trauma had an a	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9530	Patient presented with a minor blunt head trau	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9531	Patient has documentation of ventricular shunt	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9533	Patient with minor blunt head trauma did not h	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9537	Documentation of system reason(s) for obtainin	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9539	Intent for potential removal at time of placeme	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9540	Patient alive 3 months post procedure	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9541	Filter removed within 3 months of placement	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9542	Documented re-assessment for the appropriate	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9543	Documentation of at least two attempts to reai	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9544	Patients that do not have the filter removed, dc	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9547	Incidental finding: liver lesion <= 0.5 cm, cystic l	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9548	Final reports for abdominal imaging studies wit	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9549	Documentation of medical reason(s) that follow	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9550	Final reports for abdominal imaging studies wit	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9551	Final reports for abdominal imaging studies wit	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9552	Incidental thyroid nodule < 1.0 cm noted in rep	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9553	Prior thyroid disease diagnosis	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9554	Final reports for CT, CTA, MRI or MRA of the ch	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9555	Documentation of medical reason(s) for recom	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9556	Final reports for CT, CTA, MRI or MRA of the ch	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9557	Final reports for CT, CTA, MRI or MRA studies o	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9561	Patients prescribed opiates for longer than six	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9562	Patients who had a follow-up evaluation condu	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9563	Patients who did not have a follow-up evaluati	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9577	Patients prescribed opiates for longer than six	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9578	Documentation of signed opioid treatment agre	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9579	No documentation of signed an opioid treatme	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9580	Door to puncture time of less than 2 hours	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9582	Door to puncture time of greater than 2 hours,	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9583	Patients prescribed opiates for longer than six	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9584	Patient evaluated for risk of misuse of opiates	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9585	Patient not evaluated for risk of misuse of opiat	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9593	Pediatric patient with minor blunt head trauma	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9594	Patient presented with a minor blunt head trau	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9595	Patient has documentation of ventricular shunt	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9596	Pediatric patient had a head CT for trauma orde	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9597	Pediatric patient with minor blunt head trauma	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diamet	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9599	Aortic aneurysm 6.0 cm or greater maximum di	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9603	Patient survey score improved from baseline fo	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9604	Patient survey results not available	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9605	Patient survey score did not improve from base	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9606	Intraoperative cystoscopy performed to evalua	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9607	Documented medical reasons for not perform	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9608	Intraoperative cystoscopy not performed to ev	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9609	Documentation of an order for antiplatelet age	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9610	Documentation of medical reason(s) in the pati	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9611	Order for antiplatelet agents was not documen	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9612	Photodocumentation of two or more cecal lan	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9613	Documentation of post-surgical anatomy (e.g.,	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9614	Photodocumentation of less than two cecal lan	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9618	Documentation of screening for uterine malign	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9620	Patient not screened for uterine malignancy, or	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9621	Patient identified as an unhealthy alcohol user	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9622	Patient not identified as an unhealthy alcohol u	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9623	Documentation of medical reason(s) for not scr	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9624	Patient not screened for unhealthy alcohol use	X				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9625	Patient sustained bladder injury at the time of	X				Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family	G9626	Documented medical reason for not reporting l	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9627	Patient did not sustain bladder injury at the tim	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9628	Patient sustained bowel injury at the time of su	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9629	Documented medical reasons for not reporting	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9630	Patient did not sustain a bowel injury at the tim	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9631	Patient sustained ureter injury at the time of su	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9632	Documented medical reasons for not reporting	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9633	Patient did not sustain ureter injury at the time	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9634	Health-related quality of life assessed with tool	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9635	Health-related quality of life not assessed with	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9636	Health-related quality of life not assessed with	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9637	Final reports with documentation of one or moi	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9638	Final reports without documentation of one or	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9639	Major amputation or open surgical bypass not r	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9640	Documentation of planned hybrid or staged prc	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9641	Major amputation or open surgical bypass requ	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9642	Current smokers (e.g., cigarette, cigar, pipe, e	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9643	Elective surgery	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9644	Patients who abstained from smoking prior to a	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9645	Patients who did not abstain from smoking pric	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9646	Patients with 90 day mrs score of 0 to 2	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9647	Patients in whom mrs score could not be obtai	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9648	Patients with 90 day mrs score greater than 2	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9649	Psoriasis assessment tool documented meeting	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9651	Psoriasis assessment tool documented not mee	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9654	Monitored anesthesia care (mac)	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9655	A transfer of care protocol or handoff tool/che	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9656	Patient transferred directly from anesthetizing	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9658	A transfer of care protocol or handoff tool/che	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9659	Patients greater than 85 years of age who did n	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9660	Documentation of medical reason(s) for a color	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9661	Patients greater than 85 years of age who recei	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9662	Previously diagnosed or have an active diagnos	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9663	Any fasting or direct ldl-c laboratory test result	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9664	Patients who are currently statin therapy users	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9665	Patients who are not currently statin therapy u:	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9666	The highest fasting or direct ldl-c laboratory tes	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9674	Patients with clinical ascvd diagnosis	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9675	Patients who have ever had a fasting or direct l	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9676	Patients aged 40 to 75 years at the beginning o	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9678	Oncology Care Model (OCM) Monthly Enhance	N					
IN	Medicaid/SCHIP/Family	G9679	Onsite acute care treatment of a nursing facilit	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9680	Onsite acute care treatment of a nursing facilit	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9681	Onsite acute care treatment of a nursing facilit	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9682	Onsite acute care treatment of a nursing facilit	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9683	Facility service(s) for the onsite acute care treat	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9684	Onsite acute care treatment of a nursing facilit	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9685	Physician service or other qualified health care	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9687	Hospice services provided to patient any time d	N					
IN	Medicaid/SCHIP/Family	G9688	Patients using hospice services any time during	N					
IN	Medicaid/SCHIP/Family	G9689	Patient admitted for performance of elective ca	N					
IN	Medicaid/SCHIP/Family	G9690	Patient receiving hospice services any time duri	N					
IN	Medicaid/SCHIP/Family	G9691	Patient had hospice services any time during th	N					
IN	Medicaid/SCHIP/Family	G9692	Hospice services received by patient any time d	N					
IN	Medicaid/SCHIP/Family	G9693	Patient use of hospice services any time during	N					
IN	Medicaid/SCHIP/Family	G9694	Hospice services utilized by patient any time du	N					
IN	Medicaid/SCHIP/Family	G9695	Long-acting inhaled bronchodilator prescribed	N					
IN	Medicaid/SCHIP/Family	G9696	Documentation of medical reason(s) for not pre	N					
IN	Medicaid/SCHIP/Family	G9697	Documentation of patient reason(s) for not pre	N					

IN	Medicaid/SCHIP/Family	G9847	Patient received chemotherapy in the last 14 d	N						
IN	Medicaid/SCHIP/Family	G9848	Patient did not receive chemotherapy in the las	N						
IN	Medicaid/SCHIP/Family	G9852	Patients who died from cancer	N						
IN	Medicaid/SCHIP/Family	G9853	Patient admitted to the icu in the last 30 days o	N						
IN	Medicaid/SCHIP/Family	G9854	Patient was not admitted to the icu in the last 3	N						
IN	Medicaid/SCHIP/Family	G9858	Patient enrolled in hospice	N						
IN	Medicaid/SCHIP/Family	G9859	Patients who died from cancer	N						
IN	Medicaid/SCHIP/Family	G9860	Patient spent less than three days in hospice ca	N						
IN	Medicaid/SCHIP/Family	G9861	Patient spent greater than or equal to three da	N						
IN	Medicaid/SCHIP/Family	G9862	Documentation of medical reason(s) for not rec	N						
IN	Medicaid/SCHIP/Family	G9868	Receipt and analysis of remote, asynchronous i	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9869	Receipt and analysis of remote, asynchronous ii	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9870	Receipt and analysis of remote, asynchronous ii	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	G9873	First Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9874	Four total Medicare Diabetes Prevention Progr	N						
IN	Medicaid/SCHIP/Family	G9875	Nine total Medicare Diabetes Prevention Progr	N						
IN	Medicaid/SCHIP/Family	G9876	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9877	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9878	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9879	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9880	The MDPP beneficiary achieved at least 5% wei	N						
IN	Medicaid/SCHIP/Family	G9881	The MDPP beneficiary achieved at least 9% wei	N						
IN	Medicaid/SCHIP/Family	G9882	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9883	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9884	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9885	Two Medicare Diabetes Prevention Program (IV	N						
IN	Medicaid/SCHIP/Family	G9890	Bridge Payment: A one-time payment for the fi	N						
IN	Medicaid/SCHIP/Family	G9891	MDPP session reported as a line-item on a claim	N						
IN	Medicaid/SCHIP/Family	G9892	Documentation of patient reason(s) for not per	N						
IN	Medicaid/SCHIP/Family	G9893	Dilated macular exam was not performed, reas	N						
IN	Medicaid/SCHIP/Family	G9894	Androgen deprivation therapy prescribed/admi	N						
IN	Medicaid/SCHIP/Family	G9895	Documentation of medical reason(s) for not pre	N						
IN	Medicaid/SCHIP/Family	G9896	Documentation of patient reason(s) for not pre	N						
IN	Medicaid/SCHIP/Family	G9897	Patients who were not prescribed/administere	N						
IN	Medicaid/SCHIP/Family	G9898	Patient age 65 or older in institutional special	N						
IN	Medicaid/SCHIP/Family	G9899	Screening, diagnostic, film, digital or digital bre	N						
IN	Medicaid/SCHIP/Family	G9900	Screening, diagnostic, film, digital or digital bre	N						
IN	Medicaid/SCHIP/Family	G9901	Patient age 65 or older in institutional special	N						
IN	Medicaid/SCHIP/Family	G9902	Patient screened for tobacco use and identified	N						
IN	Medicaid/SCHIP/Family	G9903	Patient screened for tobacco use and identified	N						
IN	Medicaid/SCHIP/Family	G9904	Documentation of medical reason(s) for not scr	N						
IN	Medicaid/SCHIP/Family	G9905	Patient not screened for tobacco use, reason n	N						
IN	Medicaid/SCHIP/Family	G9906	Patient identified as a tobacco user received to	N						
IN	Medicaid/SCHIP/Family	G9907	Documentation of medical reason(s) for not pre	N						
IN	Medicaid/SCHIP/Family	G9908	Patient identified as tobacco user did not recei	N						
IN	Medicaid/SCHIP/Family	G9909	Documentation of medical reason(s) for not pre	N						
IN	Medicaid/SCHIP/Family	G9910	Patients age 65 or older in institutional special	N						
IN	Medicaid/SCHIP/Family	G9911	Clinically node negative (T1N0N0 or T2N0N0) in	N						
IN	Medicaid/SCHIP/Family	G9912	Hepatitis B virus (HBV) status assessed and res	N						
IN	Medicaid/SCHIP/Family	G9913	Hepatitis B virus (HBV) status not assessed and	N						
IN	Medicaid/SCHIP/Family	G9914	Patient receiving an anti-TNF agent	N						
IN	Medicaid/SCHIP/Family	G9915	No record of HBV results documented	N						
IN	Medicaid/SCHIP/Family	G9916	Functional status performed once in the last 12	N						
IN	Medicaid/SCHIP/Family	G9917	Documentation of medical reason(s) for not per	N						
IN	Medicaid/SCHIP/Family	G9918	Functional status not performed, reason not ot	N						
IN	Medicaid/SCHIP/Family	G9919	Screening performed and positive and provision	N						
IN	Medicaid/SCHIP/Family	G9920	Screening performed and negative	N						
IN	Medicaid/SCHIP/Family	G9921	No screening performed, partial screening perf	N						
IN	Medicaid/SCHIP/Family	G9922	Safety concerns screen provided and if positive	N						

IN	Medicaid/SCHIP/Family	G9923	Safety concerns screen provided and negative	N							
IN	Medicaid/SCHIP/Family	G9925	Safety concerns screening not provided, reason	N							
IN	Medicaid/SCHIP/Family	G9926	Safety concerns screening positive screen is wit	N							
IN	Medicaid/SCHIP/Family	G9927	Documentation of system reason(s) for not pre	N							
IN	Medicaid/SCHIP/Family	G9928	Warfarin or another FDA-approved anticoagula	N							
IN	Medicaid/SCHIP/Family	G9929	Patient with transient or reversible cause of AF	N							
IN	Medicaid/SCHIP/Family	G9930	Patients who are receiving comfort care only	N							
IN	Medicaid/SCHIP/Family	G9931	Documentation of CHA2DS2-VASc risk score of	N							
IN	Medicaid/SCHIP/Family	G9932	Documentation of patient reason(s) for not hav	N							
IN	Medicaid/SCHIP/Family	G9938	Patients age 65 or older in institutional special r	N							
IN	Medicaid/SCHIP/Family	G9939	Pathologist(s)/dermatopathologist(s) is the sarr	N							
IN	Medicaid/SCHIP/Family	G9940	Documentation of medical reason(s) for not on	N							
IN	Medicaid/SCHIP/Family	G9942	Patient had any additional spine procedures pe	N							
IN	Medicaid/SCHIP/Family	G9943	Back pain was not measured by the visual analc	N							
IN	Medicaid/SCHIP/Family	G9945	Patient had cancer, fracture or infection relatec	N							
IN	Medicaid/SCHIP/Family	G9946	Back pain was not measured by the visual analc	N							
IN	Medicaid/SCHIP/Family	G9948	Patient had any additional spine procedures pe	N							
IN	Medicaid/SCHIP/Family	G9949	Leg pain was not measured by the visual analog	N							
IN	Medicaid/SCHIP/Family	G9954	Patient exhibits 2 or more risk factors for posto	N							
IN	Medicaid/SCHIP/Family	G9955	Cases in which an inhalational anesthetic is use	N							
IN	Medicaid/SCHIP/Family	G9956	Patient received combination therapy consistin	N							
IN	Medicaid/SCHIP/Family	G9957	Documentation of medical reason for not receiv	N							
IN	Medicaid/SCHIP/Family	G9958	Patient did not receive combination therapy co	N							
IN	Medicaid/SCHIP/Family	G9959	Systemic antimicrobials not prescribed	N							
IN	Medicaid/SCHIP/Family	G9960	Documentation of medical reason(s) for prescri	N							
IN	Medicaid/SCHIP/Family	G9961	Systemic antimicrobials prescribed	N							
IN	Medicaid/SCHIP/Family	G9962	Embolization endpoints are documented separ	N							
IN	Medicaid/SCHIP/Family	G9963	Embolization endpoints are not documented se	N							
IN	Medicaid/SCHIP/Family	G9964	Patient received at least one well-child visit wit	N							
IN	Medicaid/SCHIP/Family	G9965	Patient did not receive at least one well-child vi	N							
IN	Medicaid/SCHIP/Family	G9968	Patient was referred to another provider or spe	N							
IN	Medicaid/SCHIP/Family	G9969	Provider who referred the patient to another pi	N							
IN	Medicaid/SCHIP/Family	G9970	Provider who referred the patient to another pi	N							
IN	Medicaid/SCHIP/Family	G9974	Dilated macular exam performed, including doc	N							
IN	Medicaid/SCHIP/Family	G9975	Documentation of medical reason(s) for not pei	N							
IN	Medicaid/SCHIP/Family	G9976	Documentation of patient reason(s) for not per	N							
IN	Medicaid/SCHIP/Family	G9977	Dilated macular exam was not performed, reas	N							
IN	Medicaid/SCHIP/Family	G9978	Remote in-home visit for the evaluation and m	X						Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9979	Remote in-home visit for the evaluation and m	X						Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	G9980	Remote in-home visit for the evaluation and m	N							
IN	Medicaid/SCHIP/Family	G9981	Remote in-home visit for the evaluation and m	N							
IN	Medicaid/SCHIP/Family	G9982	Remote in-home visit for the evaluation and m	N							
IN	Medicaid/SCHIP/Family	G9983	Remote in-home visit for the evaluation and m	N							
IN	Medicaid/SCHIP/Family	G9984	Remote in-home visit for the evaluation and m	N							
IN	Medicaid/SCHIP/Family	G9985	Remote in-home visit for the evaluation and m	N							
IN	Medicaid/SCHIP/Family	G9986	Remote in-home visit for the evaluation and m	N							
IN	Medicaid/SCHIP/Family	G9987	Bundled Payments for Care Improvement Adva	N							
IN	Medicaid/SCHIP/Family	H0001	Alcohol and/or drug assessment	N							
IN	Medicaid/SCHIP/Family	H0002	Behavioral health screening to determine eligib	N							
IN	Medicaid/SCHIP/Family	H0003	Alcohol and/or drug screening; laboratory analy	N							
IN	Medicaid/SCHIP/Family	H0004	Behavioral health counseling and therapy, per	N		CG-BEH-14			None	None	None
IN	Medicaid/SCHIP/Family	H0005	Alcohol and/or drug services; group counseling	N							
IN	Medicaid/SCHIP/Family	H0006	Alcohol and/or drug services; case managemen	N		CG-BEH-14			None	None	None
IN	Medicaid/SCHIP/Family	H0007	Alcohol and/or drug services; crisis interventio	N							
IN	Medicaid/SCHIP/Family	H0008	Alcohol and/or drug services; subacute detoxifi	N							
IN	Medicaid/SCHIP/Family	H0009	Alcohol and/or drug services; acute detoxificati	N							
IN	Medicaid/SCHIP/Family	H0010	Alcohol and/or drug services; subacute detoxifi	Y							
IN	Medicaid/SCHIP/Family	H0011	Alcohol and/or drug services; acute detoxificati	N					None	None	None
IN	Medicaid/SCHIP/Family	H0012	Alcohol and/or drug services; subacute detoxifi	N							

IN	Medicaid/SCHIP/Family H0013	Alcohol and/or drug services; acute detoxification	N							
IN	Medicaid/SCHIP/Family H0014	Alcohol and/or drug services; ambulatory detoxification	N							
IN	Medicaid/SCHIP/Family H0015	Alcohol and/or drug services; intensive outpatient	Y					None	None	None
IN	Medicaid/SCHIP/Family H0016	Alcohol and/or drug services; medical/somatic	N							
IN	Medicaid/SCHIP/Family H0017	Behavioral health; residential (hospital resident)	N					None	None	None
IN	Medicaid/SCHIP/Family H0018	Behavioral health; short-term residential (non-residential)	N					None	None	None
IN	Medicaid/SCHIP/Family H0019	Behavioral health; long-term residential (non-residential)	N					None	None	None
IN	Medicaid/SCHIP/Family H0020	Alcohol and/or drug services; methadone admission	N					None	None	None
IN	Medicaid/SCHIP/Family H0021	Alcohol and/or drug training service (for staff and family)	N							
IN	Medicaid/SCHIP/Family H0022	Alcohol and/or drug intervention service (planned)	N							
IN	Medicaid/SCHIP/Family H0023	Behavioral health outreach service (planned)	N	CG-BEH-14				None	None	None
IN	Medicaid/SCHIP/Family H0024	Behavioral health prevention information dissemination	N							
IN	Medicaid/SCHIP/Family H0025	Behavioral health prevention education service	N							
IN	Medicaid/SCHIP/Family H0026	Alcohol and/or drug prevention process service	N							
IN	Medicaid/SCHIP/Family H0027	Alcohol and/or drug prevention environmental	N							
IN	Medicaid/SCHIP/Family H0028	Alcohol and/or drug prevention problem identification	N							
IN	Medicaid/SCHIP/Family H0029	Alcohol and/or drug prevention alternatives service	N							
IN	Medicaid/SCHIP/Family H0030	Behavioral health hotline service	N							
IN	Medicaid/SCHIP/Family H0031	Mental health assessment, by nonphysician	N	CG-BEH-02				None	None	None
IN	Medicaid/SCHIP/Family H0032	Mental health service plan development by nonphysician	N	CG-BEH-02				MCG: BHG: W0153: Applied Behavioral Health	None	None
IN	Medicaid/SCHIP/Family H0033	Oral medication administration, direct observation	N							
IN	Medicaid/SCHIP/Family H0034	Medication training and support, per 15 minutes	N					None	None	None
IN	Medicaid/SCHIP/Family H0035	Mental health partial hospitalization, treatment	Y					None	Mental Health and Addictive	None
IN	Medicaid/SCHIP/Family H0036	Community psychiatric supportive treatment, family	N	CG-BEH-14				MCG: ORG: B-809-T (BHG) Mental Health	None	CMS Guidelines
IN	Medicaid/SCHIP/Family H0037	Community psychiatric supportive treatment, peer	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family H0038	Self-help/peer services, per 15 minutes	N					None	None	None
IN	Medicaid/SCHIP/Family H0039	Assertive community treatment, face-to-face, group	N					None	None	None
IN	Medicaid/SCHIP/Family H0040	Assertive community treatment program, per diem	N					None	None	None
IN	Medicaid/SCHIP/Family H0041	Foster care, child, nontherapeutic, per diem	N							
IN	Medicaid/SCHIP/Family H0042	Foster care, child, nontherapeutic, per month	N							
IN	Medicaid/SCHIP/Family H0043	Supported housing, per diem	N							
IN	Medicaid/SCHIP/Family H0044	Supported housing, per month	N							
IN	Medicaid/SCHIP/Family H0045	Respite care services, not in the home, per diem	N							
IN	Medicaid/SCHIP/Family H0046	Mental health services, not otherwise specified	N	CG-BEH-02				MCG: ORG: B-809-T (BHG) Mental Health	None	CMS Guidelines
IN	Medicaid/SCHIP/Family H0047	Alcohol and/or other drug abuse services, not covered	N					None	None	None
IN	Medicaid/SCHIP/Family H0048	Alcohol and/or other drug testing: collection and analysis	N							
IN	Medicaid/SCHIP/Family H0049	Alcohol and/or drug screening	N							
IN	Medicaid/SCHIP/Family H0050	Alcohol and/or drug services, brief intervention	N							
IN	Medicaid/SCHIP/Family H1000	Prenatal care, at-risk assessment	N							
IN	Medicaid/SCHIP/Family H1001	Prenatal care, at-risk enhanced service; antepartum	N							
IN	Medicaid/SCHIP/Family H1002	Prenatal care, at-risk enhanced service; care coordination	N							
IN	Medicaid/SCHIP/Family H1003	Prenatal care, at-risk enhanced service; education	N							
IN	Medicaid/SCHIP/Family H1004	Prenatal care, at-risk enhanced service; follow-up	N							
IN	Medicaid/SCHIP/Family H1005	Prenatal care, at-risk enhanced service package	N							
IN	Medicaid/SCHIP/Family H1010	Nonmedical family planning education, per session	N							
IN	Medicaid/SCHIP/Family H1011	Family assessment by licensed behavioral health professional	N							
IN	Medicaid/SCHIP/Family H2000	Comprehensive multidisciplinary evaluation	N							
IN	Medicaid/SCHIP/Family H2001	Rehabilitation program, per 1/2 day	N					None	None	None
IN	Medicaid/SCHIP/Family H2010	Comprehensive medication services, per 15 minutes	N							
IN	Medicaid/SCHIP/Family H2011	Crisis intervention service, per 15 minutes	N					None	None	None
IN	Medicaid/SCHIP/Family H2012	Behavioral health day treatment, per hour	N	CG-BEH-02				None	None	None
IN	Medicaid/SCHIP/Family H2013	Psychiatric health facility service, per diem	N							
IN	Medicaid/SCHIP/Family H2014	Skills training and development, per 15 minutes	N	CG-BEH-02				MCG: ORG: W0153 (BHG) Applied Behavioral Health	None	None
IN	Medicaid/SCHIP/Family H2015	Comprehensive community support services, per diem	N	CG-BEH-14				None	None	None
IN	Medicaid/SCHIP/Family H2016	Comprehensive community support services, per session	N					None	None	None
IN	Medicaid/SCHIP/Family H2017	Psychosocial rehabilitation services, per 15 minutes	N					None	None	None
IN	Medicaid/SCHIP/Family H2018	Psychosocial rehabilitation services, per diem	N					MCG: ORG: B-812-T (BHG) Psychosocial	None	None
IN	Medicaid/SCHIP/Family H2019	Therapeutic behavioral services, per 15 minutes	N	CG-BEH-02, CG-BEH-14				None	None	None
IN	Medicaid/SCHIP/Family H2020	Therapeutic behavioral services, per diem	N	CG-BEH-14				None	None	None

IN	Medicaid/SCHIP/Family	H2021	Community-based wrap-around services, per 15 minutes	N					None	None	None
IN	Medicaid/SCHIP/Family	H2022	Community-based wrap-around services, per diem	N							
IN	Medicaid/SCHIP/Family	H2023	Supported employment, per 15 minutes	N							
IN	Medicaid/SCHIP/Family	H2024	Supported employment, per diem	N							
IN	Medicaid/SCHIP/Family	H2025	Ongoing support to maintain employment, per diem	N							
IN	Medicaid/SCHIP/Family	H2026	Ongoing support to maintain employment, per diem	N							
IN	Medicaid/SCHIP/Family	H2027	Psychoeducational service, per 15 minutes	N							
IN	Medicaid/SCHIP/Family	H2028	Sexual offender treatment service, per 15 minutes	N							
IN	Medicaid/SCHIP/Family	H2029	Sexual offender treatment service, per diem	N							
IN	Medicaid/SCHIP/Family	H2030	Mental health clubhouse services, per 15 minutes	N							
IN	Medicaid/SCHIP/Family	H2031	Mental health clubhouse services, per diem	N							
IN	Medicaid/SCHIP/Family	H2032	Activity therapy, per 15 minutes	N							
IN	Medicaid/SCHIP/Family	H2033	Multisystemic therapy for juveniles, per 15 minutes	N					None	None	None
IN	Medicaid/SCHIP/Family	H2034	Alcohol and/or drug abuse halfway house services	Y							
IN	Medicaid/SCHIP/Family	H2035	Alcohol and/or other drug treatment program, per diem	N					None	None	None
IN	Medicaid/SCHIP/Family	H2036	Alcohol and/or other drug treatment program, per diem	N					None	None	None
IN	Medicaid/SCHIP/Family	H2037	Developmental delay prevention activities, per diem	N							
IN	Medicaid/SCHIP/Family	J0120	Injection, tetracycline, up to 250 mg	N							
IN	Medicaid/SCHIP/Family	J0121	Injection, omadacycline, 1 mg	N							
IN	Medicaid/SCHIP/Family	J0122	Injection, eravacycline, 1 mg	N							
IN	Medicaid/SCHIP/Family	J0129	Injection, abatacept, 10 mg (code may be used)	Y					ING-CC-0078	None	None
IN	Medicaid/SCHIP/Family	J0130	Abciximab Injection	N							
IN	Medicaid/SCHIP/Family	J0131	Injection, acetaminophen, 10 mg	X					Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	J0132	Injection, acetylcysteine, 100 mg	N							
IN	Medicaid/SCHIP/Family	J0133	Injection, acyclovir, 5 mg	N							
IN	Medicaid/SCHIP/Family	J0135	Adalimumab injection	Y					ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family	J0153	Injection, adenosine, 1 mg (not to be used to resuscitate)	N							
IN	Medicaid/SCHIP/Family	J0171	Injection, adrenalin, epinephrine, 0.1 mg	N							
IN	Medicaid/SCHIP/Family	J0178	Injection, aflibercept, 1 mg	Y					ING-CC-0072	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0179	Injection, brodalumab-dbl, 1 mg	Y					ING-CC-0072	None	None
IN	Medicaid/SCHIP/Family	J0180	Agalsidase beta injection	Y					ING-CC-0021	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0185	Injection, aprepitant, 1 mg	Y					ING-CC-0059	None	None
IN	Medicaid/SCHIP/Family	J0190	Inj Biperiden Lactate/5 Mg	N							
IN	Medicaid/SCHIP/Family	J0200	Alatrofloxacin Mesylate	N							
IN	Medicaid/SCHIP/Family	J0202	Injection, alemtuzumab, 1 mg	Y					ING-CC-0009	None	None
IN	Medicaid/SCHIP/Family	J0205	Alglucerase Injection	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0207	Amifostine	Y							
IN	Medicaid/SCHIP/Family	J0210	Methyldopate Hcl Injection	N							
IN	Medicaid/SCHIP/Family	J0215	Injection, alefacept, 0.5 mg	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	N					None	None	None
IN	Medicaid/SCHIP/Family	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Y					ING-CC-0018	None	None
IN	Medicaid/SCHIP/Family	J0222	Injection, Patisiran, 0.1 mg	Y					ING-CC-0082	None	None
IN	Medicaid/SCHIP/Family	J0223	Injection, givosiran, 0.5 mg	N							
IN	Medicaid/SCHIP/Family	J0256	Injection, alpha 1-proteinase inhibitor (human), 1 mg	Y					ING-CC-0073	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0257	Injection, alpha 1 proteinase inhibitor (human), 1 mg	Y					ING-CC-0073	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0270	Injection, alprostadil, 1.25 mcg (code may be used)	N							
IN	Medicaid/SCHIP/Family	J0275	Alprostadil Urethral Suppos	N							
IN	Medicaid/SCHIP/Family	J0278	Injection, amikacin sulfate, 100 mg	N							
IN	Medicaid/SCHIP/Family	J0280	Aminophyllin 250 Mg Inj	N							
IN	Medicaid/SCHIP/Family	J0282	Amiodarone Hcl	N							
IN	Medicaid/SCHIP/Family	J0285	Amphotericin B	N							
IN	Medicaid/SCHIP/Family	J0287	Injection, Amphotericin B Lipid Complex, 10 Mg	N							
IN	Medicaid/SCHIP/Family	J0288	Injection, Amphotericin B Cholesteryl Sulfate Complex	N							
IN	Medicaid/SCHIP/Family	J0289	Injection, Amphotericin B Liposome, 10 Mg	N							
IN	Medicaid/SCHIP/Family	J0290	Ampicillin 500 Mg Inj	N							
IN	Medicaid/SCHIP/Family	J0291	Injection, plazomicin, 5 mg	N							
IN	Medicaid/SCHIP/Family	J0295	Ampicillin Sodium Per 1.5 Gm	N							
IN	Medicaid/SCHIP/Family	J0300	Amobarbital 125 Mg Inj	N							
IN	Medicaid/SCHIP/Family	J0330	Succinylcholine Chloride Inj	N							

IN	Medicaid/SCHIP/Family J0348	Injection, anidulafungin, 1 mg	N							
IN	Medicaid/SCHIP/Family J0350	Injection Anistreplase 30 U	N							
IN	Medicaid/SCHIP/Family J0360	Hydralazine Hcl Injection	N							
IN	Medicaid/SCHIP/Family J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1	N							
IN	Medicaid/SCHIP/Family J0365	Injection, aprotinin, 10,000 kiu	N							
IN	Medicaid/SCHIP/Family J0380	Inj Metaraminol Bitartrate	N							
IN	Medicaid/SCHIP/Family J0390	Chloroquine Injection	N							
IN	Medicaid/SCHIP/Family J0395	Arbutamine Hcl Injection	N							
IN	Medicaid/SCHIP/Family J0400	Injection, aripirazole, intramuscular, 0.25 mg	N							
IN	Medicaid/SCHIP/Family J0401	Injection, aripirazole, extended release, 1 mg	N							
IN	Medicaid/SCHIP/Family J0456	Azithromycin	N	MED.00013			None		None	None
IN	Medicaid/SCHIP/Family J0461	Injection, Atropine Sulfate, 0.01 Mg	N							
IN	Medicaid/SCHIP/Family J0470	Dimecaprol Injection	N	MED.00127			None		None	None
IN	Medicaid/SCHIP/Family J0475	Baclofen 10 Mg Injection	N							
IN	Medicaid/SCHIP/Family J0476	Baclofen Intrathecal Trial	N							
IN	Medicaid/SCHIP/Family J0480	Injection, basiliximab, 20 mg	N							
IN	Medicaid/SCHIP/Family J0485	Injection, belatacept, 1 mg	Y				ING-CC-0076		None	None
IN	Medicaid/SCHIP/Family J0490	Injection, belimumab, 10 mg	Y				ING-CC-0028		None	None
IN	Medicaid/SCHIP/Family J0500	Dicyclomine Injection	N							
IN	Medicaid/SCHIP/Family J0515	Inj Benztropine Mesylate	N							
IN	Medicaid/SCHIP/Family J0517	Injection, benralizumab, 1 mg	Y				ING-CC-0043		None	None
IN	Medicaid/SCHIP/Family J0520	Bethanechol Chloride Inject	N							
IN	Medicaid/SCHIP/Family J0558	Injection, penicillin g benzathine and penicillin g	N	MED.00013			None		None	None
IN	Medicaid/SCHIP/Family J0561	Injection, penicillin g benzathine, 100,000 units	N	MED.00013			None		None	None
IN	Medicaid/SCHIP/Family J0565	Injection, bezlotoxumab, 10 mg	Y				ING-CC-0046		None	None
IN	Medicaid/SCHIP/Family J0567	Injection, cerliponase alfa, 1 mg	Y				ING-CC-0012		None	None
IN	Medicaid/SCHIP/Family J0570	Buprenorphine implant, 74.2 mg	Y				ING-CC-0030		None	None
IN	Medicaid/SCHIP/Family J0571	Buprenorphine, oral, 1 mg	N							
IN	Medicaid/SCHIP/Family J0572	Buprenorphine/naloxone, oral, less than or equ	N							
IN	Medicaid/SCHIP/Family J0573	Buprenorphine/naloxone, oral, greater than 3 n	N							
IN	Medicaid/SCHIP/Family J0574	Buprenorphine/naloxone, oral, greater than 6 n	N							
IN	Medicaid/SCHIP/Family J0575	Buprenorphine/naloxone, oral, greater than 10	N							
IN	Medicaid/SCHIP/Family J0583	Injection, bivalirudin, 1 mg	N							
IN	Medicaid/SCHIP/Family J0584	Injection, burosumab-twza 1 mg	Y				ING-CC-0081		None	None
IN	Medicaid/SCHIP/Family J0585	Injection, OnabotulinumtoxinA, 1 Unit	Y				ING-CC-0032		None	CMS Guidelines
IN	Medicaid/SCHIP/Family J0586	Injection, AbobotulinumtoxinA, 5 Units	Y				ING-CC-0032		None	CMS Guidelines
IN	Medicaid/SCHIP/Family J0587	Injection, RimabotulinumtoxinB, 100 Units	Y				ING-CC-0032		None	CMS Guidelines
IN	Medicaid/SCHIP/Family J0588	Injection, incobotulinumtoxinA, 1 unit	Y				ING-CC-0032		None	CMS Guidelines
IN	Medicaid/SCHIP/Family J0591	Injection, deoxycholic acid, 1 mg	N							
IN	Medicaid/SCHIP/Family J0592	Injection, Buprenorphine Hydrochloride, 0.1 Mg	N							
IN	Medicaid/SCHIP/Family J0593	Injection, lanadelumab-flyo, 1 mg (code may be	Y				ING-CC-0034		None	None
IN	Medicaid/SCHIP/Family J0594	INJECTION, BUSULFAN, 1 MG	N							
IN	Medicaid/SCHIP/Family J0595	Injection, butorphanol tartrate, 1 mg	N							
IN	Medicaid/SCHIP/Family J0596	Injection, c1 esterase inhibitor (recombinant), r	Y				ING-CC-0034		None	None
IN	Medicaid/SCHIP/Family J0597	Injection, c-1 esterase inhibitor (human), berin	Y				ING-CC-0034		None	CMS Guidelines
IN	Medicaid/SCHIP/Family J0598	Injection, c-1 esterase inhibitor (human), cinryz	Y				ING-CC-0034		None	CMS Guidelines
IN	Medicaid/SCHIP/Family J0599	Injection, C-1 esterase inhibitor (human), (Haeg	Y				ING-CC-0034		None	None
IN	Medicaid/SCHIP/Family J0600	Edetate Calcium Disodium Inj	N	MED.00127			None		None	None
IN	Medicaid/SCHIP/Family J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	N							
IN	Medicaid/SCHIP/Family J0606	Injection, etelcalcetide, 0.1 mg	N							
IN	Medicaid/SCHIP/Family J0610	Calcium Gluconate Injection	N							
IN	Medicaid/SCHIP/Family J0620	Calcium Glycer & Lact/10 Ml	N							
IN	Medicaid/SCHIP/Family J0630	Calcitonin Salmon Injection	N							
IN	Medicaid/SCHIP/Family J0636	Injection, Calcitriol, 0.1 Mcg	N							
IN	Medicaid/SCHIP/Family J0637	Injection, Caspofungin Acetate, 5 Mg	N							
IN	Medicaid/SCHIP/Family J0638	Injection, canakinumab, 1 mg	Y				ING-CC-0064		None	None
IN	Medicaid/SCHIP/Family J0640	Leucovorin Calcium Injection	N							
IN	Medicaid/SCHIP/Family J0641	Injection, levoleucovorin, 0.5 mg	Y				ING-CC-0104		None	None
IN	Medicaid/SCHIP/Family J0642	Injection, levoleucovorin (khopzory), 0.5 mg	N				ING-CC-0104		None	None

IN	Medicaid/SCHIP/Family	J0670	Inj Mepivacaine Hcl/10 MI	N						
IN	Medicaid/SCHIP/Family	J0690	Injection, cefazolin sodium, 500 mg	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family	J0691	Injection, lefamulin, 1 mg	N						
IN	Medicaid/SCHIP/Family	J0692	Injection, cefepime hydrochloride, 500 mg	N						
IN	Medicaid/SCHIP/Family	J0693	Injection, cefiderocol, 5 mg	N						
IN	Medicaid/SCHIP/Family	J0694	Cefoxitin Sodium Injection	N						
IN	Medicaid/SCHIP/Family	J0695	Injection, ceftolozane 50 mg and tazobactam 2	N						
IN	Medicaid/SCHIP/Family	J0696	Ceftriaxone Sodium Injection	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family	J0697	Sterile Cefuroxime Injection	N						
IN	Medicaid/SCHIP/Family	J0698	Cefotaxime Sodium Injection	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family	J0702	Injection, betamethasone acetate 3 mg and be	N						
IN	Medicaid/SCHIP/Family	J0706	Injection, caffeine citrate, 5 mg	N						
IN	Medicaid/SCHIP/Family	J0710	Cephapirin Sodium Injection	N						
IN	Medicaid/SCHIP/Family	J0712	Injection, ceftaroline fosamil, 10 mg	N						
IN	Medicaid/SCHIP/Family	J0713	Inj Ceftazidime Per 500 Mg	N						
IN	Medicaid/SCHIP/Family	J0714	Injection, ceftazidime and avibactam, 0.5 g/0.1	N						
IN	Medicaid/SCHIP/Family	J0715	Ceftizoxime Sodium / 500 Mg	N						
IN	Medicaid/SCHIP/Family	J0716	Injection, centrurroids immune f(ab)2, up to 12	N						
IN	Medicaid/SCHIP/Family	J0717	Injection, certolizumab pegol, 1 mg (code may i	Y				ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family	J0720	Chloramphenicol Sodium Injec	N						
IN	Medicaid/SCHIP/Family	J0725	Chorionic Gonadotropin/1000u	N				None	None	None
IN	Medicaid/SCHIP/Family	J0735	Clonidine Hydrochloride	N						
IN	Medicaid/SCHIP/Family	J0740	Cidofovir Injection	N						
IN	Medicaid/SCHIP/Family	J0742	Injection, imipenem 4 mg, cilastatin 4 mg and r	N						
IN	Medicaid/SCHIP/Family	J0743	Cilastatin Sodium Injection	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family	J0744	Injection, ciprofloxacin for intravenous infusion	N				None	None	None
IN	Medicaid/SCHIP/Family	J0745	Inj Codeine Phosphate /30 Mg	N						
IN	Medicaid/SCHIP/Family	J0770	Colistimethate Sodium Inj	N						
IN	Medicaid/SCHIP/Family	J0775	Injection, collagenase, clostridium histolyticum,	Y				ING-CC-0017	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0780	Prochlorperazine Injection	N						
IN	Medicaid/SCHIP/Family	J0791	Injection, crizanlizumab-tmca, 5 mg	Y		Precertification is required.		ING-CC-0153	None	None
IN	Medicaid/SCHIP/Family	J0795	Injection, corticorelin ovine triflutate, 1 mcg	N						
IN	Medicaid/SCHIP/Family	J0800	Corticotropin Injection	Y				ING-CC-0004	None	None
IN	Medicaid/SCHIP/Family	J0834	Injection, cosyntropin, 0.25 mg	N						
IN	Medicaid/SCHIP/Family	J0840	Injection, crotalidae polyvalent immune fab (ov	N						
IN	Medicaid/SCHIP/Family	J0841	Injection, crotalidae immune F(ab')2 (equine), 1	N						
IN	Medicaid/SCHIP/Family	J0850	Cytomegalovirus Imm Iv /Vial	N						
IN	Medicaid/SCHIP/Family	J0875	Injection, dalbavancin, 5mg	N						
IN	Medicaid/SCHIP/Family	J0878	Injection, daptomycin, 1 mg	N						
IN	Medicaid/SCHIP/Family	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD us	Y				ING-CC-0001	None	None
IN	Medicaid/SCHIP/Family	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on	Y				ING-CC-0001	None	None
IN	Medicaid/SCHIP/Family	J0883	Injection, argatroban, 1 mg (for non-esrd use)	N						
IN	Medicaid/SCHIP/Family	J0884	Injection, argatroban, 1 mg (for esrd on dialysis	N						
IN	Medicaid/SCHIP/Family	J0885	Injection, epoetin alfa, (for non-ESRD use), 100	Y				ING-CC-0001	None	None
IN	Medicaid/SCHIP/Family	J0887	Injection, epoetin beta, 1 microgram, (for esrd	Y				ING-CC-0001	None	None
IN	Medicaid/SCHIP/Family	J0888	Injctin, epoetin beta, 1 microgram, (for non es	Y				ING-CC-0001	None	None
IN	Medicaid/SCHIP/Family	J0890	Injection, peginesatide, 0. 1 mg (for esrd on dia	N						
IN	Medicaid/SCHIP/Family	J0894	INJECTION, DECITABINE, 1 MG	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J0895	Injection, deferoxamine mesylate, 500 mg	N	MED.00127			None	None	None
IN	Medicaid/SCHIP/Family	J0896	Injection, luspaterecept-aamt, 0.25 mg	Y				ING-CC-0156	None	None
IN	Medicaid/SCHIP/Family	J0897	Injection, denosumab, 1 mg	Y				ING-CC-0027	None	None
IN	Medicaid/SCHIP/Family	J0945	Brompheniramine Maleate Inj	N						
IN	Medicaid/SCHIP/Family	J1000	Depo-Estradiol Cypionate Inj	N						
IN	Medicaid/SCHIP/Family	J1020	Methylprednisolone 20 Mg Inj	N	CG-MED-32			None	None	None
IN	Medicaid/SCHIP/Family	J1030	Methylprednisolone 40 Mg Inj	N	CG-MED-32			None	None	None
IN	Medicaid/SCHIP/Family	J1040	Methylprednisolone 80 Mg Inj	N	CG-MED-32			None	None	None
IN	Medicaid/SCHIP/Family	J1050	Injection, medroxyprogesterone acetate, 1 mg	N						
IN	Medicaid/SCHIP/Family	J1071	Injection, testosterone cypionate, 1mg	Y				ING-CC-0026	None	None
IN	Medicaid/SCHIP/Family	J1094	Injection, Dexamethasone Acetate, 1 Mg	N						

IN	Medicaid/SCHIP/Family J1095	Injection, dexamethasone 9%, intraocular, 1 mc	N							
IN	Medicaid/SCHIP/Family J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1	N							
IN	Medicaid/SCHIP/Family J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88	N							
IN	Medicaid/SCHIP/Family J1100	Dexamethasone Sodium Phos	N							
IN	Medicaid/SCHIP/Family J1110	Inj Dihydroergotamine Mesylt	Y				ING-CC-0052	None	None	
IN	Medicaid/SCHIP/Family J1120	Acetazolamid Sodium Injectio	N							
IN	Medicaid/SCHIP/Family J1130	Injection, diclofenac sodium, 0.5 mg	N							
IN	Medicaid/SCHIP/Family J1160	Digoxin Injection	N							
IN	Medicaid/SCHIP/Family J1162	Injection, digoxin immune fab (ovine), per vial	N							
IN	Medicaid/SCHIP/Family J1165	Phenytoin Sodium Injection	N							
IN	Medicaid/SCHIP/Family J1170	Hydromorphone Injection	N							
IN	Medicaid/SCHIP/Family J1180	Dyphylline Injection	N							
IN	Medicaid/SCHIP/Family J1190	Dexrazoxane Hcl Injection	N							
IN	Medicaid/SCHIP/Family J1200	Injection, diphenhydramine HCl, up to 50 mg	N							
IN	Medicaid/SCHIP/Family J1201	Injection, cetirizine hydrochloride, 0.5 mg	N							
IN	Medicaid/SCHIP/Family J1205	Chlorothiazide Sodium Inj	N							
IN	Medicaid/SCHIP/Family J1212	Dimethyl Sulfoxide 50% 50 Ml	N							
IN	Medicaid/SCHIP/Family J1230	Methadone Injection	N							
IN	Medicaid/SCHIP/Family J1240	Dimenhydrinate Injection	N							
IN	Medicaid/SCHIP/Family J1245	Dipyridamole Injection	N					None	None	None
IN	Medicaid/SCHIP/Family J1250	Inj Dobutamine Hcl/250 Mg	N					None	None	None
IN	Medicaid/SCHIP/Family J1260	Dolasetron Mesylate	N							
IN	Medicaid/SCHIP/Family J1265	Injection, dopamine HCl, 40 mg	N							
IN	Medicaid/SCHIP/Family J1267	Injection, doripenem, 10 mg	N	MED.00013				None	None	None
IN	Medicaid/SCHIP/Family J1270	Injection, doxercalciferol, 1 mcg	N							
IN	Medicaid/SCHIP/Family J1290	Injection, ecallantide, 1 mg	Y					ING-CC-0034	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1300	Injection, ecuzumab, 10 mg	Y					ING-CC-0041	None	None
IN	Medicaid/SCHIP/Family J1301	Injection, edaravone, 1 mg	Y					ING-CC-0049	None	None
IN	Medicaid/SCHIP/Family J1303	Injection, ravulizumab-cwvz, 10 mg	Y					ING-CC-0041	None	None
IN	Medicaid/SCHIP/Family J1320	Amitriptyline Injection	N							
IN	Medicaid/SCHIP/Family J1322	Injection, elosulfase alfa, 1mg	Y					ING-CC-0022	None	None
IN	Medicaid/SCHIP/Family J1324	INJECTION, ENFUVIRTIDE, 1 MG	Y					ING-CC-0055	None	None
IN	Medicaid/SCHIP/Family J1325	Epoprostenol Injection	Y					ING-CC-0067	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1327	Eptifibatide Injection	N							
IN	Medicaid/SCHIP/Family J1330	Ergonovine Maleate Injection	N							
IN	Medicaid/SCHIP/Family J1335	Injection, ertapenem sodium, 500 mg	N	MED.00013				None	None	None
IN	Medicaid/SCHIP/Family J1364	Erythro Lactobionate /500 Mg	N							
IN	Medicaid/SCHIP/Family J1380	Estradiol Valerate 10 Mg Inj	N							
IN	Medicaid/SCHIP/Family J1410	Inj Estrogen Conjugate 25 Mg	N							
IN	Medicaid/SCHIP/Family J1428	Injection, eteplirsen, 10 mg	X			Non covered but for pediatric me		None	None	None
IN	Medicaid/SCHIP/Family J1429	Injection, goldirsen, 10 mg	Y					ING-CC-0152	None	None
IN	Medicaid/SCHIP/Family J1430	Injection, ethanolamine oleate, 100 mg	N							
IN	Medicaid/SCHIP/Family J1435	Injection Estrone Per 1 Mg	N							
IN	Medicaid/SCHIP/Family J1436	Etidronate Disodium Inj	N							
IN	Medicaid/SCHIP/Family J1437	Injection, ferric derisomaltose, 10 mg	N					ING-CC-0182	None	None
IN	Medicaid/SCHIP/Family J1438	Etanercept Injection	Y					ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family J1439	Injection, ferric carboxymaltose, 1mg	N							
IN	Medicaid/SCHIP/Family J1442	5G-CSFexcludes biosimilars, 1 microgram	Y	MED.00117				ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family J1443	Injection, ferric pyrophosphate citrate solution,	N					ING-CC-0182	None	None
IN	Medicaid/SCHIP/Family J1444	Injection, ferric pyrophosphate citrate powder,	N							
IN	Medicaid/SCHIP/Family J1447	Injection, tbo-filgrastim, 1 microgram	Y					ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family J1450	Fluconazole	N	MED.00013				None	None	None
IN	Medicaid/SCHIP/Family J1451	Injection, fomepizole, 15 mg	N							
IN	Medicaid/SCHIP/Family J1452	Intraocular Fomivirsen Na	N							
IN	Medicaid/SCHIP/Family J1453	Injection, fosaprepitant, 1 mg	Y					ING-CC-0059	None	None
IN	Medicaid/SCHIP/Family J1454	Injection, fosnetupitant 235 mg and palonosetr	Y					ING-CC-0074	None	None
IN	Medicaid/SCHIP/Family J1455	Foscarnet Sodium Injection	N							
IN	Medicaid/SCHIP/Family J1457	Gallium nitrate injection	N							
IN	Medicaid/SCHIP/Family J1458	INJECTION, GALSULFASE, 1 MG	Y					ING-CC-0023	None	None

IN	Medicaid/SCHIP/Family J1459	Injection, immune globulin (Privigen), intraveno	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1460	Gamma Globulin 1 Cc Inj	Y					ING-CC-0039, ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family J1555	Injection, immune globulin (Cuvitru), 100 mg	Y					ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family J1556	Injection, immune globulin (bivigam), 500 mg	Y					ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family J1557	Injection, immune globulin, (Gammalex), intra	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1558	Injection, immune globulin (xembify), 100 mg	Y							
IN	Medicaid/SCHIP/Family J1559	Injection, immune globulin (hizentra), 100 mg	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1560	Gamma Globulin > 10 Cc Inj	Y					ING-CC-0039, ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family J1561	Injection, immune globulin, (Gamunex/Gamun	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1562	Injection, immune globulin (Vivaglobin), 100 mg	X				Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1566	Injection, immune globulin, intravenous, lyophi	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1568	Injection, immune globulin, (octagam), intraver	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1569	Injection, immune globulin, (Gammagard liquid	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1570	Ganciclovir Sodium Injection	N							
IN	Medicaid/SCHIP/Family J1571	Injection, hepatitis B immune globulin (hepagar	N							
IN	Medicaid/SCHIP/Family J1572	Injection, immune globulin, (Flebogamma/Flebo	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1573	Injection, hepatitis B immune globulin (hepagar	Y							
IN	Medicaid/SCHIP/Family J1575	Injection, immune globulin/hyaluronidase, (hyq	N					ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family J1580	Garamycin Gentamicin Inj	N							
IN	Medicaid/SCHIP/Family J1595	Injection, glatiramer acetate, 20 mg	Y					ING-CC-0014	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1599	Injection, immune globulin, intravenous, non-ly	Y					ING-CC-0003	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1600	Gold Sodium Thiomaleate Inj	N							
IN	Medicaid/SCHIP/Family J1602	Injection, golimumab, 1 mg, for intravenous use	Y					ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family J1610	Glucagon Hydrochloride/1 Mg	N							
IN	Medicaid/SCHIP/Family J1620	Gonadorelin Hydroch/ 100 Mcg	N							
IN	Medicaid/SCHIP/Family J1626	Granisetron Hcl Injection	N							
IN	Medicaid/SCHIP/Family J1627	Injection, granisetron, extended-release, 0.1 mg	N							
IN	Medicaid/SCHIP/Family J1628	Injection, guselkumab, 1 mg	Y					ING-CC-0050	None	None
IN	Medicaid/SCHIP/Family J1630	Haloperidol Injection	N							
IN	Medicaid/SCHIP/Family J1631	Haloperidol Decanoate Inj	N							
IN	Medicaid/SCHIP/Family J1632	Injection, brexanolone, 1 mg	Y							
IN	Medicaid/SCHIP/Family J1640	Injection, hemin, 1 mg	N							
IN	Medicaid/SCHIP/Family J1642	Injection, heparin sodium, (heparin lock flush),	N							
IN	Medicaid/SCHIP/Family J1644	Inj Heparin Sodium Per 1000u	N							
IN	Medicaid/SCHIP/Family J1645	Dalteparin Sodium	N							
IN	Medicaid/SCHIP/Family J1650	Injection, enoxaparin sodium, 10 mg	N							
IN	Medicaid/SCHIP/Family J1652	Injection, Fondaparinux Sodium, 0.5 Mg	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1655	Injection, tinzaparin sodium, 1000 IU	N							
IN	Medicaid/SCHIP/Family J1670	Tetanus Immune Globulin Inj	N							
IN	Medicaid/SCHIP/Family J1675	Injection, histrelin acetate, 10 mcg	Y					ING-CC-0061, ING-CC-0102	None	None
IN	Medicaid/SCHIP/Family J1700	Hydrocortisone Acetate Inj	N							
IN	Medicaid/SCHIP/Family J1710	Hydrocortisone Sodium Ph Inj	N							
IN	Medicaid/SCHIP/Family J1720	Hydrocortisone Sodium Succ I	N							
IN	Medicaid/SCHIP/Family J1726	Injection, hydroxyprogesterone caproate, (Mak	N					ING-CC-0053	None	None
IN	Medicaid/SCHIP/Family J1729	Injection, hydroxyprogesterone caproate, not o	N							
IN	Medicaid/SCHIP/Family J1730	Diazoxide Injection	N							
IN	Medicaid/SCHIP/Family J1738	Injection, meloxicam, 1 mg	N							
IN	Medicaid/SCHIP/Family J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1741	Injection, ibuprofen, 100 mg	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J1742	Ibutilide Fumarate Injection	N							
IN	Medicaid/SCHIP/Family J1743	Injection, idursulfase, 1 mg	Y					ING-CC-0024	None	None
IN	Medicaid/SCHIP/Family J1744	Injection, icatibant, 1 mg	Y					ING-CC-0034; MCG CG: (AC)Icatiban	None	None
IN	Medicaid/SCHIP/Family J1745	Injection, infliximab, excludes biosimilar, 10 mg	Y					ING-CC-0062	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1746	Injection, ibalizumab-uiyk, 10 mg	Y					ING-CC-0047	None	None
IN	Medicaid/SCHIP/Family J1750	Injection, Iron Dextran, 50mg	N							
IN	Medicaid/SCHIP/Family J1756	Injection, Iron Sucrose, 1 Mg	N							
IN	Medicaid/SCHIP/Family J1786	Injection, imiglucerase, 10 units	Y					ING-CC-0051	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1790	Droperidol Injection	N							
IN	Medicaid/SCHIP/Family J1800	Propranolol Injection	N							

IN	Medicaid/SCHIP/Family J1810	Droperidol/Fentanyl Inj	N						
IN	Medicaid/SCHIP/Family J1815	Injection, Insulin, Per 5 Units	N	MED.00128			None	None	None
IN	Medicaid/SCHIP/Family J1817	Insulin For Administration Through Dme (I.E., In	N	MED.00128			None	None	None
IN	Medicaid/SCHIP/Family J1823	Injection, inebilizumab-ctd, 1 mg	Y						
IN	Medicaid/SCHIP/Family J1826	Injection, interferon beta-1a, 30 mcg	Y				ING-CC-0014	None	None
IN	Medicaid/SCHIP/Family J1830	Interferon Beta-1b / .25 Mg	Y				ING-CC-0014	None	None
IN	Medicaid/SCHIP/Family J1833	Injection, isavuconazonium, 1 mg	N						
IN	Medicaid/SCHIP/Family J1835	Injection, itraconazole, 50 mg	N						
IN	Medicaid/SCHIP/Family J1840	Kanamycin Sulfate 500 Mg Inj	N						
IN	Medicaid/SCHIP/Family J1850	Kanamycin Sulfate 75 Mg Inj	N						
IN	Medicaid/SCHIP/Family J1885	Ketorolac Tromethamine Inj	N						
IN	Medicaid/SCHIP/Family J1890	Cephalothin Sodium Injection	N						
IN	Medicaid/SCHIP/Family J1930	Injection, lanreotide, 1 mg	Y				ING-CC-0142	None	None
IN	Medicaid/SCHIP/Family J1931	Laronidase injection	Y				ING-CC-0025	None	None
IN	Medicaid/SCHIP/Family J1940	Furosemide Injection	N						
IN	Medicaid/SCHIP/Family J1943	Injection, aripiprazole lauroxil, (aristada initio),	N						
IN	Medicaid/SCHIP/Family J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg	N						
IN	Medicaid/SCHIP/Family J1945	Injection, lepirudin, 50 mg	Y						
IN	Medicaid/SCHIP/Family J1950	Leuprolide Acetate /3.75 Mg	Y				ING-CC-0102, ING-CC-0061	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J1953	Injection, levetiracetam, 10 mg	N						
IN	Medicaid/SCHIP/Family J1955	Inj Levocarnitine Per 1 Gm	N						
IN	Medicaid/SCHIP/Family J1956	Levofloxacin Injection	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family J1960	Levorphanol Tartrate Inj	N						
IN	Medicaid/SCHIP/Family J1980	Hyoscyamine Sulfate Inj	N						
IN	Medicaid/SCHIP/Family J1990	Chlordiazepoxide Injection	N						
IN	Medicaid/SCHIP/Family J2001	Injection, lidocaine hcl for intravenous infusion,	N						
IN	Medicaid/SCHIP/Family J2010	Lincomycin Injection	N						
IN	Medicaid/SCHIP/Family J2020	Injection, linezolid, 200 mg	N				None	None	None
IN	Medicaid/SCHIP/Family J2060	Lorazepam Injection	N						
IN	Medicaid/SCHIP/Family J2062	Loxapine for inhalation, 1 mg	N						
IN	Medicaid/SCHIP/Family J2150	Mannitol Injection	N						
IN	Medicaid/SCHIP/Family J2170	INJECTION, MECASERMIN, 1 MG	Y				ING-CC-0045	None	None
IN	Medicaid/SCHIP/Family J2175	Meperidine Hydrochl /100 Mg	N						
IN	Medicaid/SCHIP/Family J2180	Meperidine/Promethazine Inj	N						
IN	Medicaid/SCHIP/Family J2182	Injection, mepolizumab, 1 mg	Y				ING-CC-0043	None	None
IN	Medicaid/SCHIP/Family J2185	Injection, meropenem, 100 mg	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family J2186	Injection, meropenem and vaborbactam, 10mg	N						
IN	Medicaid/SCHIP/Family J2210	Methylergonovin Maleate Inj	N						
IN	Medicaid/SCHIP/Family J2212	Injection, methylNaltrexone, 0. 1 mg	N						
IN	Medicaid/SCHIP/Family J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	N						
IN	Medicaid/SCHIP/Family J2250	Inj Midazolam Hydrochloride	N						
IN	Medicaid/SCHIP/Family J2260	Inj Mirinone Lactate / 5 MI	N						
IN	Medicaid/SCHIP/Family J2265	Injection, minocycline HCl, 1 mg	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J2270	Morphine Sulfate Injection	N				None	None	None
IN	Medicaid/SCHIP/Family J2274	Injection, morphine sulfate, preservative-free fi	N				None	None	None
IN	Medicaid/SCHIP/Family J2278	Injection, ziconotide, 1 mcg	Y				ING-CC-0040	None	None
IN	Medicaid/SCHIP/Family J2280	Injection, moxifloxacin, 100 mg	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family J2300	Inj Nalbuphine Hydrochloride	N						
IN	Medicaid/SCHIP/Family J2310	Inj Naloxone Hydrochloride	N						
IN	Medicaid/SCHIP/Family J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG,	N				None	None	None
IN	Medicaid/SCHIP/Family J2320	Nandrolone Decanoate 50 Mg	N						
IN	Medicaid/SCHIP/Family J2323	Imjection, natalizumab, 1 mg	Y				ING-CC-0020	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J2325	Injection, nesiritide, 0.1 mg	N						
IN	Medicaid/SCHIP/Family J2326	Injection, nusinersen, 0.1 mg	X						Non covered but for pediatric me
IN	Medicaid/SCHIP/Family J2350	Injection, ocrelizumab, 1 mg	Y				ING-CC-0011	None	None
IN	Medicaid/SCHIP/Family J2353	Injection, octreotide, depot form for intramuscu	Y				ING-CC-0058	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J2354	Injection, octreotide, non-depot form for subcu	Y				ING-CC-0058	None	None
IN	Medicaid/SCHIP/Family J2355	Oprelvekin Injection	N					None	CMS Guidelines
IN	Medicaid/SCHIP/Family J2357	Injection, omalizumab, 5 mg	Y				ING-CC-0033	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	J2358	Injection, olanzapine, long-acting, 1 mg	N						
IN	Medicaid/SCHIP/Family	J2360	Orphenadrine Injection	N						
IN	Medicaid/SCHIP/Family	J2370	Phenylephrine Hcl Injection	N						
IN	Medicaid/SCHIP/Family	J2400	Chloroprocaine Hcl Injection	N						
IN	Medicaid/SCHIP/Family	J2405	Injection, ondansetron HCl, per 1 mg	N	CG-MED-32			None	None	None
IN	Medicaid/SCHIP/Family	J2407	Injection,oritavancin, 10 mg	N						
IN	Medicaid/SCHIP/Family	J2410	Oxymorphone Hcl Injection	N						
IN	Medicaid/SCHIP/Family	J2425	Injection, palifermin, 50 mcg	N				None	None	None
IN	Medicaid/SCHIP/Family	J2426	Injection, paliperidone palmitate extended rele	N						
IN	Medicaid/SCHIP/Family	J2430	Pamidronate Disodium /30 Mg	N						
IN	Medicaid/SCHIP/Family	J2440	Papaverin Hcl Injection	N						
IN	Medicaid/SCHIP/Family	J2460	Oxytetracycline Injection	N						
IN	Medicaid/SCHIP/Family	J2469	Palonosetron HCl	Y				ING-CC-0056	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J2501	Injection, Paricalcitol, 1 Mcg	N						
IN	Medicaid/SCHIP/Family	J2502	Injection, pasireotide long acting, 1 mg	N						
IN	Medicaid/SCHIP/Family	J2503	Injection, pegaptanib sodium, 0.3 mg	Y				ING-CC-0072	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J2504	Injection, pegademase bovine, 25 IU	N						
IN	Medicaid/SCHIP/Family	J2505	Injection, pegfilgrastim, 6 mg	Y				ING-CC-0002	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J2507	Injection, pegloticase, 1 mg	Y				ING-CC-0057	None	None
IN	Medicaid/SCHIP/Family	J2510	Penicillin G Procaine Inj	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family	J2513	Injection, pentastarch, 10% solution, 100 ml	N						
IN	Medicaid/SCHIP/Family	J2515	Pentobarbital Sodium Inj	N						
IN	Medicaid/SCHIP/Family	J2540	Penicillin G Potassium Inj	N	MED.00013			None	None	None
IN	Medicaid/SCHIP/Family	J2543	Injection, piperacillin sodium/tazobactam sodiu	N						
IN	Medicaid/SCHIP/Family	J2545	Pentamidine isethionate, inhalation solution, Ft	N						
IN	Medicaid/SCHIP/Family	J2547	Injection, peramivir, 1 mg	N						
IN	Medicaid/SCHIP/Family	J2550	Injection, promethazine HCl, up to 50 mg	N						
IN	Medicaid/SCHIP/Family	J2560	Phenobarbital Sodium Inj	N						
IN	Medicaid/SCHIP/Family	J2562	Injection, Plerixafor, 1 Mg	Y				ING-CC-0089	None	None
IN	Medicaid/SCHIP/Family	J2590	Oxytocin Injection	N						
IN	Medicaid/SCHIP/Family	J2597	Inj Desmopressin Acetate	N						
IN	Medicaid/SCHIP/Family	J2650	Prednisolone Acetate Inj	N						
IN	Medicaid/SCHIP/Family	J2670	Totazoline Hcl Injection	N						
IN	Medicaid/SCHIP/Family	J2675	Inj Progesterone Per 50 Mg	N						
IN	Medicaid/SCHIP/Family	J2680	Fluphenazine Decanoate 25 Mg	N						
IN	Medicaid/SCHIP/Family	J2690	Procainamide Hcl Injection	N						
IN	Medicaid/SCHIP/Family	J2700	Oxacillin Sodium Injeciton	N						
IN	Medicaid/SCHIP/Family	J2704	Injection, propofol, 10 mg	N						
IN	Medicaid/SCHIP/Family	J2710	Neostigmine Methylsifte Inj	N						
IN	Medicaid/SCHIP/Family	J2720	Inj Protamine Sulfate/10 Mg	N						
IN	Medicaid/SCHIP/Family	J2724	Injection, protein C concentrate, intravenous, h	N						
IN	Medicaid/SCHIP/Family	J2725	Inj Protirelin Per 250 Mcg	N						
IN	Medicaid/SCHIP/Family	J2730	Pralidoxime Chloride Inj	N						
IN	Medicaid/SCHIP/Family	J2760	Phentolaine Mesylate Inj	N						
IN	Medicaid/SCHIP/Family	J2765	Injection, metoclopramide HCl, up to 10 mg	N	CG-MED-32			None	None	None
IN	Medicaid/SCHIP/Family	J2770	Quinupristin/Dalfopristin	N						
IN	Medicaid/SCHIP/Family	J2778	Injection, ranibizumab, 0.1 mg	Y				ING-CC-0072	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J2780	Ranitidine Hydrochloride Inj	N						
IN	Medicaid/SCHIP/Family	J2783	Injection, rasburicase, 0.5 mg	N						
IN	Medicaid/SCHIP/Family	J2785	Injection, regadenoson, 0.1 mg	N						
IN	Medicaid/SCHIP/Family	J2786	Injection, reslizumab, 1 mg	Y				ING-CC-0043	None	None
IN	Medicaid/SCHIP/Family	J2787	Riboflavin 5-phosphate, ophthalmic solution, u	N	CG-SURG-105			None	None	None
IN	Medicaid/SCHIP/Family	J2788	Injection, Rho D immune globulin, human, mini	N						
IN	Medicaid/SCHIP/Family	J2790	Injection, Rho D immune globulin, human, full c	N						
IN	Medicaid/SCHIP/Family	J2791	Injection, RHO(D) immune globulin (human), (r	N						
IN	Medicaid/SCHIP/Family	J2792	Rho(D) Immune Globulin H, Sd	N						
IN	Medicaid/SCHIP/Family	J2793	Injection, Rilonecept, 1 Mg	X			Non covered but for pediatric me	ING-CC-0064	None	None
IN	Medicaid/SCHIP/Family	J2794	Injection, risperidone (RISPERDAL CONSTA), 0.5 N	N						
IN	Medicaid/SCHIP/Family	J2795	Ropivacaine Hcl Injection	N						

IN	Medicaid/SCHIP/Family J2796	Injection, Romiplostim, 10 Micrograms	Y				ING-CC-0111	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J2797	Injection, rolapitant, 0.5 mg	Y						
IN	Medicaid/SCHIP/Family J2798	Injection, risperidone, (perseris), 0.5 mg	N				ING-CC-0083	None	None
IN	Medicaid/SCHIP/Family J2800	Methocarbamol Injection	N						
IN	Medicaid/SCHIP/Family J2805	Injection, sincalide, 5 mcg	N						
IN	Medicaid/SCHIP/Family J2810	Inj Theophylline Per 40 Mg	N						
IN	Medicaid/SCHIP/Family J2820	Sargramostim Injection	Y				ING-CC-0002	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J2840	Injection, sebelipase alfa, 1 mg	Y				ING-CC-0037	None	None
IN	Medicaid/SCHIP/Family J2850	Injection, secretin, synthetic, human, 1 mcg	N	CG-MED-75			None	None	None
IN	Medicaid/SCHIP/Family J2860	Injection, siltuximab, 10 mg	Y				ING-CC-0113	None	None
IN	Medicaid/SCHIP/Family J2910	Aurothioglucose Injeciton	N						
IN	Medicaid/SCHIP/Family J2916	Injection, sodium ferric gluconate complex in su	N						
IN	Medicaid/SCHIP/Family J2920	Injection, methylprednisolone sodium succinate	N						
IN	Medicaid/SCHIP/Family J2930	Injection, methylprednisolone sodium succinate	N						
IN	Medicaid/SCHIP/Family J2940	Injection, somatrem, 1 mg	Y				ING-CC-0068	None	None
IN	Medicaid/SCHIP/Family J2941	Injection, somatropin, 1 mg	Y				ING-CC-0068	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J2950	Promazine Hcl Injeciton	N						
IN	Medicaid/SCHIP/Family J2993	Retepase Injection	N						
IN	Medicaid/SCHIP/Family J2995	Inj Streptokinase /250000 Iu	N						
IN	Medicaid/SCHIP/Family J2997	Injection, alteplase recombinant, 1 mg	N						
IN	Medicaid/SCHIP/Family J3000	Streptomycin Injection	N						
IN	Medicaid/SCHIP/Family J3010	Fentanyl Citrate Injeciton	N						
IN	Medicaid/SCHIP/Family J3030	Sumatriptan Succinate / 6 Mg	N						
IN	Medicaid/SCHIP/Family J3031	Injection, fremanezumab-vfrm, 1 mg (code may	N						
IN	Medicaid/SCHIP/Family J3032	Injection, eptinezumab-jjmr, 1 mg	Y						
IN	Medicaid/SCHIP/Family J3060	Injection, taliglucerase alfa, 10 units	Y				ING-CC-0112	None	None
IN	Medicaid/SCHIP/Family J3070	Pentazocine Hcl Injeciton	N						
IN	Medicaid/SCHIP/Family J3090	Injection, tedizolid phosphate, 1 mg	N						
IN	Medicaid/SCHIP/Family J3095	Injection, televancin, 10 mg	N						
IN	Medicaid/SCHIP/Family J3101	Injection, tenecteplase, 1 mg	N						
IN	Medicaid/SCHIP/Family J3105	Terbutaline Sulfate Inj	N						
IN	Medicaid/SCHIP/Family J3110	Teriparatide injection	Y				ING-CC-0038	None	None
IN	Medicaid/SCHIP/Family J3111	Injection, romosozumab-aqqg, 1 mg	Y				ING-CC-0139	None	None
IN	Medicaid/SCHIP/Family J3121	Injection, testosterone enanthate, 1mg	Y				ING-CC-0026	None	None
IN	Medicaid/SCHIP/Family J3145	Injection, testosterone undecanoate, 1 mg	Y				ING-CC-0026	None	None
IN	Medicaid/SCHIP/Family J3230	Chlorpromazine Hcl Injection	N						
IN	Medicaid/SCHIP/Family J3240	Thyrotropin Injection	N						
IN	Medicaid/SCHIP/Family J3241	Injection, teprotumumab-trbw, 10 mg	Y						
IN	Medicaid/SCHIP/Family J3243	INJECTION, TIGECYCLINE, 1 MG	N						
IN	Medicaid/SCHIP/Family J3245	Injection, tildrakizumab, 1 mg	Y				ING-CC-0050	None	None
IN	Medicaid/SCHIP/Family J3246	Tirofiban HCl	N						
IN	Medicaid/SCHIP/Family J3250	Trimethobenzamide Hcl Inj	N						
IN	Medicaid/SCHIP/Family J3260	Tobramycin Sulfate Injection	N						
IN	Medicaid/SCHIP/Family J3262	Injection, tocilizumab, 1 mg	Y				ING-CC-0066; For MN use II-181	None	None
IN	Medicaid/SCHIP/Family J3265	Injection Torsemide 10 Mg/ML	N						
IN	Medicaid/SCHIP/Family J3280	Thiethylperazine Maleate Inj	N						
IN	Medicaid/SCHIP/Family J3285	Injection, trestipenil, 1 mg	Y				ING-CC-0067	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J3300	Injection, triamcinolone acetate, preservative	N						
IN	Medicaid/SCHIP/Family J3301	Injection, triamcinolone acetate, not otherwi	N						
IN	Medicaid/SCHIP/Family J3302	Triamcinolone Diacetate Inj	N						
IN	Medicaid/SCHIP/Family J3303	Triamcinolone Hexacetone Inj	N						
IN	Medicaid/SCHIP/Family J3304	Injection, triamcinolone acetate, preservative	N				ING-CC-0177	None	None
IN	Medicaid/SCHIP/Family J3305	Inj Trimetrexate Glucuronate	N						
IN	Medicaid/SCHIP/Family J3310	Perphenazine Injeciton	N						
IN	Medicaid/SCHIP/Family J3315	Injection, Triptorelin Pamoate, 3.75 Mg	Y				ING-CC-0102, ING-CC-0061	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J3316	Injection, triptorelin, extended-release, 3.75 mg	Y				ING-CC-0061	None	None
IN	Medicaid/SCHIP/Family J3320	Spectinomycin Di-Hcl Inj	N						
IN	Medicaid/SCHIP/Family J3350	Urea Injection	N						
IN	Medicaid/SCHIP/Family J3355	Injection, urofollitropin, 75 IU	X			Non covered but for pediatric me	None	None	None

IN	Medicaid/SCHIP/Family J3357	Ustekinumab, for subcutaneous injection, 1 mg	Y				ING-CC-0063	None	None
IN	Medicaid/SCHIP/Family J3358	Ustekinumab, for intravenous injection, 1 mg	Y				ING-CC-0063	None	None
IN	Medicaid/SCHIP/Family J3360	Diazepam Injection	N						
IN	Medicaid/SCHIP/Family J3364	Urokinase 5000 Iu Injection	N						
IN	Medicaid/SCHIP/Family J3365	Urokinase 250,000 Iu Inj	N						
IN	Medicaid/SCHIP/Family J3370	Vancomycin Hcl Injeciton	N						
IN	Medicaid/SCHIP/Family J3380	Injection, vedolizumab, 1 mg	Y				ING-CC-0071	None	None
IN	Medicaid/SCHIP/Family J3385	Injection, velaglucerase alfa, 100 units	Y				ING-CC-0051	None	None
IN	Medicaid/SCHIP/Family J3396	Verteporfin injection	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J3397	Injection, vestronidase alfa-vjbc, 1 mg	Y				ING-CC-0013	None	None
IN	Medicaid/SCHIP/Family J3398	Injection, voretigene neparvovec-rzyl, 1 billion	Y	MED.00120			None	None	None
IN	Medicaid/SCHIP/Family J3399	Injection, onasemnogene abeparvovec-xioi, per	Y	MED.00129			None	None	None
IN	Medicaid/SCHIP/Family J3400	Triflupromazine Hcl Inj	N						
IN	Medicaid/SCHIP/Family J3410	Hydroxyzine Hcl Injeciton	N						
IN	Medicaid/SCHIP/Family J3411	Injection, thiamine hcl, 100 mg	N						
IN	Medicaid/SCHIP/Family J3415	Injection, pyridoxine hcl, 100 mg	N						
IN	Medicaid/SCHIP/Family J3420	Vitamin B12 Injection	N						
IN	Medicaid/SCHIP/Family J3430	Vitamin K Phyttonadione Inj	N						
IN	Medicaid/SCHIP/Family J3465	Injection, voriconazole, 10 mg	N						
IN	Medicaid/SCHIP/Family J3470	Hyaluronidase Injection	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J3471	Injection, hyaluronidase, ovine, preservative fre	N						
IN	Medicaid/SCHIP/Family J3472	Injection, hyaluronidase, ovine, preservative fre	N						
IN	Medicaid/SCHIP/Family J3473	INJECTION, HYALURONIDASE, RECOMBINANT, :	N						
IN	Medicaid/SCHIP/Family J3475	Inj Magnesium Sulfate	N						
IN	Medicaid/SCHIP/Family J3480	Inj Potassium Chloride	N						
IN	Medicaid/SCHIP/Family J3485	Zidovudine	N						
IN	Medicaid/SCHIP/Family J3486	Injection, ziprasidone mesylate, 10 mg	N						
IN	Medicaid/SCHIP/Family J3489	Injection, zoledronic acid, 1 mg	Y				ING-CC-0019	None	None
IN	Medicaid/SCHIP/Family J3490	Unclassified drugs	Y	ANC.00007, MED.00085, MED.00120, MED.00129, SURG.00132			-CC-0185	None	None
IN	Medicaid/SCHIP/Family J3520	Edetate Disodium Per 150 Mg	N	MED.00127			None	None	None
IN	Medicaid/SCHIP/Family J3530	Nasal Vaccine Inhalation	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J3535	Drug administered through a metered dose inh	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J3570	Laetrile Amygdalin Vit B17	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J3590	Unclassified Biologics	Y				161, ING-CC-0162, ING-CC-0165, INK	None	None
IN	Medicaid/SCHIP/Family J3591	Unclassified drug or biological used for ESRD on	N						
IN	Medicaid/SCHIP/Family J7030	Normal Saline Solution Infus	N						
IN	Medicaid/SCHIP/Family J7040	Normal Saline Solution Infus	N						
IN	Medicaid/SCHIP/Family J7042	5% Dextrose/Normal Saline	N						
IN	Medicaid/SCHIP/Family J7050	Normal Saline Solution Infus	N						
IN	Medicaid/SCHIP/Family J7060	5% Dextrose/Water	N						
IN	Medicaid/SCHIP/Family J7070	D5w Infusion	N						
IN	Medicaid/SCHIP/Family J7100	Dextran 40 Infusion	N						
IN	Medicaid/SCHIP/Family J7110	Dextran 75 Infusion	N						
IN	Medicaid/SCHIP/Family J7120	Ringers Lactate Infusion	N						
IN	Medicaid/SCHIP/Family J7121	5% dextrose in lactated ringers infusion, up to 1	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7131	Hypertonic saline solution, 1 ml	N						
IN	Medicaid/SCHIP/Family J7169	Injection, coagulation Factor Xa (recombinant),	N						
IN	Medicaid/SCHIP/Family J7170	Injection, emicizumab-kxwh, 0.5 mg	N				None	None	None
IN	Medicaid/SCHIP/Family J7175	Injection, factor x, (human), 1 i.u.	N				None	None	None
IN	Medicaid/SCHIP/Family J7177	Injection, human fibrinogen concentrate (Fibrin	Y				ING-CC-0149	None	None
IN	Medicaid/SCHIP/Family J7178	Injection, human fibrinogen concentrate, not of	N				None	None	None
IN	Medicaid/SCHIP/Family J7179	Injection, von willebrand factor (recombinant),	X				None	None	None
IN	Medicaid/SCHIP/Family J7180	Injection, factor XIII (antihemophilic factor, hu	X				Please submit your request to CA	None	None
IN	Medicaid/SCHIP/Family J7181	Injection, factor xiii a-subunit, (recombinant), p	X				Please submit your request to CA	None	None
IN	Medicaid/SCHIP/Family J7182	Injection, factor viii, (antihemophilic factor, rec	X				Please submit your request to CA	None	None
IN	Medicaid/SCHIP/Family J7183	Injection, von Willebrand factor complex (huma	X				Please submit your request to CA	None	None
IN	Medicaid/SCHIP/Family J7185	Injection, Factor VIII (Antihemophilic Factor, Re	X				Please submit your request to CA	None	None
IN	Medicaid/SCHIP/Family J7186	Injection, antihemophilic factor VIII/von Willebr	X				None	None	Non covered but for pediatric me
IN	Medicaid/SCHIP/Family J7187	Injection, von Willebrand factor complex (Huma	X				Please submit your request to CA	None	None

IN	Medicaid/SCHIP/Family J7188	Injection, factor viii (antihemophilic factor, reco	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7189	Factor VIIa (antihemophilic Factor, recombinan	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7190	Factor VIII	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7191	Factor VIII (Porcine)	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7192	Factor VIII (Antihemophilic Factor, Recombinan	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7193	Factor IX (antihemophilic factor, purified, non-r	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7194	Factor Ix Complex	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7195	Factor IX (antihemophilic factor, recombinant)	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7196	Injection, antithrombin recombinant, 50 i.u.	N							
IN	Medicaid/SCHIP/Family J7197	Antithrombin Iii Injection	N							
IN	Medicaid/SCHIP/Family J7198	Anti-Inhibitor	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7199	Hemophilia Clot Factor Noc	X				Please submit your request to CMCS phone 1-800-269-5720, Fax 1-800-689-2759			
IN	Medicaid/SCHIP/Family J7200	Injection, factor ix, (antihemophilic factor, reco	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7201	Injection, factor IX, Fc fusion protein, (recombir	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7202	Injection, factor ix, albumin fusion protein, (reco	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7203	Injection Factor IX, (antihemophilic factor, reco	Y					ING-CC-0148	None	None
IN	Medicaid/SCHIP/Family J7204	Injection, Factor VIII, antihemophilic factor (rec	N							
IN	Medicaid/SCHIP/Family J7205	Injection, factor viii fc fusion (recombinant), per	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7207	Injection, factor viii, (antihemophilic factor, rec	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7208	Injection, factor viii, (antihemophilic factor, rec	Y					ING-CC-0065	None	None
IN	Medicaid/SCHIP/Family J7209	Injection, factor viii, (antihemophilic factor, rec	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7210	Injection, Factor VIII, (antihemophilic factor, rec	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7211	Injection, Factor VIII, (antihemophilic factor, rec	X				Please submit your request to CA	None	None	None
IN	Medicaid/SCHIP/Family J7212	Factor viia (antihemophilic factor, recombinant)	Y							
IN	Medicaid/SCHIP/Family J7296	Levonorgestrel-releasing intrauterine contracep	N							
IN	Medicaid/SCHIP/Family J7297	Levonorgestrel-releasing intrauterine contracep	N							
IN	Medicaid/SCHIP/Family J7298	Levonorgestrel-releasing intrauterine contracep	N							
IN	Medicaid/SCHIP/Family J7300	Intraut Copper Contraceptive	N							
IN	Medicaid/SCHIP/Family J7301	Levonorgestrel-releasing intrauterine contracep	N							
IN	Medicaid/SCHIP/Family J7303	Contraceptive supply, hormone containing vagi	N							
IN	Medicaid/SCHIP/Family J7304	Contraceptive hormone patch	N							
IN	Medicaid/SCHIP/Family J7306	Levonorgestrel (contraceptive) implant system,	N							
IN	Medicaid/SCHIP/Family J7307	Etonogestrel (contraceptive) implant system, ii	N							
IN	Medicaid/SCHIP/Family J7308	Amniolevalinic acid HCL for topical administrati	N							
IN	Medicaid/SCHIP/Family J7309	Methyl aminolevulinic acid (mal) for topical admin	N							
IN	Medicaid/SCHIP/Family J7310	Ganciclovir Long Act Implant	N							
IN	Medicaid/SCHIP/Family J7311	Injection, fluocinolone acetonide, intravitreal in	Y					ING-CC-0031	None	None
IN	Medicaid/SCHIP/Family J7312	Injection, dexamethasone, intravitreal implant,	Y					ING-CC-0031	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J7313	Injection, fluocinolone acetonide, intravitreal in	Y					ING-CC-0031	None	None
IN	Medicaid/SCHIP/Family J7314	Injection, fluocinolone acetonide, intravitreal in	Y					ING-CC-0031	None	None
IN	Medicaid/SCHIP/Family J7315	Mitomycin, ophthalmic, 0. 2 mg	X				Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J7316	Injection, ocriplasmin, 0.125 mg	Y					ING-CC-0070	None	None
IN	Medicaid/SCHIP/Family J7318	Hyaluronan or derivative, Durolane, for intra-ar	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7320	Hyaluronan or derivative, genvisc 850, for intra-	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7321	Hyaluronan or derivative, Hyalgan, Supartz or V	N					ING-CC-0006	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J7322	Hyaluronan or derivative, hymovis, for intra-art	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7323	Hyaluronan or derivative, euflexxa, for intra-art	N					ING-CC-0006	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J7324	Hyaluronan or derivative, orthovisc, for intra-ar	N					ING-CC-0006	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J7325	Hyaluronan Or Derivative, Synvisc Or Synvisc-O	N					ING-CC-0006	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J7326	Hyaluronan or derivative, Gel-One, for intra-art	N					ING-CC-0006	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J7327	Hyaluronan or derivative, monovisc, for intra-ar	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7328	Hyaluronan or derivative, GELSYN-3, for intra-ai	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7329	Hyaluronan or derivative, Trivisc, for intra-artic	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7330	Cultured Chondrocytes Implnt	N					AIM Musculoskeletal: Joint Surgery	None	None
IN	Medicaid/SCHIP/Family J7331	Hyaluronan or derivative, synjoynt, for intra-a	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7332	Hyaluronan or derivative, triluron, for intra-arti	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7333	Hyaluronan or derivative, Visco-3, for intra-artic	N					ING-CC-0006	None	None
IN	Medicaid/SCHIP/Family J7336	Capsaicin 8% patch, per square centimeter	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspen	Y		SURG.00011			ING-CC-0035	None	None

IN	Medicaid/SCHIP/Family J7342	Installation, ciprofloxacin otic suspension, 6 mg	N						
IN	Medicaid/SCHIP/Family J7345	Aminolevulinic acid HCl for topical administrati	N						
IN	Medicaid/SCHIP/Family J7351	Injection, bimatoprost, intracameral implant, 1	Y						
IN	Medicaid/SCHIP/Family J7352	Afamelanotide implant, 1 mg	Y						
IN	Medicaid/SCHIP/Family J7401	Mometasone furoate sinus implant, 10 microgr	N	SURG.00132			None	None	None
IN	Medicaid/SCHIP/Family J7500	Azathioprine Oral 50mg	N						
IN	Medicaid/SCHIP/Family J7501	Azathioprine Parenteral	N						
IN	Medicaid/SCHIP/Family J7502	Cyclosporine Oral 100 Mg	N						
IN	Medicaid/SCHIP/Family J7503	Tacrolimus, extended release, (envarsus xr), or	N						
IN	Medicaid/SCHIP/Family J7504	Lymphocyte Immune Globulin	N						
IN	Medicaid/SCHIP/Family J7505	Monoclonal Antibodies	N						
IN	Medicaid/SCHIP/Family J7507	Tacrolimus, immediate release, oral, 1 mg	N						
IN	Medicaid/SCHIP/Family J7508	Tacrolimus, extended release, oral, 0.1 mg	N						
IN	Medicaid/SCHIP/Family J7509	Methylprednisolone Oral	N						
IN	Medicaid/SCHIP/Family J7510	Prednisolone Oral Per 5 Mg	N						
IN	Medicaid/SCHIP/Family J7511	Lymphocyte immune globulin, antithymocyte g	N						
IN	Medicaid/SCHIP/Family J7512	Prednisone, immediate release or delayed relea	N						
IN	Medicaid/SCHIP/Family J7513	Daclizumab, Parenteral	N						
IN	Medicaid/SCHIP/Family J7515	Cyclosporine Oral 25 Mg	N						
IN	Medicaid/SCHIP/Family J7516	Cyclosporin Parenteral 250mg	N						
IN	Medicaid/SCHIP/Family J7517	Mycophenolate Mofetil Oral	N						
IN	Medicaid/SCHIP/Family J7518	Mycophenolic acid	N						
IN	Medicaid/SCHIP/Family J7520	Sirolimus, Oral	N						
IN	Medicaid/SCHIP/Family J7525	Tacrolimus Injection	N						
IN	Medicaid/SCHIP/Family J7527	Everolimus, oral, 0. 25 mg	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7599	Immunosuppressive Drug Noc	N						
IN	Medicaid/SCHIP/Family J7604	Acetylcysteine, inhalation solution, compounde	N						
IN	Medicaid/SCHIP/Family J7605	Arformoterol, inhalation solution, FDA approve	N						
IN	Medicaid/SCHIP/Family J7606	Formoterol fumarate, inhalation solution, FDA	N						
IN	Medicaid/SCHIP/Family J7607	LEVALBUTEROL, INHALATION SOLUTION, COMF	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7608	Acetylcysteine, inhalation solution, FDA-approv	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7609	ALBUTEROL, INHALATION SOLUTION, COMPOU	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7610	ALBUTEROL, INHALATION SOLUTION, COMPOU	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7611	Albuterol, inhalation solution, FDA-approved fir	N						
IN	Medicaid/SCHIP/Family J7612	Levalbuterol, inhalation solution, FDA-approve	N						
IN	Medicaid/SCHIP/Family J7613	Albuterol, inhalation solution, FDA-approved fir	N						
IN	Medicaid/SCHIP/Family J7614	Levalbuterol, inhalation solution, FDA-approve	N						
IN	Medicaid/SCHIP/Family J7615	LEVALBUTEROL, INHALATION SOLUTION, COMF	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM	N						
IN	Medicaid/SCHIP/Family J7622	BECLOMETHASONE, INHALATION SOLUTION, CO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7624	BETAMETHASONE, INHALATION SOLUTION, CO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7626	BUDESONIDE, INHALATION SOLUTION, FDA-API	N						
IN	Medicaid/SCHIP/Family J7627	BUDESONIDE, INHALATION SOLUTION, COMPO	N						
IN	Medicaid/SCHIP/Family J7628	BITOLTEROL MESYLATE, INHALATION Solutio	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7629	BITOLTEROL MESYLATE, INHALATION Solutio	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7631	Cromolyn sodium, inhalation solution, FDA-app	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7632	Cromolyn sodium, inhalation solution, compou	N						
IN	Medicaid/SCHIP/Family J7633	BUDESONIDE, INHALATION SOLUTION, FDA-API	N						
IN	Medicaid/SCHIP/Family J7634	BUDESONIDE, INHALATION SOLUTION, COMPO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7635	ATROPINE, INHALATION SOLUTION, COMPOUN	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7636	ATROPINE, INHALATION SOLUTION, COMPOUN	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7637	DEXAMETHASONE, INHALATION SOLUTION, CO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7638	DEXAMETHASONE, INHALATION SOLUTION, CO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7639	Dornase alfa, inhalation solution, FDA-approve	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7640	FORMOTEROL, INHALATION SOLUTION, COMPI	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7642	GLYCOPYRROLATE, INHALATION SOLUTION, CO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7643	GLYCOPYRROLATE, INHALATION SOLUTION, CO	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family J7644	IPRATROPIUM BROMIDE, INHALATION Solutio	N						

IN	Medicaid/SCHIP/Family J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTIO	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7647	ISOETHARINE HCL, INHALATION SOLUTION, COI	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7648	ISOETHARINE HCL, INHALATION SOLUTION, FDA	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7649	ISOETHARINE HCL, INHALATION SOLUTION, FDA	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7650	ISOETHARINE HCL, INHALATION SOLUTION, COI	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7658	ISOPROTERENOL HCL, INHALATION SOLUTION, X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7659	ISOPROTERENOL HCL, INHALATION SOLUTION, X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7665	Mannitol, administered through an inhaler, 5 m	N								
IN	Medicaid/SCHIP/Family J7667	METAPROTERENOL SULFATE, INHALATION SOLU	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7668	METAPROTERENOL SULFATE, INHALATION SOLI	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7669	METAPROTERENOL SULFATE, INHALATION SOLI	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7670	METAPROTERENOL SULFATE, INHALATION SOLI	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7674	Methacholine chloride, nebulizer	N								
IN	Medicaid/SCHIP/Family J7676	Pentamidine isethionate, inhalation solution, cc	N								
IN	Medicaid/SCHIP/Family J7677	Revefenacin inhalation solution, fda-approved f	N								
IN	Medicaid/SCHIP/Family J7680	TERBUTALINE SULFATE, INHALATION SOLUTION X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7681	TERBUTALINE SULFATE, INHALATION SOLUTION X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-AP	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7683	TRIAMCINOLONE, INHALATION SOLUTION, COM X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7684	TRIAMCINOLONE, INHALATION SOLUTION, COM X						Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPC	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J7686	Treprostinil, inhalation solution, fda-approved f	Y				ING-CC-0067	None	CMS Guidelines		
IN	Medicaid/SCHIP/Family J7699	NOC DRUGS, INHALATION SOLUTION ADMINIS	N								
IN	Medicaid/SCHIP/Family J7799	NOC drugs, other than inhalation drugs, admini	N								
IN	Medicaid/SCHIP/Family J7999	Compounded drug, not otherwise classified	X					Non covered but for pediatric me	ING-CC-0036	None	None
IN	Medicaid/SCHIP/Family J8498	Antiemetic drug, rectal/suppository, not other	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J8499	Oral Prescrip Drug Non Chemo	N				None	None	None	None	
IN	Medicaid/SCHIP/Family J8501	Oral aprepitant	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J8510	Oral Busulfan	N								
IN	Medicaid/SCHIP/Family J8515	Cabergoline, oral, 0.25 mg	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J8520	Capecitabine, Oral, 150 Mg	N								
IN	Medicaid/SCHIP/Family J8521	Capecitabine, Oral, 500 Mg	N								
IN	Medicaid/SCHIP/Family J8530	Cyclophosphamide Oral 25 Mg	N								
IN	Medicaid/SCHIP/Family J8540	Dexamethasone, oral, 0.25 mg	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J8560	Etoposide Oral 50 Mg	N								
IN	Medicaid/SCHIP/Family J8562	Fludarabine phosphate, oral, 10 mg	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J8565	Gefitinib oral	N								
IN	Medicaid/SCHIP/Family J8597	Antiemetic drug, oral, not otherwise specified	X					Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family J8600	Melphalan Oral 2 Mg	N								
IN	Medicaid/SCHIP/Family J8610	Methotrexate Oral 2.5 Mg	N								
IN	Medicaid/SCHIP/Family J8650	NABILONE, ORAL, 1 MG	N				None	None	CMS Guidelines		
IN	Medicaid/SCHIP/Family J8655	Netupitant 300 mg and palonosetron 0.5 mg, o	N				ING-CC-0074	None	None		
IN	Medicaid/SCHIP/Family J8670	Rolapitant, oral, 1 mg	N								
IN	Medicaid/SCHIP/Family J8700	Temozolamide	N								
IN	Medicaid/SCHIP/Family J8705	Topotecan, oral, 0.25 mg	X					Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family J8999	Oral Prescription Drug Chemo	N	MED.00085			None	None	None	CMS Guidelines	
IN	Medicaid/SCHIP/Family J9000	Injection, doxorubicin HCl, 10 mg	N								
IN	Medicaid/SCHIP/Family J9015	Injection, aldesleukin, per single use vial	N				ING-CC-0175	None	CMS Guidelines		
IN	Medicaid/SCHIP/Family J9017	Injection, arsenic trioxide, 1 mg	N								
IN	Medicaid/SCHIP/Family J9019	Injection, asparaginase (erwinaze), 1,000 iu	Y				ING-CC-0096	None	CMS Guidelines		
IN	Medicaid/SCHIP/Family J9020	Injection, asparaginase, not otherwise specifi	Y				ING-CC-0096	None	None		
IN	Medicaid/SCHIP/Family J9022	Injection, atezolizumab, 10 mg	Y				ING-CC-0128	None	None		
IN	Medicaid/SCHIP/Family J9023	Injection, avelumab, 10 mg	Y				ING-CC-0129	None	None		
IN	Medicaid/SCHIP/Family J9025	Injection, azacitidine, 1 mg	Y				ING-CC-0097	None	CMS Guidelines		
IN	Medicaid/SCHIP/Family J9027	Injection, clofarabine, 1 mg	N								
IN	Medicaid/SCHIP/Family J9030	BCG live intravesical instillation, 1 mg	N								
IN	Medicaid/SCHIP/Family J9032	Injection, belinostat, 10 mg	N				ING-CC-0176	None	None		

IN	Medicaid/SCHIP/Family	J9033	Injection, bendamustine HCl (Treanda), 1 mg	Y				ING-CC-0116	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9034	Injection, bendamustine hcl (bendeKa), 1 mg	Y				ING-CC-0116	None	None
IN	Medicaid/SCHIP/Family	J9035	Bevacizumab injection	Y				ING-CC-0107, ING-CC-0072	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9036	Injection, bendamustine hydrochloride, (Belrap	Y				ING-CC-0116	None	None
IN	Medicaid/SCHIP/Family	J9039	Injection, blinatumomab, 1 microgram	Y				ING-CC-0126	None	None
IN	Medicaid/SCHIP/Family	J9040	Injection, bleomycin sulfate, 15 units	N						
IN	Medicaid/SCHIP/Family	J9041	Injection, bortezomib (Velcade), 0.1 mg	Y				ING-CC-0095	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9042	Injection, brentuximab vedotin, 1 mg	Y				ING-CC-0092	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9043	Injection, cabazitaxel, 1 mg	Y				ING-CC-0114	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9044	Injection, bortezomib, not otherwise specified,	Y				ING-CC-0095	None	None
IN	Medicaid/SCHIP/Family	J9045	Injection, carboplatin, 50 mg	N						
IN	Medicaid/SCHIP/Family	J9047	Injection, carfilzomib, 1 mg	Y				ING-CC-0120	None	None
IN	Medicaid/SCHIP/Family	J9050	Injection, carmustine, 100 mg	N						
IN	Medicaid/SCHIP/Family	J9055	Cetuximab injection	Y				ING-CC-0106	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9057	Injection, copanlisib, 1 mg	Y				ING-CC-0133	None	None
IN	Medicaid/SCHIP/Family	J9060	Injection, cisplatin, powder or solution, 10 mg	N						
IN	Medicaid/SCHIP/Family	J9065	Inj Cladribine Per 1 Mg	N						
IN	Medicaid/SCHIP/Family	J9070	Cyclophosphamide 100 Mg Inj	N						
IN	Medicaid/SCHIP/Family	J9098	Injection, cytarabine liposome, 10 mg	N						
IN	Medicaid/SCHIP/Family	J9100	Injection, cytarabine, 100 mg	N						
IN	Medicaid/SCHIP/Family	J9118	Injection, calaspargase pegol-mknl, 10 units	N				ING-CC-0096	None	None
IN	Medicaid/SCHIP/Family	J9119	Injection, cemiplimab-rwlc, 1 mg	Y				ING-CC-0145	None	None
IN	Medicaid/SCHIP/Family	J9120	Injection, dactinomycin, 0.5 mg	N						
IN	Medicaid/SCHIP/Family	J9130	Dacarbazine 10 Mg Inj	N						
IN	Medicaid/SCHIP/Family	J9144	Injection, daratumumab, 10 mg and hyaluronid	Y						
IN	Medicaid/SCHIP/Family	J9145	Injection, daratumumab, 10 mg	Y				ING-CC-0127	None	None
IN	Medicaid/SCHIP/Family	J9150	Injection, daunorubicin, 10 mg	N						
IN	Medicaid/SCHIP/Family	J9151	Injection, daunorubicin citrate, liposomal formu	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	J9153	Injection, liposomal, 1 mg daunorubicin and 2.2	N						
IN	Medicaid/SCHIP/Family	J9155	Injection, Degarelix, 1 Mg	Y				ING-CC-0102	None	None
IN	Medicaid/SCHIP/Family	J9160	Injection, denileukin diftitox, 300 mcg	N						
IN	Medicaid/SCHIP/Family	J9165	Injection, diethylstilbestrol diphosphate, 250 m	N						
IN	Medicaid/SCHIP/Family	J9171	Injection, Docetaxel, 1 Mg	N				ING-CC-0093	None	None
IN	Medicaid/SCHIP/Family	J9173	Injection, durvalumab, 10 mg	Y				ING-CC-0130	None	None
IN	Medicaid/SCHIP/Family	J9175	Injection, Eliott's B solution, 1 ml	X						Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	J9176	Injection, elotuzumab, 1 mg	Y				ING-CC-0117	None	None
IN	Medicaid/SCHIP/Family	J9177	Injection, enfortumab vedotin-efv, 0.25 mg	Y						
IN	Medicaid/SCHIP/Family	J9178	Injection, epirubicin hcl, 2 mg	N						
IN	Medicaid/SCHIP/Family	J9179	Injection, eribulin mesylate, 0.1 mg	Y				ING-CC-0108	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9181	Injection, etoposide, 10 mg	N						
IN	Medicaid/SCHIP/Family	J9185	Injection, fludarabine phosphate, 50 mg	N						
IN	Medicaid/SCHIP/Family	J9190	Injection, fluorouracil, 500 mg	N						
IN	Medicaid/SCHIP/Family	J9198	Injection, gemcitabine hydrochloride, (Infugem	N						
IN	Medicaid/SCHIP/Family	J9200	Injection, floxuridine, 500 mg	N						
IN	Medicaid/SCHIP/Family	J9201	Injection, gemcitabine HCl, 200 mg	N						
IN	Medicaid/SCHIP/Family	J9202	Goserelin Acetate Implant	Y				ING-CC-0061, ING-CC-0102	None	None
IN	Medicaid/SCHIP/Family	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Y				ING-CC-0132	None	None
IN	Medicaid/SCHIP/Family	J9204	Injection, mogamulizumab-kpkc, 1 mg	N						
IN	Medicaid/SCHIP/Family	J9205	Injection, irinotecan liposome, 1 mg	N						
IN	Medicaid/SCHIP/Family	J9206	Injection, irinotecan, 20 mg	N						
IN	Medicaid/SCHIP/Family	J9207	Injection, ixabepilone, 1 mg	Y				ING-CC-0090	None	None
IN	Medicaid/SCHIP/Family	J9208	Injection, ifosfamide, 1 g	N						
IN	Medicaid/SCHIP/Family	J9209	Injection, mesna, 200 mg	N						
IN	Medicaid/SCHIP/Family	J9210	Injection, emapalumab-lzsg, 1 mg	Y				ING-CC-0087	None	None
IN	Medicaid/SCHIP/Family	J9211	Injection, idarubicin HCl, 5 mg	N						
IN	Medicaid/SCHIP/Family	J9212	Interferon Alfacon-1	N				None	None	None
IN	Medicaid/SCHIP/Family	J9213	Injection, interferon, alfa-2a, recombinant, 3 mi	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9214	Injection, interferon, alfa-2b, recombinant, 1 mi	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9215	Injection, interferon, alfa-N3, (human leukocyte	N				None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	J9216	Injection, interferon, gamma-1B, 3 million units	Y				ING-CC-0085	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9217	Leuprolide Acetate Suspnsion	Y				ING-CC-0102, ING-CC-0061	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9218	Leuprolide Acetate Inj	Y				ING-CC-0102, ING-CC-0061	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9219	Leuprolide Acetate Implant	N				None	None	None
IN	Medicaid/SCHIP/Family	J9223	Injection, lurbnectedin, 0.1 mg	N						
IN	Medicaid/SCHIP/Family	J9225	Histrelin implant (Vantas), 50 mg	Y				ING-CC-0102, ING-CC-0061	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9226	Histrelin implant (supprelin LA), 50 mg	Y				ING-CC-0061	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9227	Injection, isatuximab-irfc, 10 mg	N						
IN	Medicaid/SCHIP/Family	J9228	Injection, ipilimumab, 1 mg	Y				ING-CC-0119	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Y				ING-CC-0131	None	None
IN	Medicaid/SCHIP/Family	J9230	Injection, mechlorethamine HCl, (nitrogen must)	N						
IN	Medicaid/SCHIP/Family	J9245	Inj Melphalan Hydrochl 50 Mg	N						
IN	Medicaid/SCHIP/Family	J9246	Injection, melphalan (Evomela), 1 mg	N						
IN	Medicaid/SCHIP/Family	J9250	Methotrexate Sodium Inj	N						
IN	Medicaid/SCHIP/Family	J9260	Methotrexate Sodium Inj	N						
IN	Medicaid/SCHIP/Family	J9261	INJECTION, NELARABINE, 50 MG	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	N				ING-CC-0178	None	None
IN	Medicaid/SCHIP/Family	J9263	Injection, oxaliplatin, 0.5 mg	N						
IN	Medicaid/SCHIP/Family	J9264	Injection, paclitaxel protein-bound particles, 1 mg	Y				ING-CC-0099	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9266	Injection, pegaspargase, per single dose vial	Y				ING-CC-0096	None	None
IN	Medicaid/SCHIP/Family	J9267	Injection, paclitaxel, 1 mg	N						
IN	Medicaid/SCHIP/Family	J9268	Injection, pentostatin, 10 mg	N						
IN	Medicaid/SCHIP/Family	J9269	Injection, tagraxofusp-erzs, 10 micrograms	Y				ING-CC-0088	None	None
IN	Medicaid/SCHIP/Family	J9270	Injection, plicamycin, 2.5 mg	N						
IN	Medicaid/SCHIP/Family	J9271	Injection, pembrolizumab, 1 mg	Y				ING-CC-0124	None	None
IN	Medicaid/SCHIP/Family	J9280	Injection, mitomycin, 5 mg	N						
IN	Medicaid/SCHIP/Family	J9281	Mitomycin pyelocalyceal instillation, 1 mg	N						
IN	Medicaid/SCHIP/Family	J9285	Injection, olaratumab, 10 mg	Y				ING-CC-0091	None	None
IN	Medicaid/SCHIP/Family	J9293	Mitoxantrone Hydrochl / 5 Mg	N						
IN	Medicaid/SCHIP/Family	J9295	Injection, necitumumab, 1 mg	N						
IN	Medicaid/SCHIP/Family	J9299	Injection, nivolumab, 1 mg	Y				ING-CC-0125	None	None
IN	Medicaid/SCHIP/Family	J9301	Injection, obinutuzumab, 10 mg	Y				ING-CC-0121	None	None
IN	Medicaid/SCHIP/Family	J9302	Injection, ofatumumab, 10 mg	Y				ING-CC-0122, ING-CC-0174	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9303	Injection, panitumumab, 10 mg	Y				ING-CC-0105	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9304	Injection, pemetrexed (pemfexy), 10 mg	Y						
IN	Medicaid/SCHIP/Family	J9305	Pemetrexed injection	Y				ING-CC-0094	None	None
IN	Medicaid/SCHIP/Family	J9306	Injection, pertuzumab, 1 mg	Y				ING-CC-0110	None	None
IN	Medicaid/SCHIP/Family	J9307	Injection, pralatrexate, 1 mg	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9308	Injection, ramucirumab, 5 mg	Y				ING-CC-0123	None	None
IN	Medicaid/SCHIP/Family	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Y				ING-CC-0157	None	None
IN	Medicaid/SCHIP/Family	J9311	Injection, rituximab 10 mg and hyaluronidase	N				ING-CC-0075	None	None
IN	Medicaid/SCHIP/Family	J9312	Injection, rituximab, 10 mg	Y				ING-CC-0075	None	None
IN	Medicaid/SCHIP/Family	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Y				ING-CC-0144	None	None
IN	Medicaid/SCHIP/Family	J9315	Injection, romidepsin, 1 mg	Y				ING-CC-0100	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase	Y						
IN	Medicaid/SCHIP/Family	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Y						
IN	Medicaid/SCHIP/Family	J9320	Injection, streptozocin, 1 g	N						
IN	Medicaid/SCHIP/Family	J9325	Injection, talimogene laherparepvec, per 1 milliliter	Y				ING-CC-0135	None	None
IN	Medicaid/SCHIP/Family	J9328	Injection, Temozolomide, 1 Mg	N						
IN	Medicaid/SCHIP/Family	J9330	Injection, temsirolimus, 1 mg	Y				ING-CC-0101	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9340	Injection, thiotepa, 15 mg	N						
IN	Medicaid/SCHIP/Family	J9351	Injection, topotecan, 0.1 mg	N						
IN	Medicaid/SCHIP/Family	J9352	Injection, trabectedin, 0.1 mg	N						
IN	Medicaid/SCHIP/Family	J9354	Injection, ado-trastuzumab emtansine, 1 mg	Y				ING-CC-0115	None	None
IN	Medicaid/SCHIP/Family	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	N				ING-CC-0166	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	J9356	Injection, trastuzumab, 10 mg and hyaluronidase	N				ING-CC-0166	None	None
IN	Medicaid/SCHIP/Family	J9357	Injection, valrubicin, intravesical, 200 mg	N						
IN	Medicaid/SCHIP/Family	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Y						
IN	Medicaid/SCHIP/Family	J9360	Injection, vinblastine sulfate, 1 mg	N						

IN	Medicaid/SCHIP/Family J9370	Vincristine Sulfate 1 Mg Inj	N							
IN	Medicaid/SCHIP/Family J9371	Injection, vincristine sulfate liposome, 1 mg	N							
IN	Medicaid/SCHIP/Family J9390	Injection, vinorelbine tartrate, 10 mg	N							
IN	Medicaid/SCHIP/Family J9395	Injection, fulvestrant, 25 mg	Y					ING-CC-0103	None	None
IN	Medicaid/SCHIP/Family J9400	Injection, ziv-aflibercept, 1 mg	Y					ING-CC-0109	None	None
IN	Medicaid/SCHIP/Family J9600	Injection, porfimer sodium, 75 mg	N							
IN	Medicaid/SCHIP/Family J9999	NOC, antineoplastic drug	Y		MED.00085					
IN	Medicaid/SCHIP/Family K0001	Standard Wheelchair	X		CG-DME-24				None	None
IN	Medicaid/SCHIP/Family K0002	Stnd Hemi (Low Seat) Whlchr	X		CG-DME-24				None	None
IN	Medicaid/SCHIP/Family K0003	Lightweight Wheelchair	X		CG-DME-24				None	None
IN	Medicaid/SCHIP/Family K0004	High Strength Ltwt Whlchr	X		CG-DME-24				None	None
IN	Medicaid/SCHIP/Family K0005	Ultralightweight Wheelchair	X		CG-DME-33		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0006	Heavy Duty Wheelchair	X		CG-DME-24				None	None
IN	Medicaid/SCHIP/Family K0007	Extra Heavy Duty Wheelchair	X		CG-DME-24				None	None
IN	Medicaid/SCHIP/Family K0008	Custom manual wheelchair/base	X		CG-DME-24		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0009	Other Manual Wheelchair/Base	X		CG-DME-24		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0010	Stnd Wt Frame Power Whlchr	X		CG-DME-31		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0011	Stnd Wt Pwr Whlchr W Control	X		CG-DME-31		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0012	Ltwt Portbl Power Whlchr	Y		CG-DME-31		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0013	Custom motorized/power wheelchair base	X		CG-DME-31		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0014	Other Power Whlchr Base	Y		CG-DME-31		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0015	Detach Non-Adjus Hght Armrst	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0017	Detach Adjust Armrest Base	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0018	Detach Adjust Armrst Upper	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0019	Arm pad, replacement only, each	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0020	Fixed Adjust Armrest Pair	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0037	High mount flip-up footrest, each	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0038	Leg Strap Each	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0039	Leg Strap H Style Each	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0040	Adjustable Angle Footplate	N		CG-DME-34		This code is not covered/allowed	None	None	None
IN	Medicaid/SCHIP/Family K0041	Large Size Footplate Each	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0042	Standard size footplate, replacement only, each	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0043	Footrest, lower extension tube, replacement or	N		CG-DME-34		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0044	Footrest, upper hanger bracket, replacement or	N		CG-DME-34		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0045	Footrest, complete assembly, replacement only	N		CG-DME-34		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0046	Elevating legrest, lower extension tube, replace	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0047	Elevating legrest, upper hanger bracket, replace	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0050	Ratchet assembly, replacement only	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0051	Cam release assembly, footrest or legrest, repla	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0052	Swingaway, detachable footrests, replacement	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0053	Elevate Footrest Articulate	X		CG-DME-34			None	None	None
IN	Medicaid/SCHIP/Family K0056	Seat Ht <17 Or >=21 Ltwt Wc	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0065	Spoke Protectors	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0069	Rear wheel assembly, complete, with solid tire,	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0070	Rear wheel assembly, complete, with pneumatic	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0071	Front caster assembly, complete, with pneumatic	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0072	Front caster assembly, complete, with semipne	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0073	Caster Pin Lock Each	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0077	Front caster assembly, complete, with solid tire	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0098	Drive belt for power wheelchair, replacement o	N		CG-DME-34		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0105	Iv Hanger	X		CG-DME-34		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family K0108	W/C Component-Accessory Nos	Y		CG-DME-34		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0195	Elevating Whlchair Leg Rests	X		CG-DME-34			None	None	None
IN	Medicaid/SCHIP/Family K0455	Pump Uninterrupted Infusion	X				Non covered but for pediatric me	ING-CC-0067	None	None
IN	Medicaid/SCHIP/Family K0462	Temporary Replacement Eqpmnt	X							
IN	Medicaid/SCHIP/Family K0552	Supplies for external non-insulin drug infusion p	N		CG-DME-21			None	None	None
IN	Medicaid/SCHIP/Family K0553	Supply allowance for therapeutic continuous gli	N		CG-DME-42		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0554	Receiver (monitor), dedicated, for use with the	Y		CG-DME-42		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family K0601	Replacement battery for external infusion pump	N				Precertification is REQUIRED for ;	None	None	None

IN	Medicaid/SCHIP/Family	K0602	Replacement battery for external infusion pump	N				Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K0603	Replacement battery for external infusion pump	N				Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K0604	Replacement battery for external infusion pump	N				Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K0605	Replacement battery for external infusion pump	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	K0606	Automatic external defibrillator, with integrated	Y	MED.00055			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0607	Replacement battery for automated external de	N				Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K0608	Replacement garment for use with automated	N				Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K0609	Replacement electrodes for use with automate	N				Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K0669	Wheelchair accessory, wheelchair seat or back	X	CG-DME-34			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0672	Addition to lower extremity orthosis, removable	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0730	CONTROLLED DOSE INHALATION DRUG DELIVER	N					None	None	None
IN	Medicaid/SCHIP/Family	K0733	Pwr wc access 12 to 24 amp hr lead acid batt	N	CG-DME-34			Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL	N	CG-DME-18				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0739	Repair or nonroutine service for durable medica	N				Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0740	Repair or nonroutine service for oxygen equipm	X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	K0743	Suction pump, home model, portable, for use o	X				Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0744	Absorptive wound dressing for use with suction	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	K0745	Absorptive wound dressing for use with suction	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	K0746	Absorptive wound dressing for use with suction	X				Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDAR	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY D	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HE	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDAR	X	CG-DME-31			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY D	X	CG-DME-31			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HE	X	CG-DME-31			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE C	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PC	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PC	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SL	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CA	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PC	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PC	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SL	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CA	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, S	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, C	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY D	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY D	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SE	X	CG-DME-31			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SE	X	CG-DME-31			Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SI	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SI	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, S	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, S	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY D	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MI	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MI	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, I	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SL	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CA	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, S	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, C	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY D	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY D	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY	Y	CG-DME-31			Precertification is REQUIRED for ;	None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, S	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, S	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, M	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY I	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SL	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CA	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, S	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, S	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, M	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MI	Y	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSI	X	CG-DME-31		Precertification is REQUIRED for ;	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0899	Power mobility device, not coded by DME PDA	X	CG-DME-31		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	K0900	Customized durable medical equipment, other	X	CG-DME-10		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	K1001	Electronic positional obstructive sleep apnea tr	N	DME.00042		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K1002	Cranial electrotherapy stimulation (CES) system	N	DME.00011			None	None	None
IN	Medicaid/SCHIP/Family	K1003	Whirlpool tub, walk in, portable	N			Precertification is REQUIRED for all rentals.			
IN	Medicaid/SCHIP/Family	K1004	Low frequency ultrasonic diathermy treatment	N	DME.00041		Precertification is REQUIRED for ;	None	None	None
IN	Medicaid/SCHIP/Family	K1005	Disposable collection and storage bag for breas	N						
IN	Medicaid/SCHIP/Family	K1006	Suction pump, home model, portable or station	N						
IN	Medicaid/SCHIP/Family	K1007	Bilateral hip, knee, ankle, foot device, powered,	N	OR-PR.00006			None	None	None
IN	Medicaid/SCHIP/Family	K1009	Speech volume modulation system, any type, ir	N						
IN	Medicaid/SCHIP/Family	K1010	Indwelling intraurethral drainage device with va	N						
IN	Medicaid/SCHIP/Family	K1011	Activation device for intraurethral drainage dev	N						
IN	Medicaid/SCHIP/Family	K1012	Charger and base station for intraurethral activ	N						
IN	Medicaid/SCHIP/Family	L0112	Cranial cervical orthosis, congenital torticollis ty	Y	CG-OR-PR-04			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0113	Cranial cervical orthotic, torticollis type, with or	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0120	Cervical, flexible, non-adjustable, prefabricated	N						
IN	Medicaid/SCHIP/Family	L0130	Flex Thermoplastic Collar Mo	N						
IN	Medicaid/SCHIP/Family	L0140	Cervical Semi-Rigid Adjustab	N						
IN	Medicaid/SCHIP/Family	L0150	Cerv Semi-Rig Adj Molded Chn	N						
IN	Medicaid/SCHIP/Family	L0160	Cervical, semi-rigid, wire frame occipital/mandi	N						
IN	Medicaid/SCHIP/Family	L0170	Cervical Collar Molded To Pt	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0172	Cervical, collar, semi-rigid thermoplastic foam, 1	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0174	Cervical, collar, semi-rigid, thermoplastic foam,	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0180	Cer Post Col Occ/Man Sup Adj	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0190	Cerv Collar Supp Adj Cerv Ba	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0200	Cerv Col Supp Adj Bar & Thor	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0220	Thor Rib Belt Custom Fabrica	N						
IN	Medicaid/SCHIP/Family	L0450	Tlso, flexible, provides trunk support, upper tho	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0452	TLSO, Flexible, Provides Trunk Support, Upper T	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0454	Tlso flexible, provides trunk support, extends fr	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0455	Tlso, flexible, provides trunk support, extends fi	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0456	Tlso, flexible, provides trunk support, thoracic r	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0457	Tlso, flexible, provides trunk support, thoracic r	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0458	TLSO, Triplanar Control, Modular Segmented Sp	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0460	Tlso, triplanar control, modular segmented spin	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0462	TLSO, Triplanar Control, Modular Segmented Sp	N	CG-OR-PR-06			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L0464	TLSo, Triplanar Control, Modular Segmented S	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0466	Tlso, sagittal control, rigid posterior frame and	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0467	Tlso, sagittal control, rigid posterior frame and	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0468	Tlso, sagittal-coronal control, rigid posterior frai	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0469	Tlso, sagittal-coronal control, rigid posterior frai	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0470	Tlso, triplanar control, rigid posterior frame and	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0472	TLSo, Triplanar Control, Hyperextension, Rigid /	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0480	TLSo, Triplanar Control, One Piece Rigid Plastic	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0482	TLSo, Triplanar Control, One Piece Rigid Plastic	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0484	TLSo, Triplanar Control, Two Piece Rigid Plastic	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0486	TLSo, Triplanar Control, Two Piece Rigid Plastic	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0488	TLSo, Triplanar Control, One Piece Rigid Plastic	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0490	TLSo, Sagittal-Coronal Control, One Piece Rigid	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0491	TLSo, sagittal-coronal control, modular segmen	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0492	TLSo, sagittal-coronal control, modular segmen	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0621	Sacroiliac orthosis, flexible, provides pelvic-sacr	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0622	Sacroiliac orthosis, flexible, provides pelvic-sacr	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0623	Sacroiliac orthosis, provides pelvic-sacral suppo	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0624	Sacroiliac orthosis, provides pelvic-sacral suppo	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0625	Lumbar orthosis, flexible, provides lumbar supp	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0626	Lumbar orthosis, sagittal control, with rigid pos	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0627	Lumbar orthosis, sagittal control, with rigid anti	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0628	Lumbar-sacral orthosis, flexible, provides lumbr	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0629	LSO, flexible, provides lumbo-sacral support, pc	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0630	Lumbar-sacral orthosis, sagittal control, with rig	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0631	Lumbar-sacral orthosis, sagittal control, with rig	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0632	LSO, sagittal control, with rigid anterior and pos	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0633	Lumbar-sacral orthosis, sagittal-coronal control	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0634	LSO, sagittal-coronal control, with rigid poster	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0635	LSO, sagittal-coronal control, lumbar flexion, rig	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0636	LSO, sagittal-coronal control, lumbar flexion, rig	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0637	Lumbar-sacral orthosis, sagittal-coronal control	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0638	LSO, sagittal-coronal control, with rigid anterior	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0639	Lumbar-sacral orthosis, sagittal-coronal control	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0640	LSO, sagittal-coronal control, rigid shell(s)/pane	Y	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0641	Lumbar orthosis, sagittal control, with rigid pos	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0642	Lumbar orthosis, sagittal control, with rigid anti	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0643	Lumbar-sacral orthosis, sagittal control, with rig	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0648	Lumbar-sacral orthosis, sagittal control, with rig	Y	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0649	Lumbar-sacral orthosis, sagittal-coronal control	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0650	Lumbar-sacral orthosis, sagittal-coronal control	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0651	Lumbar-sacral orthosis, sagittal-coronal control	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0700	Ctlso A-P-L Control Molded	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0710	Ctlso A-P-L Control W/ Inter	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0810	Halo Cervical Into Jckt Vest	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0820	Halo Cervical Into Body Jack	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0830	Halo Cerv Into Milwaukee Typ	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0859	Addition to halo procedure, magnetic resonanc	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0861	Addition to halo procedure, replacement liner/i	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0970	Tlso Corset Front	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0972	Lso Corset Front	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L0974	Tlso Full Corset	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0976	Lso Full Corset	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0978	Axillary Crutch Extension	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0980	Peroneal straps, prefabricated, off-the-shelf, pa	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0982	Stocking supporter grips, prefabricated, off-the	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0984	Protective body sock, prefabricated, off-the-she	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L0999	Add To Spinal Orthosis Nos	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1000	Ctlso Millwauke Initial Model	N	CG-OR-PR-06			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOS	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1005	Tension based scoliosis orthosis and accessory	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1010	CtIso Axilla Sling	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1020	Kyphosis Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1025	Kyphosis Pad Floating	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1030	Lumbar Bolster Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1040	Lumbar Or Lumbar Rib Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1050	Sternal Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1060	Thoracic Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1070	Trapezius Sling	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1080	Outrigger	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1085	Outrigger Bil W/ Vert Extens	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1090	Lumbar Sling	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1100	Ring Flange Plastic/Leather	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1110	Ring Flange Plas/Leather Mol	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1120	Covers For Upright Each	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1200	Furnsh Initial Orthosis Only	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1210	Lateral Thoracic Extension	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1220	Anterior Thoracic Extension	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1230	Milwaukee Type Superstructur	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1240	Lumbar Derotation Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1250	Anterior Asis Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1260	Anterior Thoracic Derotation	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1270	Abdominal Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1280	Rib Gusset (Elastic) Each	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1290	Lateral Trochanteric Pad	N	CG-OR-PR-06			None	None	None
IN	Medicaid/SCHIP/Family	L1300	Body Jacket Mold To Patient	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1310	Post-Operative Body Jacket	N	CG-OR-PR-06			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1499	Spinal Orthosis Nos	N	CG-OR-PR-06, DME.00025			None	None	None
IN	Medicaid/SCHIP/Family	L1600	Hip orthosis, abduction control of hip joints, fle	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1610	Hip orthosis, abduction control of hip joints, fle	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1620	Hip orthosis, abduction control of hip joints, fle	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1630	Abduct Control Hip Semi-Flex	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1640	Pelv Band/Spread Bar Thigh C	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1650	Ho Abduction Hip Adjustable	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1652	Hip Orthosis, Bilateral Thigh Cuffs W Adjustable	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1660	Ho Abduction Static Plastic	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1680	Pelvic & Hip Control Thigh C	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1685	Post-Op Hip Abduct Custom Fa	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1686	Ho Post-Op Hip Abduction	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1690	Combination Bilateral Ho	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1700	Leg Perthes Orth Toronto Typ	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1710	Legg Perthes Orth Newington	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1720	Legg Perthes Orthosis Trilat	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1730	Legg Perthes Orth Scottish R	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1755	Legg Perthes Patten Bottom T	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1810	Knee orthosis, elastic with joints, prefabricated	N	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1812	Knee orthosis, elastic with joints, prefabricated,	N	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1820	Ko Elas W/ Condyle Pads & Jo	N	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1830	Knee orthosis, immobilizer, canvas longitudinal,	N	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1831	Knee orthosis, locking knee joint(s), positional c	N	CG-OR-PR-02			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1832	Knee orthosis, adjustable knee joints (unicentri	Y	CG-OR-PR-02			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1833	Knee orthosis, adjustable knee joints (unicentri	Y	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1834	Ko W/O Joint Rigid Molded To	N	CG-OR-PR-03			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1836	Knee orthosis, rigid, without joint(s), includes sc	N	CG-OR-PR-02			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1840	Ko Derot Ant Cruciate Custom	N	CG-OR-PR-03			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1843	Knee orthosis, single upright, thigh and calf, wit	Y	CG-OR-PR-02			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1844	Knee orthosis, single upright, thigh and calf, wit	N	CG-OR-PR-03			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1845	Knee orthosis, double upright, thigh and calf, w	Y	CG-OR-PR-02			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L1846	Knee orthosis, double upright, thigh and calf, w	N	CG-OR-PR-03			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1847	Knee orthosis, double upright with adjustable j	N	CG-OR-PR-02			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1848	Knee orthosis, double upright with adjustable j	N	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1850	Knee orthosis, swedish type, prefabricated, off-	N	CG-OR-PR-02			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1851	Knee orthosis (ko), single upright, thigh and calf	N	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1852	Knee orthosis (ko), double upright, thigh and ca	N	CG-OR-PR-02			None	None	None
IN	Medicaid/SCHIP/Family	L1860	Ko Supracondylar Socket Mold	N	CG-OR-PR-03			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1900	Afo Sprng Wir Drsflix Calf Bd	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1902	Ankle foot orthosis, ankle gauntlet, prefabricate	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1904	Ankle orthosis, ankle gauntlet, custom-fabricati	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1906	Ankle foot orthosis, multiligamentous ankle sur	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1907	Ankle orthosis, supramalleolar with straps, with	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1910	Afo Sing Bar Clasp Attach Sh	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1920	Afo Sing Upright W/ Adjust S	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1930	Afo Plastic	N	CG-DME-22			None	None	None
IN	Medicaid/SCHIP/Family	L1932	Afo rig ant tib prefab TCF/=	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1940	Afo Molded To Patient Plasti	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1945	Afo Molded Plas Rig Ant Tib	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1950	Afo Spiral Molded To Pt Plas	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1951	Ankle foot orthosis, spiral, (institute of rehabilit	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1960	Afo Pos Solid Ank Plastic Mo	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1970	Afo Plastic Molded W/Ankle J	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1971	Ankle foot orthosis, plastic or other material wi	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1980	Afo Sing Solid Stirrup Calf	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L1990	Afo Doub Solid Stirrup Calf	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2000	Kafo Sing Fre Stirr Thi/Calf	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2005	Knee ankle foot orthosis, any material, single or	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2006	Knee-ankle-foot (KAF) device, any material, sing	N	CG-DME-22			None	None	None
IN	Medicaid/SCHIP/Family	L2010	Kafo Sng Solid Stirrup W/O J	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2020	Kafo Dbl Solid Stirrup Band/	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2030	Kafo Dbl Solid Stirrup W/O J	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2034	KAFO, full plastic, single upright, with or withou	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2035	Kafo Plastic Pediatric Size	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2036	KAFO, full plastic, double upright, with or witho	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2037	Knee ankle foot orthosis, full plastic, single upri	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2038	Knee ankle foot orthosis, full plastic, with or wit	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2040	Hkafo Torsion Bil Rot Straps	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2050	Hkafo Torsion Cable Hip Pelv	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2060	Hkafo Torsion Ball Bearing J	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2070	Hkafo Torsion Unilat Rot Str	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2080	Hkafo Unilat Torsion Cable	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2090	Hkafo Unilat Torsion Ball Br	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2106	Afo Tib Fx Cast Plaster Mold	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2108	Afo Tib Fx Cast Molded To Pt	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2112	Afo Tibial Fracture Soft	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2114	Afo Tib Fx Semi-Rigid	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2116	Afo Tibial Fracture Rigid	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2126	Kafo Fem Fx Cast Thermoplas	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2128	Kafo Fem Fx Cast Molded To P	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2132	Kafo Femoral Fx Cast Soft	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2134	Kafo Fem Fx Cast Semi-Rigid	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2136	Kafo Femoral Fx Cast Rigid	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2180	Plas Shoe Insert W Ank Joint	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2182	Drop Lock Knee	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2184	Limited Motion Knee Joint	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2186	Adj Motion Knee Jnt Lerman T	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2188	Quadrilateral Brim	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2190	Waist Belt	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2192	Pelvic Band & Belt Thigh Fla	N	CG-DME-22			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L2200	Limited Ankle Motion Ea Jnt	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2210	Dorsiflexion Assist Each Joi	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2220	Dorsi & Plantar Flex Ass/Res	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2230	Split Flat Caliper Stirr & P	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2232	Rocker bottom, contact AFO	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2240	Round Caliper And Plate Atta	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2250	Foot Plate Molded Stirrup At	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2260	Reinforced Solid Stirrup	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2265	Long Tongue Stirrup	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2270	Varus/Valgus Strap Padded/Li	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2275	Plastic Mod Low Ext Pad/Line	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2280	Molded Inner Boot	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2300	Abduction Bar Jointed Adjust	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2310	Abduction Bar-Straight	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2320	Non-Molded Lacer	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2330	Lacer Molded To Patient Mode	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2335	Anterior Swing Band	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2340	Pre-Tibial Shell Molded To P	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2350	Prosthetic Type Socket Molde	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2360	Extended Steel Shank	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2370	Patten Bottom	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2375	Torsion Ank & Half Solid Sti	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2380	Torsion Straight Knee Joint	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2385	Straight Knee Joint Heavy Du	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2387	Addition to lower extremity, polycentric knee j	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2390	Offset Knee Joint Each	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2395	Offset Knee Joint Heavy Duty	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2397	Suspension Sleeve Lower Ext	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2405	Addition to knee joint, drop lock, each	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2415	Knee Joint Cam Lock Each Joi	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2425	Knee Disc/Dial Lock/Adj Flex	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2430	Knee Jnt Ratchet Lock Ea Jnt	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2492	Knee Lift Loop Drop Lock Rin	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2500	Thi/Glut/Ischia Wgt Bearing	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2510	Th/Wght Bear Quad-Lat Brim M	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2520	Th/Wght Bear Quad-Lat Brim C	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2525	Th/Wght Bear Nar M-L Brim Mo	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2526	Th/Wght Bear Nar M-L Brim Cu	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2530	Thigh/Wght Bear Lacer Non-Mo	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2540	Thigh/Wght Bear Lacer Molded	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2550	Thigh/Wght Bear High Roll Cu	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2570	Hip Clevis Type 2 Posit Jnt	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2580	Pelvic Control Pelvic Sling	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2600	Hip Clevis/Thrust Bearing Fr	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2610	Hip Clevis/Thrust Bearing Lo	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2620	Pelvic Control Hip Heavy Dut	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2622	Hip Joint Adjustable Flexion	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2624	Hip Adj Flex Ext Abduct Cont	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2627	Plastic Mold Recipro Hip & C	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2628	Metal Frame Recipro Hip & Ca	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2630	Pelvic Control Band & Belt U	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2640	Pelvic Control Band & Belt B	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2650	Pelv & Thor Control Gluteal	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2660	Thoracic Control Thoracic Ba	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2670	Thorac Cont Paraspinal Uprig	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2680	Thorac Cont Lat Support Upri	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2750	Plating Chrome/Nickel Pr Bar	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2755	Carbon Graphite Lamination	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2760	Extension Per Extension Per	N	CG-DME-22			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L2768	Orthotic side bar disconnect device, per bar	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2780	Non-Corrosive Finish	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2785	Drop Lock Retainer Each	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2795	Knee Control Full Kneecap	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2800	Knee Cap Medial Or Lateral P	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2810	Knee Control Condylar Pad	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2820	Soft Interface Below Knee Se	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2830	Soft Interface Above Knee Se	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2840	Tibial Length Sock Fx Or Equ	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2850	Femoral Lgth Sock Fx Or Equa	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L2861	Addition To Lower Extremity Joint, Knee Or Ank	N	CG-OR-PR-03, CG-DME-22			None	None	None
IN	Medicaid/SCHIP/Family	L2999	Lower Extremity Orthosis Nos	N	CG-DME-22, OR-PR.00006			None	None	None
IN	Medicaid/SCHIP/Family	L3000	Ft Insert Ucb Berkeley Shell	Y	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3001	Foot Insert Remov Molded Spe	Y	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3002	Foot Insert Plastazote Or Eq	Y	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3003	Foot Insert Silicone Gel Eac	Y	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3010	Foot Longitudinal Arch Suppo	Y	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3020	Foot Longitud/Metatarsal Sup	Y	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3030	Foot Arch Support Remov Prem	Y	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3031	Foot, insert/plate, removable, addition to lower	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3040	Ft Arch Suprt Premold Longit	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3050	Foot Arch Supp Premold Metat	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3060	Foot Arch Supp Longitud/Meta	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3070	Arch Suprt Att To Sho Longit	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3080	Arch Supp Att To Shoe Metata	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3090	Arch Supp Att To Shoe Long/M	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3100	Hallus-valgus night dynamic splint, prefabricate	N				None	None	None
IN	Medicaid/SCHIP/Family	L3140	Abduction Rotation Bar Shoe	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3150	Abduct Rotation Bar W/O Shoe	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3160	Shoe Styled Positioning Dev	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3170	Foot, plastic, silicone or equal, heel stabilizer, p	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3201	Oxford W Supinat/Pronat Inf	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3202	Oxford W/ Supinat/Pronator C	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3203	Oxford W/ Supinator/Pronator	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3204	Hightop W/ Supp/Pronator Inf	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3206	Hightop W/ Supp/Pronator Chi	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3207	Hightop W/ Supp/Pronator Jun	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3208	Surgical Boot Each Infant	N						
IN	Medicaid/SCHIP/Family	L3209	Surgical Boot Each Child	N						
IN	Medicaid/SCHIP/Family	L3211	Surgical Boot Each Junior	N						
IN	Medicaid/SCHIP/Family	L3212	Benesch Boot Pair Infant	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3213	Benesch Boot Pair Child	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3214	Benesch Boot Pair Junior	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3215	Orthopedic footwear, ladies shoe, oxford, each	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3216	Orthopedic footwear, ladies shoe, depth inlay, c	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3217	Orthopedic footwear, ladies shoe, hightop, dep	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3219	Orthopedic footwear, mens shoe, oxford, each	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3221	Orthopedic footwear, mens shoe, depth inlay, c	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3222	Orthopedic footwear, mens shoe, hightop, dep	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3224	Woman's Shoe Oxford Brace	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3225	Man's Shoe Oxford Brace	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3230	Orthopedic footwear, custom shoe, depth inlay	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3250	Custom Mold Shoe Remov Prost	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3251	Shoe Molded To Pt Silicone S	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3252	Shoe Molded Plastazote Cust	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3253	Shoe Molded Plastazote Cust	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3254	Orth Foot Non-Standard Size/W	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3255	Orth Foot Non-Standard Size/	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3257	Orth Foot Add Charge Split S	N	CG-DME-20			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L3260	Ambulatory Surgical Boot Eac	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3265	Plastazote Sandal Each	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3300	Sho Lift Taper To Metatarsal	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3310	Shoe Lift Elev Heel/Sole Neo	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3320	Shoe Lift Elev Heel/Sole Cor	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3330	Lifts Elevation Metal Extens	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3332	Shoe Lifts Tapered To One-Ha	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3334	Shoe Lifts Elevation Heel /I	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3340	Shoe Wedge Sach	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3350	Shoe Heel Wedge	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3360	Shoe Sole Wedge Outside Sole	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3370	Shoe Sole Wedge Between Sole	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3380	Shoe Clubfoot Wedge	N				None	None	None
IN	Medicaid/SCHIP/Family	L3390	Shoe Outflare Wedge	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3400	Shoe Metatarsal Bar Wedge Ro	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3410	Shoe Metatarsal Bar Between	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3420	Full Sole/Heel Wedge Btween	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3430	Sho Heel Count Plast Reinfor	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3440	Heel Leather Reinforced	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3450	Shoe Heel Sach Cushion Type	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3455	Shoe Heel New Leather Standa	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3460	Shoe Heel New Rubber Standar	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3465	Shoe Heel Thomas With Wedge	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3470	Shoe Heel Thomas Extend To B	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3480	Shoe Heel Pad & Depress For	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3485	Shoe Heel Pad Removable For	N	CG-DME-20			None	None	None
IN	Medicaid/SCHIP/Family	L3500	Ortho Shoe Add Leather Insol	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3510	Orthopedic Shoe Add Rub Insl	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3520	O Shoe Add Felt W Leath Insl	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3530	Ortho Shoe Add Half Sole	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3540	Ortho Shoe Add Full Sole	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3550	O Shoe Add Standard Toe Tap	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3560	O Shoe Add Horseshoe Toe Tap	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3570	O Shoe Add Instep Extension	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3580	O Shoe Add Instep Velcro Clo	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3590	O Shoe Convert To Sof Counte	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3595	Ortho Shoe Add March Bar	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3600	Transfer of an orthosis from one shoe to another	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3610	Transfer of an orthosis from one shoe to another	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3620	Transfer of an orthosis from one shoe to another	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3630	Transfer of an orthosis from one shoe to another	N	CG-DME-20			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3640	Transfer of an orthosis from one shoe to another	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3649	Orthopedic Shoe Modifica Nos	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3650	Shoulder orthosis, figure of eight design abduct	N				None	None	None
IN	Medicaid/SCHIP/Family	L3660	Shoulder orthosis, figure of eight design abduct	N				None	None	None
IN	Medicaid/SCHIP/Family	L3670	Shoulder orthosis, acromio/clavicular (canvas a	N				None	None	None
IN	Medicaid/SCHIP/Family	L3671	Shoulder orthosis, shoulder joint design, withou	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3674	Shoulder orthotic, abduction positioning (airpla	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3675	Shoulder orthosis, vest type abduction restrain	N				None	None	None
IN	Medicaid/SCHIP/Family	L3677	Shoulder orthosis, shoulder joint design, withou	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3678	Shoulder orthosis, shoulder joint design, withou	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3702	Elbow orthosis, without joints, may include soft	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3710	Elbow orthosis, elastic with metal joints, prefab	N				None	None	None
IN	Medicaid/SCHIP/Family	L3720	Forearm/Arm Cuffs Free Motio	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3730	Forearm/Arm Cuffs Ext/Flex A	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3740	Cuffs Adj Lock W/ Active Con	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3760	Elbow orthosis (eo), with adjustable position lo	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L3761	Elbow orthosis (EO), with adjustable position lo	N				None	None	None
IN	Medicaid/SCHIP/Family	L3762	Elbow orthosis, rigid, without joints, includes sc	N				None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family L3763	EWHO, rigid, without joints, may include soft in	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3764	EWHO, includes one or more nontorsion joints,	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3765	EWHFO, rigid, without joints, may include soft i	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3766	EWHFO, includes one or more nontorsion joints	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3806	WHFO, includes one or more nontorsion joint(s)	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3807	Wrist hand finger orthosis, without joint(s), pre	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOU	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3809	Wrist hand finger orthosis, without joint(s), pre	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3891	Addition To Upper Extremity Joint, Wrist Or Elb	N							None
IN	Medicaid/SCHIP/Family L3900	Hinge Extension/Flex Wrist/F	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3901	Hinge Ext/Flex Wrist Finger	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3904	Whfo Electric Custom Fitted	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3905	Wrist hand orthosis, includes one or more nont	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3906	WHO, without joints, may include soft interface	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3908	Wrist hand orthosis, wrist extension control coc	N					None	None	None
IN	Medicaid/SCHIP/Family L3912	Hand finger orthosis (hfo), flexion glove with eli	N					None	None	None
IN	Medicaid/SCHIP/Family L3913	HFO, without joints, may include soft interface,	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3915	Wrist hand orthosis, includes one or more nont	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3916	Wrist hand orthosis, includes one or more nont	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3917	Hand orthosis, metacarpal fracture orthosis, pri	N							
IN	Medicaid/SCHIP/Family L3918	Hand orthosis, metacarpal fracture orthosis, pri	N							
IN	Medicaid/SCHIP/Family L3919	Hand orthosis, without joints, may include soft	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3921	HFO, includes one or more nontorsion joints, el	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3923	Hand finger orthosis, without joints, may includ	N					None	None	None
IN	Medicaid/SCHIP/Family L3924	Hand finger orthosis, without joints, may includ	N					None	None	None
IN	Medicaid/SCHIP/Family L3925	Finger orthosis, proximal interphalangeal (pip)/	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3927	Finger orthosis, proximal interphalangeal (pip)/	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3929	Hand finger orthosis, includes one or more non	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3930	Hand finger orthosis, includes one or more non	N					None	None	None
IN	Medicaid/SCHIP/Family L3931	Wrist hand finger orthosis, includes one or mor	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3933	Finger orthosis, without joints, may include soft	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3935	Finger orthosis, nontorsion joint, may include s	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3956	Add Joint Upper Ext Orthosis	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3960	Sewho Airplan Desig Abdu Pos	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3961	SEWHO, shoulder cap design, without joints, m	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3962	Sewho Erbs Palsey Design Abd	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3967	SEWHO, abduction positioning (airplane design	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3971	SEWHO, shoulder cap design, includes one or m	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3973	SEWHO, abduction positioning (airplane design	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3975	SEWHFO, shoulder cap design, without joints, n	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3976	SEWHFO, abduction positioning (airplane design	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3977	SEWHFO, shoulder cap design, includes one or i	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3978	SEWHFO, abduction positioning (airplane design	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3980	Upp Ext Fx Orthosis Humeral	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3981	Upper extremity fracture orthosis, humeral, pre	N							
IN	Medicaid/SCHIP/Family L3982	Upper Ext Fx Orthosis Rad/UI	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3984	Upper Ext Fx Orthosis Wrist	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3995	Sock Fracture Or Equal Each	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L3999	Upper Limb Orthosis Nos	N	OR-PR.00005				None	None	None
IN	Medicaid/SCHIP/Family L4000	Repl Girdle Milwaukee Orth	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4002	Replace strap, any orthosis	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4010	Replace Trilateral Socket Br	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4020	Replace Quadlat Socket Brim	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4030	Replace Socket Brim Cust Fit	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4040	Replace Molded Thigh Lacer	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4045	Replace Non-Molded Thigh Lac	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4050	Replace Molded Calf Lacer	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4055	Replace Non-Molded Calf Lace	N	CG-DME-22				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family L4060	Replace High Roll Cuff	N	CG-DME-22				None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L4070	Replace Prox & Dist Upright	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4080	Repl Met Band Kafo-Afo Prox	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4090	Repl Met Band Kafo-Afo Calf/	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4100	Repl Leath Cuff Kafo Prox Th	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4110	Repl Leath Cuff Kafo-Afo Cal	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4130	Replace Pretibial Shell	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4205	Ortho Dvc Repair Per 15 Min	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4210	Orth Dev Repair/Repl Minor P	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4350	Ankle control orthosis, stirrup style, rigid, includ	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4360	Walking boot, pneumatic and/or vacuum, with	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4361	Walking boot, pneumatic and/or vacuum, with	N				None	None	None
IN	Medicaid/SCHIP/Family	L4370	Pneumatic full leg splint, prefabricated, off-the-	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4386	Walking boot, non-pneumatic, with or without	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4387	Walking boot, non-pneumatic, with or without	N				None	None	None
IN	Medicaid/SCHIP/Family	L4392	Replace Afo Soft Interface	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4394	Replace Foot Drop Spint	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4396	Static or dynamic ankle foot orthosis, including	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4397	Static or dynamic ankle foot orthosis, including	N				None	None	None
IN	Medicaid/SCHIP/Family	L4398	Foot drop splint, recumbent positioning device,	N	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L4631	Ankle-foot orthotic, walking boot type, varus/vi	Y	CG-DME-22			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5000	Sho Insert W Arch Toe Filler	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5010	Mold Socket Ank Hgt W/ Toe F	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5020	Tibial Tubercle Hgt W/ Toe F	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5050	Ank Symes Mold Sckt Sach Ft	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5060	Symes Met Fr Leath Socket Ar	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5100	Molded Socket Shin Sach Foot	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5105	Plast Socket Jts/Thgh Lacer	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5150	Mold Sckt Ext Knee Shin Sach	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5160	Mold Socket Bent Knee Shin S	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5200	Kne Sing Axis Fric Shin Sach	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5210	No Knee/Ankle Joints W/ Ft B	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5220	No Knee Joint With Artic Ali	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5230	Fem Focal Defic Constant Fric	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5250	Hip Canad Sing Axi Cons Fric	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5270	Tilt Table Locking Hip Sing	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5280	Hemipelvect Canad Sing Axis	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5301	Below knee, molded socket, shin, SACH foot, er	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5312	Knee disarticulation (or through knee), molded	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5321	Above knee, molded socket, open end, SACH fo	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5331	Hip disarticulation, Canadian type, molded sock	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5341	Hemipelvectomy, Canadian type, molded socke	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5400	Postop Dress & 1 Cast Chg Bk	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5410	Postop Dsg Bk Ea Add Cast Ch	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5420	Postop Dsg & 1 Cast Chg Ak/D	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5430	Postop Dsg Ak Ea Add Cast Ch	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5450	Postop App Non-Wgt Bear Dsg	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5460	Postop App Non-Wgt Bear Dsg	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5500	Init Bk Ptb Plaster Direct	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5505	Init Ak Ischal Plstr Direct	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5510	Prep Bk Ptb Plaster Molded	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5520	Perp Bk Ptb Thermopls Direct	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5530	Prep Bk Ptb Thermopls Molded	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5535	Preparatory, below knee PTB type socket, nona	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5540	Prep Bk Ptb Laminated Socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5560	Prep Ak Ischial Plast Molded	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5570	Prep Ak Ischial Direct Form	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5580	Prep Ak Ischial Thermo Mold	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5585	Prep Ak Ischial Open End	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5590	Prep Ak Ischial Laminated	N	CG-DME-13			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L5595	Hip Disartic Sach Thermopls	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5600	Hip Disartic Sach Laminat Mold	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5610	Above Knee Hydracadence	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5611	Ak 4 Bar Link W/Fric Swing	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5613	Ak 4 Bar Ling W/Hydraul Swig	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5614	4-Bar Link Above Knee W/Swng	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5616	Ak Univ Multiplex Sys Frict	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5617	Ak/Bk Self-Aligning Unit Ea	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5618	Test Socket Symes	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5620	Test Socket Below Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5622	Test Socket Knee Disarticula	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5624	Test Socket Above Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5626	Test Socket Hip Disarticulat	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5628	Test Socket Hemipelvectomy	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5629	Below Knee Acrylic Socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5630	Syme Typ Expandabl Wall Sckt	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5631	Ak/Knee Disartic Acrylic Soc	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5632	Symes Type Ptb Brim Design S	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5634	Symes Type Poster Opening So	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5636	Symes Type Medial Opening So	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5637	Below Knee Total Contact	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5638	Below Knee Leather Socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5639	Below Knee Wood Socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5640	Knee Disarticulat Leather So	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5642	Above Knee Leather Socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5643	Hip Flex Inner Socket Ext Fr	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5644	Above Knee Wood Socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5645	Ak Flexibl Inner Socket Ext	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5646	Below Knee Air Cushion Socke	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5647	Below Knee Suction Socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5648	Above Knee Air Cushion Socke	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5649	Isch Containmt/Narrow M-L So	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5650	Tot Contact Ak/Knee Disartic S	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5651	Ak Flex Inner Socket Ext Fra	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5652	Suction Susp Ak/Knee Disartic	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5653	Knee Disartic Expand Wall Sock	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5654	Socket Insert Symes	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5655	Socket Insert Below Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5656	Socket Insert Knee Articulat	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5658	Socket Insert Above Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5661	Multi-Durometer Symes	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5665	Multi-Durometer Below Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5666	Below Knee Cuff Suspension	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5668	Socket Insert W/O Lock Lower	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5670	Bk Molded Supracondylar Susp	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5671	Addition lower extremity, below knee/above knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5672	Bk Removable Medial Brim Sus	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5673	Addition to lower extremity, below knee/above knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5676	Bk Knee Joints Single Axis P	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5677	Bk Knee Joints Polycentric P	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5678	Bk Joint Covers Pair	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5679	Addition to lower extremity, below knee/above knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5680	Bk Thigh Lacer Non-Molded	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5681	Addition to lower extremity, below knee/above knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5682	Bk Thigh Lacer Glut/Ischia M	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5683	Addition to lower extremity, below knee/above knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5684	Bk Fork Strap	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5685	Below knee sus/seal sleeve	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5686	Bk Back Check	N	CG-DME-13			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L5688	Bk Waist Belt Webbing	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5690	Bk Waist Belt Padded And Lin	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5692	Ak Pelvic Control Belt Light	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5694	Ak Pelvic Control Belt Pad/L	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5695	Ak Sleeve Susp Neoprene/Equa	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5696	Ak/Knee Disartic Pelvic Join	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5697	Ak/Knee Disartic Pelvic Band	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5698	Ak/Knee Disartic Silesian Ba	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5699	Shoulder Harness	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5700	Replace Socket Below Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5701	Replace Socket Above Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5702	Replace Socket Hip	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5703	Ankle, Symes, molded to patient model, socket	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5704	Custom Shape Covr Below Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5705	Custm Shape Cover Above Knee	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5706	Custm Shape Cvr Knee Disart	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5707	Custm Shape Cover Hip Disart	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5710	Kne-Shin Exo Sng Axi Mnl Loc	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5711	Knee-Shin Exo Mnl Lock Ultra	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5712	Knee-Shin Exo Frict Swg & St	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5714	Knee-Shin Exo Variable Frict	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5716	Knee-Shin Exo Mech Stance Ph	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5718	Knee-Shin Exo Frct Swg & Sta	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5722	Knee-Shin Pneum Swg Frct Exo	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5724	Knee-Shin Exo Fluid Swing Ph	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5726	Knee-Shin Ext Jnts Fld Swg E	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5728	Knee-Shin Fluid Swg & Stance	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5780	Knee-Shin Pneum/Hydra Pneum	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5781	Addition To Lower Limb Prosthesis, Vacuum Pui	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5782	Addition To Lower Limb Prosthesis, Vacuum Pui	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5785	Exoskeletal Bk UltraIt Mater	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5790	Exoskeletal Ak Ultra-Light M	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5795	Exoskel Hip Ultra-Light Mate	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5810	Endoskel Knee-Shin Mnl Lock	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5811	Endo Knee-Shin Mnl Lck Ultra	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5812	Endo Knee-Shin Frct Swg & St	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5814	Endo Knee-Shin Hydral Swg Ph	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5816	Endo Knee-Shin Polyc Mch Sta	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5818	Endo Knee-Shin Frct Swg & St	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5822	Endo Knee-Shin Pneum Swg Frc	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5824	Endo Knee-Shin Fluid Swing P	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5826	Miniature Knee Joint	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5828	Endo Knee-Shin Fluid Swg/Sta	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5830	Endo Knee-Shin Pneum/Swg Pha	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5840	Multi-Axial Knee/Shin System	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5845	Knee-Shin Sys Stance Flexion	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5850	Endo Ak/Hip Knee Extens Assi	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5855	Mech Hip Extension Assist	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5856	Elec knee-shin swing/stance	Y	OR-PR.00003			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5857	Elec knee-shin swing only	Y	OR-PR.00003			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5858	Addition to lower extremity prosthesis, endosk	Y	OR-PR.00003			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5859	Addition to lower extremity prosthesis, endosk	Y	OR-PR.00003			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5910	Endo Below Knee Alignable Sy	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5920	Endo Ak/Hip Alignable System	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5925	Above Knee Manual Lock	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5930	High Activity Knee Frame	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5940	Endo Bk Ultra-Light Material	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5950	Endo Ak Ultra-Light Material	N	CG-DME-13			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L5960	Endo Hip Ultra-Light Materia	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5961	Addition, endoskeletal system, polycentric hip j	Y	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5962	Below Knee Flex Cover System	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5964	Above Knee Flex Cover System	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5966	Hip Flexible Cover System	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5968	Multiaxial Ankle W Dorsiflex	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5969	Addition, endoskeletal ankle-foot or ankle syste	Y	OR-PR.00003			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5970	Foot External Keel Sach Foot	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5971	All lower extremity prosthesis, solid ankle cushi	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5972	All lower extremity prostheses, foot, flexible ke	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5973	Endoskeletal Ankle Foot System, Microprocesss	X	OR-PR.00003		Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5974	Foot Single Axis Ankle/Foot	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5975	Combo Ankle/Foot Prosthesis	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5976	Energy Storing Foot	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5978	Ft Prosth Multiaxial Ankl/Ft	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5979	Multi-Axial Ankle/Ft Prosth	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5980	Flex Foot System	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5981	Flex-Walk Sys Low Ext Prosth	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5982	Exoskeletal Axial Rotation U	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5984	Endoskeletal Axial Rotation	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5985	Lwr Ext Dynamic Prosth Pylon	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5986	Multi-Axial Rotation Unit	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5987	Shank Ft W Vert Load Pylon	Y	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5988	Vertical Shock Reducing Pylo	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5990	Addition to lower extremity prosthesis, user ad	N	CG-DME-13			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L5999	Lower Extremity Prosthes Nos	N	CG-DME-13			None	None	None
IN	Medicaid/SCHIP/Family	L6000	Partial hand, thumb remaining	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6010	Partial hand, little and/or ring finger remaining	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6020	Partial hand, no finger remaining	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6026	Transcarpal/metacarpal or partial hand disartic	Y	OR-PR.00004			None	None	None
IN	Medicaid/SCHIP/Family	L6050	Wrst Mid Sck Flx Hng Tri Pad	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6055	Wrst Mold Sock W/Exp Interfa	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6100	Elb Mold Sock Flex Hinge Pad	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6110	Elbow Mold Sock Suspension T	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6120	Elbow Mold Doub Splt Soc Ste	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6130	Elbow Stump Activated Lock H	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6200	Elbow Mold Outsid Lock Hinge	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6205	Elbow Molded W/ Expand Inter	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6250	Elbow Inter Loc Elbow Forarm	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6300	Shldr Disart Int Lock Elbow	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6310	Shoulder Passive Restor Comp	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6320	Shoulder Passive Restor Cap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6350	Thoracic Intern Lock Elbow	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6360	Thoracic Passive Restor Comp	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6370	Thoracic Passive Restor Cap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6380	Postop Dsg Cast Chg Wrst/Elb	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6382	Postop Dsg Cast Chg Elb Dis/	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6384	Postop Dsg Cast Chg Shlder/T	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6386	Postop Ea Cast Chg & Realign	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6388	Postop Applicat Rigid Dsg On	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6400	Below Elbow Prosth Tiss Shap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6450	Elb Disart Prosth Tiss Shap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6500	Above Elbow Prosth Tiss Shap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6550	Shldr Disar Prosth Tiss Shap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6570	Scap Thorac Prosth Tiss Shap	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6580	Wrist/Elbow Bowden Cable Mol	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6582	Wrist/Elbow Bowden Cbl Dir F	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6584	Elbow Fair Lead Cable Molded	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6586	Elbow Fair Lead Cable Dir Fo	N				None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L6588	Shdr Fair Lead Cable Molded	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6590	Shdr Fair Lead Cable Direct	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6600	Polycentric Hinge Pair	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6605	Single Pivot Hinge Pair	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6610	Flexible Metal Hinge Pair	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, E	N		CG-OR-PR-05		None	None	None
IN	Medicaid/SCHIP/Family	L6615	Disconnect Locking Wrist Uni	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6616	Disconnect Insert Locking Wr	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6620	Flexion-Friction Wrist Unit	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6621	Upper extremity prosthesis addition, flexion/ex	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6623	Spring-Ass Rot Wrst W/ Latch	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENS	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6625	Rotation Wrst W/ Cable Lock	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6628	Quick Disconn Hook Adapter O	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6629	Lamination Collar W/ Couplin	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6630	Stainless Steel Any Wrist	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6632	Latex Suspension Sleeve Each	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6635	Lift Assist For Elbow	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6637	Nudge Control Elbow Lock	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6638	Upper Extremity Addition To Prosthesis, Electric	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6640	Shoulder Abduction Joint Pai	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6641	Excursion Amplifier Pulley T	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6642	Excursion Amplifier Lever Ty	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6645	Shoulder Flexion-Abduction J	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6646	Upper Extremity Addition, Shoulder Joint, Multi	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6647	Upper Extremity Addition, Shoulder Lock Mech	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6648	Upper Extremity Addition, Shoulder Lock Mech	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6650	Shoulder Universal Joint	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6655	Standard Control Cable Extra	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6660	Heavy Duty Control Cable	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6665	Teflon Or Equal Cable Lining	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6670	Hook To Hand Cable Adapter	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6672	Harness Chest/Shlder Saddle	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6675	Harness Figure Of 8 Sing Con	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6676	Harness Figure Of 8 Dual Con	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6677	Upper extremity addition, harness, triple contr	Y		CG-OR-PR-05		None	None	None
IN	Medicaid/SCHIP/Family	L6680	Test Sock Wrist Disart/Bel E	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6682	Test Sock Elbw Disart/Above	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6684	Test Socket Shldr Disart/Tho	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6686	Suction Socket	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6687	Frame Typ Socket Bel Elbow/W	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6688	Frame Typ Sock Above Elb/Dis	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6689	Frame Typ Socket Shoulder Di	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6690	Frame Typ Sock Interscap-Tho	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6691	Removable Insert Each	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6692	Silicone Gel Insert Or Equal	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6693	Lockingelbow Forearm Cntrbal	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6694	Elbow socket ins use w/lock	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6695	Elbow socket ins use w/o lck	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6696	Cus elbo sct in for con/atyp	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6697	Cus elbo sct in not con/atyp	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6698	Below/above elbow lock mech	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY M	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WO	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLU	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLU	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLU	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLU	N				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L6711	Terminal device, hook, mechanical, voluntary o	N				None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L6712	Terminal device, hook, mechanical, voluntary cl	N									
IN	Medicaid/SCHIP/Family	L6713	Terminal device, hand, mechanical, voluntary o	N									
IN	Medicaid/SCHIP/Family	L6714	Terminal device, hand, mechanical, voluntary cl	N									
IN	Medicaid/SCHIP/Family	L6715	Terminal device, multiple articulating digit, incl	Y		OR-PR.00004				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6721	Terminal device, hook or hand, heavy-duty, me	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6722	Terminal device, hook or hand, heavy-duty, me	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WF	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6810	ADDITION TO TERMINAL DEVICE, PRECISION PI	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6880	Electric hand, switch or myoelectric controlled,	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UF	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6882	Microprocessor control feature, addition to up	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6883	Replacement socket, below elbow/wrist disarti	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6885	Replacement socket, shoulder disarticulation/ir	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6890	Production Glove	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6895	Custom Glove	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6900	Hand Restorat Thumb/1 Finger	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6905	Hand Restoration Multiple Fi	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6910	Hand Restoration No Fingers	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6915	Hand Restoration Replacmnt G	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6920	Wrist Disarticul Switch Ctrl	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6925	Wrist Disart Myoelectronic C	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6930	Below Elbow Switch Control	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6935	Below Elbow Myoelectronic Ct	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6940	Elbow Disarticulation Switch	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6945	Elbow Disart Myoelectronic C	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6950	Above Elbow Switch Control	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6955	Above Elbow Myoelectronic Ct	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6960	Shldr Disartic Switch Contro	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6965	Shldr Disartic Myoelectronic	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6970	Interscapular-Thor Switch Ct	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L6975	Interscap-Thor Myoelectronic	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC COI	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CO	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC COI	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ON	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7170	Electronic Elbow Hosmer Swit	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7180	Electronic Elbow Utah Myoele	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7181	Electronic elbow simultaneous	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7185	Electron Elbow Adolescent Sw	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7186	Electron Elbow Child Switch	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7190	Elbow Adolescent Myoelectron	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7191	Elbow Child Myoelectronic Ct	Y		CG-OR-PR-05				None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7259	Electronic wrist rotator, any type	N						None	None		None
IN	Medicaid/SCHIP/Family	L7360	Six volt battery, each	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7362	Battery charger, six volt, each	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7364	Twelve volt battery, each	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7366	Battery charger, twelve volt, each	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7367	Lithium Ion Battery, Replacement	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7368	Lithium ion battery charger, replacement only	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7400	Addition to upper extremity prosthesis, below	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7401	Addition to upper extremity prosthesis, above	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7402	Addition to upper extremity prosthesis, shoulde	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7403	Addition to upper extremity prosthesis, below	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7404	Addition to upper extremity prosthesis, above	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7405	Addition to upper extremity prosthesis, shoulde	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7499	Upper Extremity Prosthes Nos	N						None	None		CMS Guidelines
IN	Medicaid/SCHIP/Family	L7510	Prosthetic Device Repair Rep	N		CG-DME-13				None	None		CMS Guidelines

IN	Medicaid/SCHIP/Family	L7520	Repair Prosthesis Per 15 Min	N	CG-DME-13		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L7600	Prosthetic donning sleeve, any material, each	N			None	None	None
IN	Medicaid/SCHIP/Family	L7700	Gasket or seal, for use with prosthetic socket in	N					
IN	Medicaid/SCHIP/Family	L7900	Vacuum Erection System	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	L7902	Tension ring, for vacuum erection device, any ty	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	L8000	Breast prosthesis, mastectomy bra, without int	N					Pre-authorization required for all rentals, Pre-authorization is not required if item is purchased.
IN	Medicaid/SCHIP/Family	L8001	Breast prosthesis, mastectomy bra, with integri	N					
IN	Medicaid/SCHIP/Family	L8002	Breast prosthesis, mastectomy bra, with integri	N					
IN	Medicaid/SCHIP/Family	L8010	Mastectomy Sleeve	N					
IN	Medicaid/SCHIP/Family	L8015	Ext Breastprosthesis Garment	N					
IN	Medicaid/SCHIP/Family	L8020	Mastectomy Form	N					
IN	Medicaid/SCHIP/Family	L8030	Breast Prosthesis, Silicone Or Equal, Without In	N					
IN	Medicaid/SCHIP/Family	L8031	Breast Prosthesis, Silicone Or Equal, With Integri	N					
IN	Medicaid/SCHIP/Family	L8032	Nipple Prosthesis, Reusable, Any Type, Each	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	L8033	Nipple prosthesis, custom fabricated, reusable,	N					
IN	Medicaid/SCHIP/Family	L8035	Custom Breast Prosthesis	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8039	Breast Prosthesis Nos	N					
IN	Medicaid/SCHIP/Family	L8040	Nasal Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8041	Midfacial Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8042	Orbital Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8043	Upper Facial Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8044	Hemi-Facial Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8045	Auricular Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8046	Partial Facial Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8047	Nasal Septal Prosthesis	N					
IN	Medicaid/SCHIP/Family	L8048	Unspecified maxillofacial prosthesis, by report,	N					
IN	Medicaid/SCHIP/Family	L8049	Repair Maxillofacial Prosth	N					
IN	Medicaid/SCHIP/Family	L8300	Truss Single W/ Standard Pad	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8310	Truss Double W/ Standard Pad	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8320	Truss Addition To Std Pad Wa	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8330	Truss Add To Std Pad Scrotal	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8400	Sheath Below Knee	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8410	Sheath Above Knee	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8415	Sheath Upper Limb	N					
IN	Medicaid/SCHIP/Family	L8417	Pros Sheath/Sock W Gel Cushn	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8420	Prosthetic Sock Multi Ply Bk	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8430	Prosthetic Sock Multi Ply Ak	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8435	Pros Sock Multi Ply Upper Lm	N					
IN	Medicaid/SCHIP/Family	L8440	Shrinker Below Knee	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8460	Shrinker Above Knee	N	CG-DME-13		Pre-authorization required for all	None	None
IN	Medicaid/SCHIP/Family	L8465	Shrinker Upper Limb	N			None	None	None
IN	Medicaid/SCHIP/Family	L8470	Pros Sock Single Ply Bk	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8480	Pros Sock Single Ply Ak	N	CG-DME-13		None	None	None
IN	Medicaid/SCHIP/Family	L8485	Pros Sock Single Ply Upper L	N					
IN	Medicaid/SCHIP/Family	L8499	Unlisted procedure for miscellaneous prostheti	N					
IN	Medicaid/SCHIP/Family	L8500	Artificial Larynx	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8501	Tracheostomy Speaking Valve	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8505	Artificial larynx replacement battery/accessory,	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8507	Tracheo-esophageal voice prosthesis, patient ir	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8509	Tracheo-esophageal voice prosthesis, inserted I	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8510	Voice amplifier	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8511	Insert for indwelling tracheoesophageal prosth	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8512	Gelatin capsules or equivalent, for use with tra	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8513	Cleaning device used with tracheoesophageal v	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8514	Tracheoesophageal puncture dilator, replacem	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8515	Gel cap app device for trach	N			None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8600	Implant Breast Silicone/Eq	X	SURG.00023		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	L8603	Collagen Imp Urinary 2.5 MI	N					
IN	Medicaid/SCHIP/Family	L8604	Injectable bulking agent, dextranomer/hyaluro	N			None	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	L8605	Injectable bulking agent, dextranomer/hyaluroi	X				Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8606	Synthetic Implnt Urinary 1ml	N							
IN	Medicaid/SCHIP/Family	L8607	Injectable bulking agent for vocal cord medializ	X	MED.00132			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	L8608	Miscellaneous external component, supply or a	N	SURG.00113				None	None	None
IN	Medicaid/SCHIP/Family	L8609	Artificial cornea	X	CG-SURG-94			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	L8610	Ocular Implant	N							
IN	Medicaid/SCHIP/Family	L8612	Aqueous Shunt Prosthesis	N							
IN	Medicaid/SCHIP/Family	L8613	Ossicular Implant	N							
IN	Medicaid/SCHIP/Family	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AP	Y	CG-SURG-81				None	None	None
IN	Medicaid/SCHIP/Family	L8615	Headset/headpiece for use with cochlear impla	N							
IN	Medicaid/SCHIP/Family	L8616	Microphone for use with cochlear implant devic	N							
IN	Medicaid/SCHIP/Family	L8617	Transmitting coil for use with cochlear implant	N							
IN	Medicaid/SCHIP/Family	L8618	Transmitter cable for use with cochlear implant	N							
IN	Medicaid/SCHIP/Family	L8619	Cochlear Implant, External Speech Processor Ar	Y	CG-SURG-81				None	None	None
IN	Medicaid/SCHIP/Family	L8621	Zinc air battery for use with cochlear implant de	N							
IN	Medicaid/SCHIP/Family	L8622	Alkaline battery for use with cochlear implant d	N							
IN	Medicaid/SCHIP/Family	L8623	Lithium ion battery for use with cochlear impla	N							
IN	Medicaid/SCHIP/Family	L8624	Lithium ion battery for use with cochlear impla	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8625	External recharging system for battery for use v	N							
IN	Medicaid/SCHIP/Family	L8627	Cochlear Implant, External Speech Processor, C	N	CG-SURG-81				None	None	None
IN	Medicaid/SCHIP/Family	L8628	Cochlear Implant, External Controller Compone	N	CG-SURG-81				None	None	None
IN	Medicaid/SCHIP/Family	L8629	Transmitting Coil And Cable, Integrated, For Us	N							
IN	Medicaid/SCHIP/Family	L8630	Metacarpophalangeal Implant	N							
IN	Medicaid/SCHIP/Family	L8631	Metacarpal phalangeal joint replacement, two	N							
IN	Medicaid/SCHIP/Family	L8641	Metatarsal Joint Implant	N							
IN	Medicaid/SCHIP/Family	L8642	Hallux Implant	N							
IN	Medicaid/SCHIP/Family	L8658	Interphalangeal Joint Implnt	N							
IN	Medicaid/SCHIP/Family	L8659	Interphalangeal finger joint replacement, 2 or n	N							
IN	Medicaid/SCHIP/Family	L8670	Vascular Graft, Synthetic	N							
IN	Medicaid/SCHIP/Family	L8679	Implantable neurostimulator, pulse generator, ;	Y	CG-SURG-70, CG-SURG-95, SURG.00007, SURG.00026, SURG.00112, SURG.00158				AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8680	Implantable neurostimulator electrode, each	Y	CG-SURG-70, CG-SURG-95, CG-MED-79, SURG.00007, SURG.00026, SURG.00112, SURG.00129, SURG				AIM Musculoskeletal: Pain Manager	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8681	Patient programmer (external) for use with imp	N	SURG.00129				None	None	None
IN	Medicaid/SCHIP/Family	L8682	Implantable neurostimulator radiofrequency re	Y	CG-SURG-08, CG-MED-79, SURG.00026				AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	L8683	Radiofrequency transmitter (external) for use w	Y	CG-MED-79, SURG.00026, SURG.00158				AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	L8684	Radiofrequency transmitter (external) for use w	Y	CG-SURG-08				None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	L8685	Implantable neurostimulator pulse generator, s	Y	CG-SURG-95, SURG.00007, SURG.00026, SURG.00112				AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	L8686	Implantable neurostimulator pulse generator, s	Y	CG-SURG-95, SURG.00007, SURG.00026, SURG.00112				AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	L8687	Implantable neurostimulator pulse generator, c	Y	SURG.00026				AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	L8688	Implantable neurostimulator pulse generator, c	Y	SURG.00026, SURG.00129, CG-SURG-70				AIM Musculoskeletal: Pain Manager	None	None
IN	Medicaid/SCHIP/Family	L8689	External recharging system for battery (internal	N							
IN	Medicaid/SCHIP/Family	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUD	Y	CG-SURG-82				None	None	None
IN	Medicaid/SCHIP/Family	L8691	Auditory osseointegrated device, external sou	Y	CG-SURG-82				None	None	None
IN	Medicaid/SCHIP/Family	L8692	Auditory Osseointegrated Device, External Sou	Y	CG-SURG-82				None	None	None
IN	Medicaid/SCHIP/Family	L8693	Auditory osseointegrated device abutment, an	Y	CG-SURG-82				None	None	None
IN	Medicaid/SCHIP/Family	L8694	Auditory osseointegrated device, transducer/ac	N	CG-SURG-82				None	None	None
IN	Medicaid/SCHIP/Family	L8695	External recharging system for battery (externa	N							
IN	Medicaid/SCHIP/Family	L8696	Antenna (external) for use with implantable dia	N							
IN	Medicaid/SCHIP/Family	L8698	Miscellaneous component, supply or accessory	N							
IN	Medicaid/SCHIP/Family	L8699	Prosthetic Implant Nos	N	CG-SURG-12, CG-SURG-81, SURG.00132, SURG.00147				None	None	None
IN	Medicaid/SCHIP/Family	L8701	Powered upper extremity range of motion assis	N	OR-PR.00005				None	None	None
IN	Medicaid/SCHIP/Family	L8702	Powered upper extremity range of motion assis	N	OR-PR.00005				None	None	None
IN	Medicaid/SCHIP/Family	L9900	Orthotic and prosthetic supply, accessory, and/	N							
IN	Medicaid/SCHIP/Family	M0075	Cellular Therapy	X	MED.00024			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	M0076	Prolotherapy	X				Non covered but for pediatric me	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	M0100	Intragastric Hypothermia	X				Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family	M0239	intravenous infusion, bamlanivimab-xxxx, includ	N							
IN	Medicaid/SCHIP/Family	M0243	intravenous infusion, casirivimab and imdevime	N							
IN	Medicaid/SCHIP/Family	M0300	Iv Chelationtherapy	X	MED.00127			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	M0301	Fabric Wrapping Of Aneurysm	X				Non covered but for pediatric members verification of EPSDT services must be verified.			

IN	Medicaid/SCHIP/Family M1113	Ongoing care not indicated, patient seen only o	N						
IN	Medicaid/SCHIP/Family M1114	Ongoing care not indicated, patient discharged	N						
IN	Medicaid/SCHIP/Family M1115	Ongoing care not indicated, patient self-dischar	N						
IN	Medicaid/SCHIP/Family M1116	The start of an episode of care documented in t	N						
IN	Medicaid/SCHIP/Family M1117	Documentation stating patient has a diagnosis	N						
IN	Medicaid/SCHIP/Family M1118	Ongoing care not indicated, patient seen only o	N						
IN	Medicaid/SCHIP/Family M1119	Ongoing care not indicated, patient discharged	N						
IN	Medicaid/SCHIP/Family M1120	Ongoing care not indicated, patient self-dischar	N						
IN	Medicaid/SCHIP/Family M1121	The start of an episode of care documented in t	N						
IN	Medicaid/SCHIP/Family M1122	Documentation stating patient has a diagnosis	N						
IN	Medicaid/SCHIP/Family M1123	Ongoing care not indicated, patient seen only o	N						
IN	Medicaid/SCHIP/Family M1124	Ongoing care not indicated, patient discharged	N						
IN	Medicaid/SCHIP/Family M1125	Ongoing care not indicated, patient self-dischar	N						
IN	Medicaid/SCHIP/Family M1126	The start of an episode of care documented in t	N						
IN	Medicaid/SCHIP/Family M1127	Documentation stating patient has a diagnosis	N						
IN	Medicaid/SCHIP/Family M1128	Ongoing care not indicated, patient seen only o	N						
IN	Medicaid/SCHIP/Family M1129	Ongoing care not indicated, patient discharged	N						
IN	Medicaid/SCHIP/Family M1130	Ongoing care not indicated, patient self-dischar	N						
IN	Medicaid/SCHIP/Family M1131	Documentation stating patient has a diagnosis	N						
IN	Medicaid/SCHIP/Family M1132	Ongoing care not indicated, patient seen only o	N						
IN	Medicaid/SCHIP/Family M1133	Ongoing care not indicated, patient discharged	N						
IN	Medicaid/SCHIP/Family M1134	Ongoing care not indicated, patient self-dischar	N						
IN	Medicaid/SCHIP/Family M1135	The start of an episode of care documented in t	N						
IN	Medicaid/SCHIP/Family M1141	Functional status was not measured by the Oxf	N						
IN	Medicaid/SCHIP/Family M1142	Emergent cases	N						
IN	Medicaid/SCHIP/Family M1143	Initiated episode of rehabilitation therapy, med	N						
IN	Medicaid/SCHIP/Family M1145	Most favored nation (mfn) model drug add-on	N						
IN	Medicaid/SCHIP/Family M1146	Ongoing care not clinically indicated because th	N						
IN	Medicaid/SCHIP/Family M1147	Ongoing care not medically possible because th	N						
IN	Medicaid/SCHIP/Family M1148	Ongoing care not possible because the patient	N						
IN	Medicaid/SCHIP/Family M1149	Patient unable to complete the neck fs prom at	N						
IN	Medicaid/SCHIP/Family N0400	Medicare skilled	N						
IN	Medicaid/SCHIP/Family N0500	VENTILATOR - FULL	N						
IN	Medicaid/SCHIP/Family N0501	VENTILATOR - PARTIAL	N						
IN	Medicaid/SCHIP/Family N0502	CHILD TRACHEOSTOMY CARE	N						
IN	Medicaid/SCHIP/Family N0600	EMERGENCY DENTAL	N						
IN	Medicaid/SCHIP/Family O4690	Antepartum hemorrhage, unspecified, unspecif	N						
IN	Medicaid/SCHIP/Family P2028	Cephalin Flocculation Test	N						
IN	Medicaid/SCHIP/Family P2029	Congo Red Blood Test	N						
IN	Medicaid/SCHIP/Family P2031	Hair Analysis	Y	CG-LAB-09			None	None	None
IN	Medicaid/SCHIP/Family P2033	Blood Thymol Turbidity	N						
IN	Medicaid/SCHIP/Family P2038	Blood Mucoprotein	N						
IN	Medicaid/SCHIP/Family P3000	Screen Pap By Tech W Md Supv	X	CG-MED-53		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family P3001	Screening Pap Smear By Phys	X	CG-MED-53		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family P7001	Culture Bacterial Urine	N						
IN	Medicaid/SCHIP/Family P9010	Whole Blood For Transfusion	N						
IN	Medicaid/SCHIP/Family P9011	BLOOD, SPLIT UNIT	N						
IN	Medicaid/SCHIP/Family P9012	Cryoprecipitate Each Unit	N						
IN	Medicaid/SCHIP/Family P9016	Rbc Leukocytes Reduced	N						
IN	Medicaid/SCHIP/Family P9017	One Donor Fresh Frozn Plasma	N						
IN	Medicaid/SCHIP/Family P9019	Platelets, Each Unit	N						
IN	Medicaid/SCHIP/Family P9020	Plaelet Rich Plasma Unit	N						
IN	Medicaid/SCHIP/Family P9021	Red Blood Cells Unit	N						
IN	Medicaid/SCHIP/Family P9022	Washed Red Blood Cells Unit	N						
IN	Medicaid/SCHIP/Family P9023	Frozen Plasma, Pooled, Sd	N						
IN	Medicaid/SCHIP/Family P9031	Platelets Leukocytes Reduced	N						
IN	Medicaid/SCHIP/Family P9032	Platelets, Irradiated	N						
IN	Medicaid/SCHIP/Family P9033	Platelets Leuko reduced Irrad	N						
IN	Medicaid/SCHIP/Family P9034	Platelets, Pheresis	N						

IN	Medicaid/SCHIP/Family P9035	Platelet Pheres Leukoreduced	N						
IN	Medicaid/SCHIP/Family P9036	Platelet Pheresis Irradiated	N						
IN	Medicaid/SCHIP/Family P9037	Plate Pheres Leukoredu Irrad	N						
IN	Medicaid/SCHIP/Family P9038	Rbc Irradiated	N						
IN	Medicaid/SCHIP/Family P9039	Rbc Deglycerolized	N						
IN	Medicaid/SCHIP/Family P9040	Rbc Leukoreduced Irradiated	N						
IN	Medicaid/SCHIP/Family P9041	Albumin(Human), 5%	N						
IN	Medicaid/SCHIP/Family P9043	Plasma Protein Fraction	N						
IN	Medicaid/SCHIP/Family P9044	Cryo precipitate reduced plasma	N						
IN	Medicaid/SCHIP/Family P9045	Infusion, albumin (human), 5%, 250 ml	N						
IN	Medicaid/SCHIP/Family P9046	Infusion, albumin (human), 25%, 20 ml	N						
IN	Medicaid/SCHIP/Family P9047	Infusion, albumin (human), 25%, 50 ml	N						
IN	Medicaid/SCHIP/Family P9048	Infusion, plasma protein fraction (human), 5%,	N						
IN	Medicaid/SCHIP/Family P9050	Granulocytes, pheresis, each unit	N						
IN	Medicaid/SCHIP/Family P9051	Whole blood or red blood cells, leukocytes redu	N						
IN	Medicaid/SCHIP/Family P9052	Platelets, hla-matched leukocytes reduced, aph	N						
IN	Medicaid/SCHIP/Family P9053	Platelets, pheresis, leukocytes reduced, cmv-ne	N						
IN	Medicaid/SCHIP/Family P9054	Whole blood or red blood cells, leukocytes redu	N						
IN	Medicaid/SCHIP/Family P9055	Platelets, leukocytes reduced, cmv-negative, ag	N						
IN	Medicaid/SCHIP/Family P9056	Whole blood, leukocytes reduced, irradiated, ei	N						
IN	Medicaid/SCHIP/Family P9057	Red blood cells, frozen/deglycerolized/washed,	N						
IN	Medicaid/SCHIP/Family P9058	Red blood cells, leukocytes reduced, cmv-negat	N						
IN	Medicaid/SCHIP/Family P9059	Fresh frozen plasma between 8-24 hours of coll	N						
IN	Medicaid/SCHIP/Family P9060	Fresh frozen plasma, donor retested, each unit	N						
IN	Medicaid/SCHIP/Family P9070	Plasma, pooled multiple donor, pathogen reduc	N						
IN	Medicaid/SCHIP/Family P9071	Plasma (single donor), pathogen reduced, froze	N						
IN	Medicaid/SCHIP/Family P9073	Platelets, pheresis, pathogen-reduced, each un	N						
IN	Medicaid/SCHIP/Family P9099	Blood component or product not otherwise cla	N						
IN	Medicaid/SCHIP/Family P9100	Pathogen(s) test for platelets	N						
IN	Medicaid/SCHIP/Family P9603	One-Way Allow Prorated Miles	N						
IN	Medicaid/SCHIP/Family P9604	Travel allowance, one way in connection with n	N						
IN	Medicaid/SCHIP/Family P9612	Catheterize For Urine Spec	N						
IN	Medicaid/SCHIP/Family P9615	Urine Specimen Collect Mult	N						
IN	Medicaid/SCHIP/Family Q0035	Cardiokymography	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family Q0081	Infusion Ther Other Than Che	N						
IN	Medicaid/SCHIP/Family Q0083	Chemo By Other Than Infusion	N						
IN	Medicaid/SCHIP/Family Q0084	Chemotherapy By Infusion	N						
IN	Medicaid/SCHIP/Family Q0085	Chemo By Both Infusion And O	N						
IN	Medicaid/SCHIP/Family Q0091	Obtaining Screen Pap Smear	N	CG-MED-53			None	None	None
IN	Medicaid/SCHIP/Family Q0092	Set Up Port Xray Equipment	X					Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family Q0111	Wet Mounts/ W Preparations	N						
IN	Medicaid/SCHIP/Family Q0112	Potassium Hydroxide Preps	N						
IN	Medicaid/SCHIP/Family Q0113	Pinworm Examinations	N						
IN	Medicaid/SCHIP/Family Q0114	Fern Test	N						
IN	Medicaid/SCHIP/Family Q0115	Post-Coital Mucous Exam	N						
IN	Medicaid/SCHIP/Family Q0138	Injection, Ferumoxytol, For Treatment Of Iron C	N						
IN	Medicaid/SCHIP/Family Q0139	Injection, Ferumoxytol, For Treatment Of Iron C	N						
IN	Medicaid/SCHIP/Family Q0144	Azithromycin Dihydrate, Oral	N						
IN	Medicaid/SCHIP/Family Q0161	Chlorpromazine HCl, 5 mg, oral, FDA-approved	N						
IN	Medicaid/SCHIP/Family Q0162	Ondansetron 1 mg, oral, FDA-approved prescrip	N						
IN	Medicaid/SCHIP/Family Q0163	Diphenhydramine Hcl 50mg	N						
IN	Medicaid/SCHIP/Family Q0164	Prochlorperazine Maleate 5mg	N						
IN	Medicaid/SCHIP/Family Q0166	Granisetron Hcl 1 Mg Oral	N						
IN	Medicaid/SCHIP/Family Q0167	Dronabinol 2.5mg Oral	N						
IN	Medicaid/SCHIP/Family Q0169	Promethazine Hcl 12.5mg Oral	N						
IN	Medicaid/SCHIP/Family Q0173	Trimethobenzamide Hcl 250mg	N						
IN	Medicaid/SCHIP/Family Q0174	Thiethylperazine Maleate10mg	N						
IN	Medicaid/SCHIP/Family Q0175	Perphenazine 4mg Oral	N						
IN	Medicaid/SCHIP/Family Q0177	Hydroxyzine Pamoate 25mg	N						

IN	Medicaid/SCHIP/Family Q0180	Dolasetron Mesylate Oral	N							
IN	Medicaid/SCHIP/Family Q0181	Unspecified Oral Anti-Emetic	N							
IN	Medicaid/SCHIP/Family Q0239	Injection, bamlanivimab-xxxx, 700 mg	N							
IN	Medicaid/SCHIP/Family Q0243	Injection, casirivimab and imdevimab, 2400 mg	N							
IN	Medicaid/SCHIP/Family Q0477	Power module patient cable for use with electric	N							
IN	Medicaid/SCHIP/Family Q0478	Power adapter for use with electric or electric/	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family Q0479	Power module for use with electric or electric/	N					None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family Q0480	Driver for use with pneumatic ventricular assist	N							
IN	Medicaid/SCHIP/Family Q0481	Microprocessor control unit for use with electric	N							
IN	Medicaid/SCHIP/Family Q0482	Microprocessor control unit for use with electric	N							
IN	Medicaid/SCHIP/Family Q0483	Monitor/display module for use with electric ve	N							
IN	Medicaid/SCHIP/Family Q0484	Monitor/display module for use with electric or	N							
IN	Medicaid/SCHIP/Family Q0485	Monitor control cable for use with electric vent	N							
IN	Medicaid/SCHIP/Family Q0486	Monitor control cable for use with electric/pne	N							
IN	Medicaid/SCHIP/Family Q0487	Leads (pneumatic/electrical) for use with any ty	N							
IN	Medicaid/SCHIP/Family Q0488	Power pack base for use with electric ventricul	N							
IN	Medicaid/SCHIP/Family Q0489	Power pack base for use with electric/pneumat	N							
IN	Medicaid/SCHIP/Family Q0490	Emergency power source for use with electric v	N							
IN	Medicaid/SCHIP/Family Q0491	Emergency power source for use with electric/	N							
IN	Medicaid/SCHIP/Family Q0492	Emergency power supply cable for use with ele	N							
IN	Medicaid/SCHIP/Family Q0493	Emergency power supply cable for use with ele	N							
IN	Medicaid/SCHIP/Family Q0494	Emergency hand pump for use with electric/pne	N							
IN	Medicaid/SCHIP/Family Q0495	Battery/power pack charger for use with electri	N							
IN	Medicaid/SCHIP/Family Q0496	Battery, Other Than Lithium-Ion, For Use With i	N							
IN	Medicaid/SCHIP/Family Q0497	Battery clips for use with electric or electric/pne	N							
IN	Medicaid/SCHIP/Family Q0498	Holster for use with electric or electric/pneuma	N							
IN	Medicaid/SCHIP/Family Q0499	Belt/vest/bag for use to carry external peripher	N							
IN	Medicaid/SCHIP/Family Q0500	Filters for use with electric or electric/pneumat	N							
IN	Medicaid/SCHIP/Family Q0501	Shower cover for use with electric or electric/pi	N							
IN	Medicaid/SCHIP/Family Q0502	Mobility cart for pneumatic ventricular assist de	N							
IN	Medicaid/SCHIP/Family Q0503	Battery for pneumatic ventricular assist device,	N							
IN	Medicaid/SCHIP/Family Q0504	Power adapter for pneumatic ventricular assist	N							
IN	Medicaid/SCHIP/Family Q0506	Battery, Lithium-Ion, For Use With Electric Or El	N							
IN	Medicaid/SCHIP/Family Q0507	Miscellaneous supply or accessory for use with	N							
IN	Medicaid/SCHIP/Family Q0508	Miscellaneous supply or accessory for use with	N							
IN	Medicaid/SCHIP/Family Q0509	Miscellaneous supply or accessory for use with	N							
IN	Medicaid/SCHIP/Family Q0510	Pharmacy supply fee for initial immunosuppres	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q0511	Pharmacy supply fee for oral anti-cancer, oral a	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q0512	Pharmacy supply fee for oral anti-cancer, oral a	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q0513	Pharmacy dispensing fee for inhalation drug(s);	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q0514	Pharmacy dispensing fee for inhalation drug(s);	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q0515	Injection, sermorelin acetate, 1 mcg	Y					ING-CC-0068	None	None
IN	Medicaid/SCHIP/Family Q1004	Ntiol Category 4	X	CG-SURG-40, CG-SURG-77						Non covered but for pediatric me None
IN	Medicaid/SCHIP/Family Q1005	Ntiol Category 5	X	CG-SURG-40, CG-SURG-77						Non covered but for pediatric me None
IN	Medicaid/SCHIP/Family Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BL	N							
IN	Medicaid/SCHIP/Family Q2009	Injection, Fosphenytoin, 50 Mg Phenytoin Equiv	N							
IN	Medicaid/SCHIP/Family Q2017	INJECTION, TENIPOSIDE, 50 MG	N							
IN	Medicaid/SCHIP/Family Q2026	Injection, Radiesse, 0.1ml	X	MED.00132						Non covered but for pediatric me None
IN	Medicaid/SCHIP/Family Q2028	Injection, sculptra, 0.5 mg	X	MED.00132						Non covered but for pediatric me None
IN	Medicaid/SCHIP/Family Q2034	Influenza virus vaccine, split virus, for intramus	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q2035	Influenza virus vaccine, split virus, when admini	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q2036	Influenza virus vaccine, split virus, when admini	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q2037	Influenza virus vaccine, split virus, when admini	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q2038	Influenza virus vaccine, split virus, when admini	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q2039	Influenza virus vaccine, not otherwise specified	X							Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family Q2041	Axicabtagene ciloleucel, up to 200 million auto	Y							Transplant is the responsible are; ING-CC-0151
IN	Medicaid/SCHIP/Family Q2042	Tisagenlecleucel, up to 600 million CAR-positive	Y							ING-CC-0150
IN	Medicaid/SCHIP/Family Q2043	Sipuleucel-t, minimum of 50 million autologous	N							ING-CC-0134
IN	Medicaid/SCHIP/Family Q2049	Injection, doxorubicin hydrochloride, liposomal,	N							ING-CC-0098

IN	Medicaid/SCHIP/Family	Q2050	Injection, doxorubicin hydrochloride, liposomal,	N					ING-CC-0098	None	None	
IN	Medicaid/SCHIP/Family	Q2052	Services, supplies and accessories used in the h	X					Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	Q3001	Brachytherapy Radioelements	Y		AIM			AIM: Radiation Oncology	None	None	
IN	Medicaid/SCHIP/Family	Q3014	Telehealth originating site facility fee	Y								
IN	Medicaid/SCHIP/Family	Q3027	Injection, interferon beta-1a, 1 mcg for intramu	N					ING-CC-0014	None	None	
IN	Medicaid/SCHIP/Family	Q3028	Injection, interferon beta-1a, 1 mcg for subcuta	Y					ING-CC-0014	None	None	
IN	Medicaid/SCHIP/Family	Q3031	Collagen skin test	X					Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family	Q4001	Casting supplies, body cast adult, with or witho	N								
IN	Medicaid/SCHIP/Family	Q4002	Cast supplies, body cast adult, with or without	N								
IN	Medicaid/SCHIP/Family	Q4003	Cast supplies, shoulder cast, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4004	Cast supplies, shoulder cast, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4005	Cast supplies, long arm cast, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4006	Cast supplies, long arm cast, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4007	Cast supplies, long arm cast, pediatric (0-10 yea	N								
IN	Medicaid/SCHIP/Family	Q4008	Cast supplies, long arm cast, pediatric (0-10 yea	N								
IN	Medicaid/SCHIP/Family	Q4009	Cast supplies, short arm cast, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4010	Cast supplies, short arm cast, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4011	Cast supplies, short arm cast, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4012	Cast supplies, short arm cast, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4013	Cast supplies, gauntlet cast (including lower for	N								
IN	Medicaid/SCHIP/Family	Q4014	Cast supplies, gauntlet cast (including lower for	N								
IN	Medicaid/SCHIP/Family	Q4015	Cast supplies, gauntlet cast (including lower for	N								
IN	Medicaid/SCHIP/Family	Q4016	Cast supplies, gauntlet cast (including lower for	N								
IN	Medicaid/SCHIP/Family	Q4017	Cast supplies, long arm splint, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4018	Cast supplies, long arm splint, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4019	Cast supplies, long arm splint, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4020	Cast supplies, long arm splint, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4021	Cast supplies, short arm splint, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4022	Cast supplies, short arm splint, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4023	Cast supplies, short arm splint, pediatric (0-10 y	N								
IN	Medicaid/SCHIP/Family	Q4024	Cast supplies, short arm splint, pediatric (0-10 y	N								
IN	Medicaid/SCHIP/Family	Q4025	Cast supplies, hip spica (one or both legs), adult	N								
IN	Medicaid/SCHIP/Family	Q4026	Cast supplies, hip spica (one or both legs), adult	N								
IN	Medicaid/SCHIP/Family	Q4027	Cast supplies, hip spica (one or both legs), pedi	N								
IN	Medicaid/SCHIP/Family	Q4028	Cast supplies, hip spica (one or both legs), pedi	N								
IN	Medicaid/SCHIP/Family	Q4029	Cast supplies, long leg cast, adult (11 years +), p	N								
IN	Medicaid/SCHIP/Family	Q4030	Cast supplies, long leg cast, adult (11 years +), f	N								
IN	Medicaid/SCHIP/Family	Q4031	Cast supplies, long leg cast, pediatric (0-10 year	N								
IN	Medicaid/SCHIP/Family	Q4032	Cast supplies, long leg cast, pediatric (0-10 year	N								
IN	Medicaid/SCHIP/Family	Q4033	Cast supplies, long leg cylinder cast, adult (11 y	N								
IN	Medicaid/SCHIP/Family	Q4034	Cast supplies, long leg cylinder cast, adult (11 y	N								
IN	Medicaid/SCHIP/Family	Q4035	Cast supplies, long leg cylinder cast, pediatric (C	N								
IN	Medicaid/SCHIP/Family	Q4036	Cast supplies, long leg cylinder cast, pediatric (C	N								
IN	Medicaid/SCHIP/Family	Q4037	Cast supplies, short leg cast, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4038	Cast supplies, short leg cast, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4039	Cast supplies, short leg cast, pediatric (0-10 yea	N								
IN	Medicaid/SCHIP/Family	Q4040	Cast supplies, short leg cast, pediatric (0-10 yea	N								
IN	Medicaid/SCHIP/Family	Q4041	Cast supplies, long leg splint, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4042	Cast supplies, long leg splint, adult (11 years +),	N								
IN	Medicaid/SCHIP/Family	Q4043	Cast supplies, long leg splint, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4044	Cast supplies, long leg splint, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4045	Cast supplies, short leg splint, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4046	Cast supplies, short leg splint, adult (11 years +)	N								
IN	Medicaid/SCHIP/Family	Q4047	Cast supplies, short leg splint, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4048	Cast supplies, short leg splint, pediatric (0-10 ye	N								
IN	Medicaid/SCHIP/Family	Q4049	Finger splint, static	N								
IN	Medicaid/SCHIP/Family	Q4050	Cast supplies, for unlisted types and materials c	N								
IN	Medicaid/SCHIP/Family	Q4051	Splint supplies, miscellaneous (includes thermo	N								
IN	Medicaid/SCHIP/Family	Q4074	iloprost, Inhalation Solution, Fda-Approved Fin	X					Non covered but for pediatric me	ING-CC-0067	None	CMS Guidelines

IN	Medicaid/SCHIP/Family	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESR Y				ING-CC-0001	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASS X				Non covered but for pediatric members verification of EPSDT services	must be verified.	
IN	Medicaid/SCHIP/Family	Q4100	Skin substitute, not otherwise specified	Y	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4101	Apligraf, per square centimeter	Y	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4102	Oasis wound matrix, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4103	Oasis burn matrix, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4104	Integra bilayer matrix wound dressing (bmwd),	Y	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4105	Integra dermal regeneration template (DRT) or	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4106	Dermagraft, per square centimeter	Y	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4107	Graftjacket, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4108	Integra matrix, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4110	Primatrix, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4111	Gammagraft, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4112	Cymetra, injectable, 1cc	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4113	GRAFTJACKET XPRESS, injectable, 1cc	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4114	Integra flowable wound matrix, injectable, 1 cc	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4115	Alloskin, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4116	Alloderm, per square centimeter	Y	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4117	Hyalomatrix, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4118	Matristem micromatrix, 1 mg	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4121	Theraskin, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4122	Dermacell, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4123	AlloSkin RT, per sq cm	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4124	OASIS ultra tri-layer wound matrix, per sq cm	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4125	Arthroflex, per sq cm	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4126	MemoDerm, DermaSpan, TranZgraft or Integuf	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4127	Talymed, per sq cm	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4130	Strattice TM, per sq cm	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4132	Grafix Core and GrafixPL Core, per sq cm	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and Strav	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4134	Hmatrix, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4135	Mediskin, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4136	Ez-derm, per square centimeter	N	SURG.00011		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4138	Biodfence dryflex, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4140	Biodfence, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4141	Alloskin ac, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4142	Xcm biologic tissue matrix, per square centime	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4143	Repriza, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4145	Epfix, injectable, 1 mg	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4146	Tensix, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4147	Architect extracellular matrix, per square centir	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K,	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4149	Excellagen, 0.1 cc	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4150	Allowrap ds or dry, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4151	Amnioband or guardian, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4152	Dermapure, per square centimeter	Y	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4153	Dermavest, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4154	Biovance, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4155	Neoxflo or clarixflo, 1 mg	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4156	Neox 100 or Clarix 100, per sq cm	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4157	Revitalon, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4158	Kerecis Omega3, per sq cm	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4159	Affinity, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4160	Nushield, per square centimeter	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4161	Bio-connekt wound matrix, per square centime	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	N	SURG.00011		None	None	None

IN	Medicaid/SCHIP/Family	Q4163	WoundEx, BioSkin, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4164	Helicoll, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4165	Keramatrix, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4166	Cytal, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4167	Truskin, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4168	Amnioband, 1 mg	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4169	Artacent wound, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4170	Cygnus, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4171	Interfyl, 1 mg	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4173	Palingen or palingen xplus, per square centimet	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4175	Miroderm, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4176	NeoPatch, per sq cm	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4177	FlowerAmnioFlo, 0.1 cc	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4178	FlowerAmnioPatch, per sq cm	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4179	FlowerDerm, per sq cm	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4180	Revita, per sq cm	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4181	Amnio Wound, per sq cm	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4182	Transcyte, per sq cm	N						
IN	Medicaid/SCHIP/Family	Q4183	Surigraft, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4184	Cellesta, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4186	Epifix, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4187	Epicord, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4188	AmnioArmor, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4189	Artacent AC, 1 mg	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4190	Artacent AC, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4191	Restorigin, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4192	Restorigin, 1 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4193	Coll-e-Derm, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4194	Novachor, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4195	PuraPly, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4196	PuraPly AM, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4197	PuraPly XT, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4198	Genesis Amniotic Membrane, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4200	SkinTE, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4201	Matrion, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4202	Keroxx (2.5g/cc), 1cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4203	Derma-Gide, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4204	XWRAP, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4205	Membrane graft or membrane wrap, per squar	N						
IN	Medicaid/SCHIP/Family	Q4206	Fluid flow or fluid GF, 1 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4208	Novafix, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4209	Surgraft, per square centimeter	N						
IN	Medicaid/SCHIP/Family	Q4210	Axolotl graft or axolotl dualgraft, per square ce	N						
IN	Medicaid/SCHIP/Family	Q4211	Amnion bio or Axobiomembrane, per square ce	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4212	Allogen, per cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4213	Ascent, 0.5 mg	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4214	Cellesta cord, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4216	Artacent cord, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4217	Woundfix, BioWound, Woundfix Plus, BioWoun	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4218	Surigicord, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4219	Surigraft-dual, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4220	BellaCell HD or Surederm, per square centimet	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4221	Amniowrap2, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4222	Progenamatrix, per square centimeter	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4226	MyOwn skin, includes harvesting and preparati	N	MED.00110			None	None	None
IN	Medicaid/SCHIP/Family	Q4227	AmnioCoreTM, per sq cm	N	SURG.00011			None	None	None

IN	Medicaid/SCHIP/Family	Q4228	BioNextPATCH, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4229	Cogenex Amniotic Membrane, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4230	Cogenex Flowable Amnion, per 0.5 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4231	Corplex P, per cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4232	Corplex, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4233	SurFactor or NuDyn, per 0.5 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4234	XCelerate, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4235	AMNIOREPAIR or AltIPly, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4236	carePATCH, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4237	Cryo-Cord, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4238	Derm-Maxx, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4240	CoreCyte, for topical use only, per 0.5 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4241	PolyCyte, for topical use only, per 0.5 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4242	AmnioCyte Plus, per 0.5 cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4244	Procenta, per 200 mg	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4245	AmnioText, per cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4246	CoreText or ProText, per cc	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4247	Amniotext patch, per sq cm	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4248	Dermacyte Amniotic Membrane Allograft, per s	N	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4249	Amniopl, for topical use only, per square centir	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4250	Amnioamp-mp, per square centimeter	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4254	Novafix dl, per square centimeter	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q4255	Reguard, for topical use only, per square centir	Y	SURG.00011			None	None	None
IN	Medicaid/SCHIP/Family	Q5001	Hospice or home health care provided in patien	N	CG-MED-23		Precertification not required in Pi	None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	Q5002	Hospice or home health care provided in assist	N	CG-MED-23		Precertification not required in Pi	None	None	None
IN	Medicaid/SCHIP/Family	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TE	N						For the Hoosier Care Connect plan please fax the Health Plan when the Hospice member admits to a nursing facility
IN	Medicaid/SCHIP/Family	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING	N						For the Hoosier Care Connect plan please fax the Health Plan when the Hospice member admits to a nursing facility
IN	Medicaid/SCHIP/Family	Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPIT	N						Precertification not required in POS 34. Precertification is required for Home Health.
IN	Medicaid/SCHIP/Family	Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPIC	N						Precertification not required in POS 34. Precertification is required for Home Health.
IN	Medicaid/SCHIP/Family	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE	N						For the Hoosier Care Connect plan please fax the Health Plan when the Hospice member admits to a nursing facility
IN	Medicaid/SCHIP/Family	Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHI	N						Hospice services must be billed with a revenue code. Do not bill the revenue code in conjunction with a HCPCS cot
IN	Medicaid/SCHIP/Family	Q5009	Hospice or home health care provided in place	N	CG-MED-23		Precertification not required in Pi	None	None	None
IN	Medicaid/SCHIP/Family	Q5010	Hospice home care provided in a hospice facilit	N						Hospice services must be billed with a revenue code. Do not bill the revenue code in conjunction with a HCPCS cot
IN	Medicaid/SCHIP/Family	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1	Y				ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra)	Y				ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family	Q5104	Injection, infliximab-abda, biosimilar, (renflexis)	Y				ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for	Y				ING-CC-0001	None	None
IN	Medicaid/SCHIP/Family	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for	Y				ING-CC-0001	None	None
IN	Medicaid/SCHIP/Family	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mva	Y				ING-CC-0107, ING-CC-0072	None	None
IN	Medicaid/SCHIP/Family	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphi	Y				ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family	Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10	Y				ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family	Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym),	Y				ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Uden	Y				ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruz	Y				ING-CC-0166	None	None
IN	Medicaid/SCHIP/Family	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzur	N				ING-CC-0166	None	None
IN	Medicaid/SCHIP/Family	Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri)	N				ING-CC-0166	None	None
IN	Medicaid/SCHIP/Family	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Y				ING-CC-0075, ING-CC-0167	None	None
IN	Medicaid/SCHIP/Family	Q5116	Injection, trastuzumab-qypp, biosimilar, (trazim	N				ING-CC-0166	None	None
IN	Medicaid/SCHIP/Family	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjin)	N				ING-CC-0166	None	None
IN	Medicaid/SCHIP/Family	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabe	Y				ING-CC-0107, ING-CC-0072	None	None
IN	Medicaid/SCHIP/Family	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE	Y				ING-CC-0167	None	None
IN	Medicaid/SCHIP/Family	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIENT	Y				ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family	Q5121	Injection, infliximab-axqx, biosimilar, (AVSOLA)	Y						
IN	Medicaid/SCHIP/Family	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvpe	Y				ING-CC-0002	None	None
IN	Medicaid/SCHIP/Family	Q9001	Assessment by department of veterans affairs	N						
IN	Medicaid/SCHIP/Family	Q9002	Counseling, individual, by department of vetera	N						
IN	Medicaid/SCHIP/Family	Q9003	Counseling, group, by department of veterans	N						
IN	Medicaid/SCHIP/Family	Q9950	Injection, sulfur hexafluoride lipid microspheres	X						Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family	Q9951	LOW OSM CONTRST MATL 400/> MG/ML IODIN X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9953	INJECTION IRONBASED MR CONTRAST AGENT F X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGEN X					None	None	None
IN	Medicaid/SCHIP/Family	Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES F X				Non covered but for pediatric members verification of EPSDT services		must be verified.	
IN	Medicaid/SCHIP/Family	Q9956	INJECTION OCTAFLUOROPROPANE MICROSPHE N							
IN	Medicaid/SCHIP/Family	Q9957	INJECTION PERFLUTREN LIPID MICROSPHERES I N							
IN	Medicaid/SCHIP/Family	Q9958	High osmolar contrast material, up to 149 mg/r X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9959	HI OSM CONTRST MATL 150-199 MG/ML IODIN X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9960	HI OSM CONTRST MATL 200-249 MG/ML IODIN X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9961	HI OSM CONTRST MATL 250-299 MG/ML IODIN X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9962	HI OSM CONTRST MATL 300-349 MG/ML IODIN X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9963	HI OSM CONTRST MATL 350-399 MG/ML IODIN X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9964	HIGH OSM CONTRST MATL 400/> MG/ML IODII X				Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9965	Low osmolar contrast material, 100-199 mg/ml N					None	None	None
IN	Medicaid/SCHIP/Family	Q9966	Low osmolar contrast material, 200-299 mg/ml N					None	None	None
IN	Medicaid/SCHIP/Family	Q9967	Low osmolar contrast material, 300-399 mg/ml N					None	None	None
IN	Medicaid/SCHIP/Family	Q9968	Injection, Non-Radioactive, Non-Contrast, Visua X				Non covered but for pediatric members verification of EPSDT services		must be verified.	
IN	Medicaid/SCHIP/Family	Q9969	Tc-99m from nonhighly enriched uranium sourc X				Non covered but for pediatric members verification of EPSDT services		must be verified.	
IN	Medicaid/SCHIP/Family	Q9982	Flutemetamol F18, diagnostic, per study dose, i X		CG-MED-80		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9983	Florbetaben F18, diagnostic, per study dose, uq X		CG-MED-80		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	Q9991	Injection, buprenorphine extended-release (sut N					ING-CC-0030	None	None
IN	Medicaid/SCHIP/Family	Q9992	Injection, buprenorphine extended-release (sut N					ING-CC-0030	None	None
IN	Medicaid/SCHIP/Family	R0070	Transport Portable X-Ray							
IN	Medicaid/SCHIP/Family	R0075	Transport Port X-Ray Multipl							
IN	Medicaid/SCHIP/Family	R0076	Transport Portable Ekg							
IN	Medicaid/SCHIP/Family	S0012	Butorphanol Tartrate, Nasal							
IN	Medicaid/SCHIP/Family	S0013	Esketamine, nasal spray, 1 mg							
IN	Medicaid/SCHIP/Family	S0014	Tacrine Hydrochloride, 10 Mg							
IN	Medicaid/SCHIP/Family	S0017	Injection, Aminocaproic Acid							
IN	Medicaid/SCHIP/Family	S0020	Injection, Bupivacaine Hydro							
IN	Medicaid/SCHIP/Family	S0021	Injection, Cefoperazone Sod							
IN	Medicaid/SCHIP/Family	S0023	Injection, Cimetidine Hydroc							
IN	Medicaid/SCHIP/Family	S0028	Injection, Famotidine, 20 Mg							
IN	Medicaid/SCHIP/Family	S0030	Injection, Metronidazole							
IN	Medicaid/SCHIP/Family	S0032	Injection, Nafcillin Sodium							
IN	Medicaid/SCHIP/Family	S0034	Injection, Ofloxacin, 400 Mg							
IN	Medicaid/SCHIP/Family	S0039	Injection, Sulfamethoxazole							
IN	Medicaid/SCHIP/Family	S0040	Injection, Ticarcillin Disod							
IN	Medicaid/SCHIP/Family	S0073	Injection, Aztreonam, 500 Mg							
IN	Medicaid/SCHIP/Family	S0074	Injection, Cefotetan Disodiu							
IN	Medicaid/SCHIP/Family	S0077	Injection, Clindamycin Phosp							
IN	Medicaid/SCHIP/Family	S0078	Injection, Fosphenytoin Sodi							
IN	Medicaid/SCHIP/Family	S0080	Injection, Pentamidine Iseth							
IN	Medicaid/SCHIP/Family	S0081	Injection, Piperacillin Sodi							
IN	Medicaid/SCHIP/Family	S0088	Imatinib, 100 mg							
IN	Medicaid/SCHIP/Family	S0090	Sildenafil Citrate, 25 Mg							
IN	Medicaid/SCHIP/Family	S0091	Granisetron hydrochloride, 1 mg (for circumstai X							
IN	Medicaid/SCHIP/Family	S0092	Injection, hydromorphone hydrochloride, 250 n X							
IN	Medicaid/SCHIP/Family	S0093	Injection, morphine sulfate, 500 mg (loading do X							
IN	Medicaid/SCHIP/Family	S0104	Zidovudine, Oral 100 Mg							
IN	Medicaid/SCHIP/Family	S0106	Bupropion Hcl Sustained Release Tablet, 150 M X							
IN	Medicaid/SCHIP/Family	S0108	Mercaptopurine, Oral, 50 Mg							
IN	Medicaid/SCHIP/Family	S0109	Methadone Oral 5Mg							
IN	Medicaid/SCHIP/Family	S0117	Tretinoin topical 5g							
IN	Medicaid/SCHIP/Family	S0119	Ondansetron, oral, 4 mg (for circumstances falli X							
IN	Medicaid/SCHIP/Family	S0122	Injection, Menotropins, 75 Iu							
IN	Medicaid/SCHIP/Family	S0126	Injection, Follitropin Alfa, 75 Iu							
IN	Medicaid/SCHIP/Family	S0128	Injection, Follitropin Beta, 75 Iu							
IN	Medicaid/SCHIP/Family	S0132	Injection, Ganimirel Acetate, 250 Mcg							

IN	Medicaid/SCHIP/Family S0136	Clozapine, 25 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0137	Didanosine (ddi), 25 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0138	Finasteride, 5 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0139	Minoxidil, 10 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0140	Saquinavir, 200 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0142	COLISTMTHATE SODIUM INHAL SOL CONC FOR	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG	Y			None	None
IN	Medicaid/SCHIP/Family S0148	Injection, pegylated interferon alfa-2B, 10 mcg	Y			None	None
IN	Medicaid/SCHIP/Family S0155	Sterile dilutant for epoprostenol, 50 ml	X			Non covered but for pediatric me ING-CC-0067	None
IN	Medicaid/SCHIP/Family S0156	Exemestane, 25 Mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0157	Becaplermin Gel 1%, 0.5 Gm	X			Non covered but for pediatric me None	None
IN	Medicaid/SCHIP/Family S0160	Dextroamphetamine	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0164	Injection pantoprazole	N			None	None
IN	Medicaid/SCHIP/Family S0166	Injection Olanzapine 2.5 Mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0169	Calcitrol, 0.25 microgram	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0170	Anastrozole, oral, 1mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0171	Injection, bumetanide, 0.5 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0172	Chlorambucil, oral, 2 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0174	Dolasetron mesylate, oral 50 mg (for circumsta	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0175	Flutamide, oral, 125 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0176	Hydroxyurea, oral 500 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0177	Levamisole hydrochloride, oral, 50 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0178	Lomustine, oral, 10 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0179	Megestrol acetate, oral 20 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0182	Procarbazine hydrochloride, oral, 50 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0183	Prochlorperazine meleate, oral, 5 mg (for circur	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0187	Tamoxifen citrate, oral, 10 mg	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0189	Testosterone pellet, 75 mg	Y			ING-CC-0008	None
IN	Medicaid/SCHIP/Family S0190	Mifepristone, oral 200 mg	N				
IN	Medicaid/SCHIP/Family S0191	Misoprotol, oral, 200 mcg	N				
IN	Medicaid/SCHIP/Family S0194	Vitamin suppl 100 caps	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0197	PRENATAL VITAMINS 30-DAY SUPPLY	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0199	Medically induced abortion by oral ingestion of	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0201	Partial Hospitalization Services, Less Than 24 Hr	X			Non covered but for pediatric me None	None
IN	Medicaid/SCHIP/Family S0207	Paramedic Intercept, Non-Hospital Based ALS Se	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0208	Paramedic intercept, hospital-based ALS service	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0209	Wheelchair van, mileage, per mile	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0215	Non-emergency transportation; mileage	N				
IN	Medicaid/SCHIP/Family S0220	Medical Conference By Physic	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0221	Medical Conference, 60 Min	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0250	Comprehensive geriatric assessment and treatm	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0255	Hospice referral visit (advising patient and fami	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0257	End of life counseling	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0260	History and physical (outpatient or office) relat	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0265	GENETIC COUNSELING PHYS SUPERVISION EA 1 X	X			Non covered but for pediatric me None	None
IN	Medicaid/SCHIP/Family S0270	Physician management of patient home care, s	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0271	Physician management of patient home care, h	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0272	Physician management of patient home care, e	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0273	Physician visit at member's home, outside of a	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0274	Nurse practioner visit at member's home, outsi	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0280	Medical Home Program, Comprehensive Care C	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0281	Medical Home Program, Comprehensive Care C	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0285	Colonoscopy consultation performed prior to a	X			Non covered but for pediatric me None	None
IN	Medicaid/SCHIP/Family S0302	Completed early periodic screening diagnosis a	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0310	Hospitalist services (list separately in addition t	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0311	Comprehensive management and care coordin	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0315	Disease Management Program, Initial Assessm	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0316	Disease Management Program, Followup Asses	X			Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family S0317	Disease management program; per diem	X			Non covered but for pediatric members verification of EPSDT services must be verified.	

IN	Medicaid/SCHIP/Family	S0320	Telephone Calls By Reg Nurse To Disease Mana	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0340	Lifestyle modification program for managemen	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0341	Lifestyle modification program for managemen	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0342	Lifestyle modification program for managemen	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0353	Treatment planning and care coordination man	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0354	Treatment planning and care coordination man	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0390	Routine Foot Care; Removal And/Or Trimming	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0395	Impression casting of a foot performed by a pra	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0400	Global fee for extracorporeal shock wave lithor	X				Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S0500	Disposable contact lens, per lens	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0504	Single vision prescription lens (safety, athletic,	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0506	Bifocal vision prescription lens (safety, athletic,	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0508	Trifocal vision prescription lens (safety, athletic,	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0510	Non-prescription lens (safety, athletic, or sungl	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0512	Daily wear specialty contact lens, per lens	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0514	Color contract lens, per lens	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0515	Scleral Lens Lqd Bandge Device-Lens	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0516	Safety eyeglass frames	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0518	Sunglasses frames	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0580	Polycarbonate lens (list this code in addition to	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0581	Nonstandard lens (list this code in addition to th	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0590	Integral lens service, miscellaneous services reg	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0592	Comprehensive contact lens evaluation	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0595	DISPNSNG NEW SPECTACLE LENSES PT SUPPLI	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0596	Phakic intraocular lens for correction of refract	X		CG-SURG-77		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S0601	Screening Proctoscopy	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0610	Annual Gynecological Examina	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0612	Annual Gynecological Examina	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0613	ANNUAL GYN EXAM CLIN BREAST EXAM W/O P	N						
IN	Medicaid/SCHIP/Family	S0618	Audiometry for hearing aid	N						
IN	Medicaid/SCHIP/Family	S0620	Routine Ophthalmological Exa	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0621	Routine Ophthalmological Exa	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0622	Physical exam for college, new or established p	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0630	Removal Of Sutures	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S0800	Laser In Situ Keratomileusis	X		CG-SURG-77		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S0810	Photorefractive Keratectomy	X		CG-SURG-77		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S0812	Phototherapeutic keratectomy (PTK)	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S1001	Deluxe item, patient aware (list in addition to	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S1002	Customized item (list in addition to code for ba	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S1015	Iv Tubing Extension Set	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S1016	Non-Pvc Intravenous Administ	X				Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family	S1030	Continuous noninvasive glucose monitoring dev	N		CG-DME-42		Precert is required for all rentals.	None	None
IN	Medicaid/SCHIP/Family	S1031	Continuous noninvasive glucose monitoring dev	X		CG-DME-42		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S1034	Artificial pancreas device system (e.g., low gluc	X		CG-DME-42		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S1035	Sensor; Invasive (eg, Subcutaneous), Disposabl	X				Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S1036	Transmitter; External, For Use With Artificial Pa	X				Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S1037	Receiver (Monitor); External, For Use With Artif	X				Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, R Y	X		CG-OR-PR-04			None	None
IN	Medicaid/SCHIP/Family	S2053	Transplantation Of Small Int	X		TRANS.00013		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S2054	Transplantation Of Multivisc	X		TRANS.00013		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S2055	Harvesting Of Donor Multivisc	X		TRANS.00013		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S2060	Lobar Lung Transplantation	X		TRANS.00009		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S2061	Donor Lobectomy (Lung)	X		TRANS.00009		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S2065	Simultaneous pancreas kidney transplantation	X		TRANS.00011		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family	S2066	Breast reconstruction with gluteal artery perfor	Y		SURG.00023			None	None
IN	Medicaid/SCHIP/Family	S2067	Breast reconstruction of a single breast with "st	Y		SURG.00023			None	None
IN	Medicaid/SCHIP/Family	S2068	Breast reconstruction with deep inferior epigas	Y		SURG.00023			None	None
IN	Medicaid/SCHIP/Family	S2070	Cystourethroscopy, with ureteroscopy and/or p	N						
IN	Medicaid/SCHIP/Family	S2079	Laparoscopic esophagomyotomy (Heller type)	N						

IN	Medicaid/SCHIP/Family S2080	Laser-assisted uvulopalatoplasty (LAUP)	X	SURG.00129		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2083	Adjustment gastric band	N						
IN	Medicaid/SCHIP/Family S2095	Transcatheter occlusion or embolization for tun	N	CG-SURG-78			None	None	None
IN	Medicaid/SCHIP/Family S2102	Islet Cell Tissue Transplant	X	TRANS.00010		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2103	Adrenal Tissue Transplant	X	TRANS.00004		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2107	Adoptive Immunotherapy I.E. Development Of	X	MED.00024		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2112	Arthroscopy, knee, surgical for harvesting of cai	X			Non covered but for pediatric me	AIM Musculoskeletal: Joint Surgery	None	None
IN	Medicaid/SCHIP/Family S2115	Osteotomy, periacetabular, with internal fixati	X			Non covered but for pediatric me	Non covered but for pediatric members verification of EPSDT services	must be verified.	
IN	Medicaid/SCHIP/Family S2117	Arthroereisis, subtalar	Y	SURG.00104			None	None	None
IN	Medicaid/SCHIP/Family S2118	Metal-on-metal total hip resurfacing including a	Y	SURG.00051			None	None	None
IN	Medicaid/SCHIP/Family S2120	Low Density Lipoprotein(Ldl)	X	CG-MED-68		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2140	Cord Blood Harvesting	X	TRANS.00016		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2142	Cord Blood-Derived Stem-Cell	X	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2150	Bone marrow or blood-derived peripheral stem	X	TRANS.00023, TRANS.00024, TRANS.00027, TRANS.00028, TRANS.		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2152	Solid organ transpl pkg	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2202	Echoclerotherapy	X	SURG.00037		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2205	Minimally Invasive Direct Co	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2206	Minimally Invasive Direct Co	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2207	Minimally Invasive Direct Co	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2208	Minimally Invasive Direct Co	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2209	Minimally Invasive Direct Co	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2225	Myringotomy, laser-assisted	N						
IN	Medicaid/SCHIP/Family S2230	Implantation of magnetic component of semi-ir	X	SURG.00084		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2235	Implantation of auditory brain stem implant	Y	CG-SURG-81			None	None	None
IN	Medicaid/SCHIP/Family S2260	Induced abortion, 17 TO 24 weeks	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2265	Induced abortion, 25 TO 28 weeks	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2266	Induced abortion, 29 TO 31 weeks	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2267	Induced abortion, 32 weeks or greater	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2300	Arthroscopy, Shoulder, Surgi	X	SURG.00043		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2325	HIP CORE DECOMPRESSION	N						
IN	Medicaid/SCHIP/Family S2340	Chemodeneration Of Abductor	X			Non covered but for pediatric me	ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family S2341	Chemodeneration of adductor muscle(s) of vo	X			Non covered but for pediatric me	ING-CC-0032	None	None
IN	Medicaid/SCHIP/Family S2342	Nasal endoscopy for post-operative debrideme	X	CG-SURG-24		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2348	Decompress disc RF lumbar	Y	SURG.00071			None	None	None
IN	Medicaid/SCHIP/Family S2350	Discectomy, Anterior, With D	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S2351	Discectomy, Anterior, With D	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S2400	Repair, congenital hernia in the fetus, procedur	Y	SURG.00036			None	None	None
IN	Medicaid/SCHIP/Family S2401	Repair, urinary tract obstruction in the fetus, pr	X	SURG.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2402	Repair, congenital cystic adenomatoid malform	X	SURG.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2403	Repair, extralobar pulmonary sequestration in t	X	SURG.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2404	Repair, myelomeningocele in the fetus, procedu	X	SURG.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2405	Repair Of Sacrococcygeal Teratoma In The Fetu	X	SURG.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2409	Repair, congenital malformation of fetus, proce	X	SURG.00036		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S2411	Fetoscopic laser therapy for treatment of twin-	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC S	X			Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S3000	Diabetic indicator; retinal eye exam, dilated, bil	N						
IN	Medicaid/SCHIP/Family S3005	Tx-Respite Care-Assisted Living Apartment-Sing	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3600	Stat laboratory request (situations other than S	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3601	Emergency stat laboratory charge for patient w	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3620	Newborn metabolic screening panel, includes t	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3630	Eosinophil count, blood direct	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3645	Hiv-1 Antibody Testing Of Or	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3650	Saliva Test, Hormone Level	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3652	Saliva Test, Hormone Level	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3655	Antisperm Antibodies Test (Immunobead)	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3708	Gastrointestinal Fat Absorpt	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3722	Dose optimization by area under the curve (AU	X			Non covered but for pediatric members verification of EPSDT services	must be verified.		
IN	Medicaid/SCHIP/Family S3800	Genetic testing for amyotrophic lateral sclerosi	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S3840	DNA analysis for germline mutations of the ret	X	CG-GENE-17		Non covered but for pediatric me	None	None	None

IN	Medicaid/SCHIP/Family	S3841	Genetic testing for retinoblastoma	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S3842	Genetic testing for von hippel-lindau disease	Y	CG-GENE-14	AIM		None	None	None
IN	Medicaid/SCHIP/Family	S3844	DNA analysis of the connexin 26 gene (gjb2) for	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family	S3845	Genetic testing for alpha-thalassemia	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S3846	Genetic testing for hemoglobin e beta-thalasse	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family	S3849	Genetic testing for niemann-pick disease	X	CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S3850	Genetic testing for sickle cell anemia	Y				None	None	None
IN	Medicaid/SCHIP/Family	S3852	DNA analysis for apoe epsilon 4 allele for suscep	X	GENE.00003;		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S3853	Genetic testing for myotonic muscular dystrophi	Y	CG-GENE-13	AIM		None	None	None
IN	Medicaid/SCHIP/Family	S3854	Gene expression profiling panel for use in the r	X	GENE.00011		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S3861	Genetic testing, sodium channel, voltage-gated	Y	GENE.00007	AIM		None	None	None
IN	Medicaid/SCHIP/Family	S3865	Comprehensive gene sequence analysis for hyp	Y	CG-GENE-13, GENE.00017			None	None	None
IN	Medicaid/SCHIP/Family	S3866	Genetic analysis for a specific gene mutation fo	Y	CG-GENE-13, GENE.00017			None	None	None
IN	Medicaid/SCHIP/Family	S3870	Comparative genomic hybridization (cgh) micro	X	CG-BEH-01, CG-GENE-10, CG-GENE-13		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S3900	Surface electromyography (EMG)	X	MED.00130		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S3902	Ballistocardiogram	X						
IN	Medicaid/SCHIP/Family	S3904	Masters Two Step	X						
IN	Medicaid/SCHIP/Family	S4005	Interim Labor Facility Global (Labor Occurring B	N						
IN	Medicaid/SCHIP/Family	S4011	In vitro fertilization; including but not limited to	X						
IN	Medicaid/SCHIP/Family	S4013	Complete Cycle, Gamete Intrafallopian Transfer	X						
IN	Medicaid/SCHIP/Family	S4014	Complete Cycle, Zygote Intrafallopian Transfer	X						
IN	Medicaid/SCHIP/Family	S4015	Complete in vitro fertilization cycle, case rate	X						
IN	Medicaid/SCHIP/Family	S4016	Frozen in vitro fertilization cycle, case rate	X						
IN	Medicaid/SCHIP/Family	S4017	Incomplete Cycle, Treatment Cancelled Prior To	X						
IN	Medicaid/SCHIP/Family	S4018	Frozen embryo transfer procedure cancelled be	X						
IN	Medicaid/SCHIP/Family	S4020	In vitro fertilization procedure cancelled before	X						
IN	Medicaid/SCHIP/Family	S4021	In vitro fertilization procedure cancellation afte	X						
IN	Medicaid/SCHIP/Family	S4022	Assisted oocyte fertilization, case rate	X						
IN	Medicaid/SCHIP/Family	S4023	Donor Egg Cycle, Incomplete, Case Rate	X						
IN	Medicaid/SCHIP/Family	S4025	Donor services for in vitro fertilization (sperm c	X						
IN	Medicaid/SCHIP/Family	S4026	Procurement of donor sperm from sperm bank	X						
IN	Medicaid/SCHIP/Family	S4027	Storage of previously frozen embryos	X						
IN	Medicaid/SCHIP/Family	S4028	Microsurgical epididymal sperm aspiration (me	X						
IN	Medicaid/SCHIP/Family	S4030	Sperm procurement and cryopreservation servi	X						
IN	Medicaid/SCHIP/Family	S4031	Sperm procurement and cryopreservation servi	X						
IN	Medicaid/SCHIP/Family	S4035	Stimulated Intrauterine Insemination (Iui), Case	X						
IN	Medicaid/SCHIP/Family	S4037	Cryopreserved Embryo Transfer, Case Rate	X						
IN	Medicaid/SCHIP/Family	S4040	Monitoring And Storage Of Cryopreserved Emb	X						
IN	Medicaid/SCHIP/Family	S4042	Ovulation mgmt per cycle	X						
IN	Medicaid/SCHIP/Family	S4981	Insertion of levonorgestrel-releasing intrauterin	X						
IN	Medicaid/SCHIP/Family	S4989	Contraceptive intrauterine device (e.g., Progest	X						
IN	Medicaid/SCHIP/Family	S4990	Nicotine patches, legend	X						
IN	Medicaid/SCHIP/Family	S4991	Nicotine patches, non-legend	X						
IN	Medicaid/SCHIP/Family	S4993	Contraceptive Pills For Birth Control	N						
IN	Medicaid/SCHIP/Family	S4995	Smoking Cessation Gum	X						
IN	Medicaid/SCHIP/Family	S5000	Prescription Drug, Generic	X						
IN	Medicaid/SCHIP/Family	S5001	Prescription Drug,Brand Name	X						
IN	Medicaid/SCHIP/Family	S5010	5% dextrose and 0.45% normal saline, 1000 ml	X						
IN	Medicaid/SCHIP/Family	S5012	5% Dextrose With Potassium	X						
IN	Medicaid/SCHIP/Family	S5013	5% dextrose/0.45% normal saline with potassiu	X						
IN	Medicaid/SCHIP/Family	S5014	5% Dextrose/45%Saline,1500ml	X						
IN	Medicaid/SCHIP/Family	S5035	Home infusion therapy, routine service of infusi	X	CG-MED-23		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S5036	Home infusion therapy, repair of infusion devic	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family	S5100	Day Care Services, Adult, Per 15 Minutes	X						
IN	Medicaid/SCHIP/Family	S5101	Day Care Services, Adult, Per Half Day	X						
IN	Medicaid/SCHIP/Family	S5102	Day Care Services, Adult, Per Diem	X						
IN	Medicaid/SCHIP/Family	S5105	Day Care Services, Center Based, Not Incl In Prc	X						
IN	Medicaid/SCHIP/Family	S5108	Home care training to home care client, per 15	X	CG-BEH-02, CG-MED-23		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family	S5109	Home care training to home care client, per 15	X	CG-MED-23		Non covered but for pediatric me	None	None	None

IN	Medicaid/SCHIP/Family S5110	Home Care Training, Family, Per 15 Minutes	X	CG-BEH-02CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5111	Home Care Training, Family, Per Session	X	CG-MED-23		This benefit is managed by the St	None	None
IN	Medicaid/SCHIP/Family S5115	Home Care Training, Non-Family, Per 15 Minutes	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5116	Home Care Training, Non-Family, Per Session	X	CG-MED-23		This benefit is managed by the St	None	None
IN	Medicaid/SCHIP/Family S5120	Chore Services, Per 15 Minutes	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5121	Home Care Training, Family, Per Diem/TX LTC P	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5125	Attendant Care Services, Per 15 Minutes	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5126	Attendant Care Services, Per Diem	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5130	Homemaker Service, NOS, Per 15 Minutes	X			This benefit is managed by the St	None	None
IN	Medicaid/SCHIP/Family S5131	Homemaker Services, NOS, Per Diem	X			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5135	Companion Care, Adult, Per 15 Minutes	X			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5136	Companion Care, Adult, Per Diem	X			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5140	Foster Care, Adult, Per Diem	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5141	Foster Care, Adult, Per Month	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5145	Foster Care, Therapeutic, Child, Per Diem	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5146	Foster Care, Therapeutic, Child, Per Month	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5150	Unskilled Respite Care, Not Hospice, Per 15 Min	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5151	Unskilled Respite Care, Not Hospice, Per Diem	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5160	Emergency Response System, Installation And	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5161	Emergency Response System, Service Fee Per	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5162	Emergency Response System, Purchase Only	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5165	Home Modifications, Per Service	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5170	Home Delivered Meals, Including Preparation, F	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st		
IN	Medicaid/SCHIP/Family S5175	Laundry Service, External, Professional, Per Ord	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5180	Home Health Respiratory Therapy, Initial Evaluat	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5181	Home Health Respiratory Therapy, NOS, Per Di	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5185	Medication Reminder Services, No Face To Face	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5190	Wellness Assessment, Performed By Non-Physi	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5199	Personal Care Item, NOS, Each	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5497	Home infusion therapy, catheter care/maintena	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5498	Home infusion therapy, catheter care/maintena	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5501	Home infusion therapy, catheter care/maintena	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5502	Home infusion therapy, catheter care/maintena	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5517	Home infusion therapy, all supplies necessary fi	N	CG-MED-23			None	None
IN	Medicaid/SCHIP/Family S5518	Home infusion therapy, all supplies necessary fi	N	CG-MED-23			None	None
IN	Medicaid/SCHIP/Family S5520	Home infusion therapy, all supplies (including c	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5521	Home infusion therapy, all supplies (including c	N	CG-MED-23			None	None
IN	Medicaid/SCHIP/Family S5522	Home infusion therapy, insertion of peripheral	N	CG-MED-23			None	None
IN	Medicaid/SCHIP/Family S5523	Home infusion therapy, insertion of midline cer	X	CG-MED-23		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S5550	Insulin, rapid onset, 5 units	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5551	Insulin, most rapid onset (lispro or aspart); 5 un	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5552	Insulin, intermediate acting (nph or lente); 5 un	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5553	Insulin, long acting; 5 units	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5560	Insulin delivery device, reusable pen; 1.5 ml size	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5561	Insulin delivery device, reusable pen; 3 ml size	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5565	Insulin cartridge for use in insulin delivery devic	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5566	Insulin cartridge for use in insulin delivery devic	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5570	Insulin delivery device, disposable pen (includin	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S5571	Insulin delivery device, disposable pen (includin	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S8030	Scleral application of tantalum ring(s) for localiz	X			Non covered but for pediatric me AIM: Radiation Oncology	None	None
IN	Medicaid/SCHIP/Family S8035	Magnetic Source Imaging	X	CG-MED-76		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S8037	Magnetic resonance cholangiopancreatography	X			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S8040	Topographic Brain Mapping	X	MED.00002		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S8042	Magnetic Resonance Imaging (Mri), Low-Field	X			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S8055	Ultrasound guidance for multifetal pregnancy r	X			Non covered but for pediatric members verification of EPSDT services must be verified.		
IN	Medicaid/SCHIP/Family S8080	Scintimammography	X	CG-MED-87		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S8085	Fluorine-18 Fluorodeoxygluco	X			Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S8092	Electron Beam Computed Tomog	X	RAD.00001, RAD.00037		Non covered but for pediatric me	None	None
IN	Medicaid/SCHIP/Family S8096	Portable Peak Flow Meter	X			Non covered but for pediatric me	None	None

IN	Medicaid/SCHIP/Family	S8097	Asthma kit (including but not limited to portabl	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8100	Holding chamber or spacer for use with an inha	N					
IN	Medicaid/SCHIP/Family	S8101	Holding chamber or spacer for use with an inha	N					
IN	Medicaid/SCHIP/Family	S8110	Peak Expiratory Flow Rate (P	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic	N	CG-DME-18		None	None	None
IN	Medicaid/SCHIP/Family	S8121	Oxygen contents, liquid, 1 unit equals 1 pound	N	CG-DME-18		None	None	None
IN	Medicaid/SCHIP/Family	S8130	Interferential current stimulator, 2 channel	X	DME.00011		None	None	None
IN	Medicaid/SCHIP/Family	S8131	Interferential current stimulator, 4 channel	X	DME.00011		None	None	None
IN	Medicaid/SCHIP/Family	S8185	Flutter device	N					
IN	Medicaid/SCHIP/Family	S8186	Swivel adaptor	N					
IN	Medicaid/SCHIP/Family	S8189	Tracheotomy supply, not otherwise classified	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	S8210	Mucus Trap	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8265	Haberman Feeder For Cleft Lip/Palate	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8270	ENURESIS ALARM AUDITORY BUZZER &/ VIBRA	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8301	Infection control supplies, not otherwise specifi	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8415	Supplies for home delivery of infant	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8420	Gradient pressure aid (sleeve and glove combin	N					
IN	Medicaid/SCHIP/Family	S8421	Gradient pressure aid (sleeve and glove combin	N					
IN	Medicaid/SCHIP/Family	S8422	Gradient pressure aid (sleeve), custom made, n	N					
IN	Medicaid/SCHIP/Family	S8423	Gradient pressure aid (sleeve), custom made, h	N					
IN	Medicaid/SCHIP/Family	S8424	Gradient pressure aid (sleeve), ready made	N					
IN	Medicaid/SCHIP/Family	S8425	Gradient pressure aid (glove), custom made, m	N					
IN	Medicaid/SCHIP/Family	S8426	Gradient pressure aid (glove), custom made, he	N					
IN	Medicaid/SCHIP/Family	S8427	Gradient pressure aid (glove), ready made	N					
IN	Medicaid/SCHIP/Family	S8428	Gradient pressure aid (gauntlet), ready made	N					
IN	Medicaid/SCHIP/Family	S8429	Gradient pressure exterior wrap	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8430	Padding for compression bandage, roll	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8431	Compression bandage, roll	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8450	Splint, prefabricated, digit (specify digit by use	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8451	Splint, prefabricated, wrist or ankle	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8452	Splint, prefabricated, elbow	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8460	Camisole, post-mastectomy	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8490	Insulin syringes (100 syringes, any size)	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S8930	Electrical stimulation of auricular acupuncture	X	DME.00011		None	None	None
IN	Medicaid/SCHIP/Family	S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	X	REHAB.00003		None	None	None
IN	Medicaid/SCHIP/Family	S8948	Application of a modality (requiring constant pr	X			None	None	None
IN	Medicaid/SCHIP/Family	S8950	Complex Lymphedema Therapy	X			None	None	None
IN	Medicaid/SCHIP/Family	S8990	Physical or manipulative therapy performed for	X			None	None	None
IN	Medicaid/SCHIP/Family	S8999	Resuscitation Bag	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9001	Home Uterine Monitor With Or	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9007	Ultrafiltration Monitor	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9024	Paranasal Sinus Ultrasound	X			None	None	None
IN	Medicaid/SCHIP/Family	S9025	Omniscardiogram/Cardiointegra	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9034	Extracorporeal shockwave lithotripsy for gall str	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9055	Procren Or Other Growth Fac	X			None	None	None
IN	Medicaid/SCHIP/Family	S9056	Coma Stimulation Per Diem	X	MED.00011		None	None	None
IN	Medicaid/SCHIP/Family	S9061	Medical Supplies And Equipme	X	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family	S9083	Global fee urgent care centers	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9088	Services Provided In Urgent	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9090	Vertebral Axial Decompressio	X	SURG.00008		None	None	None
IN	Medicaid/SCHIP/Family	S9097	Home Visit For Wound Care	X	CG-MED-23, CG-MED-71		None	None	None
IN	Medicaid/SCHIP/Family	S9098	Home visit, phototherapy services (e.g., Billilite)	X	CG-DME-12		None	None	None
IN	Medicaid/SCHIP/Family	S9110	Telemonitoring of patient in their home, includi	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9117	Back school, per visit	X			None	None	None
IN	Medicaid/SCHIP/Family	S9122	Home health aide or certified nurse assistant, p	X	CG-MED-23		None	None	CMS Guidelines
IN	Medicaid/SCHIP/Family	S9123	Nursing care, in the home; by registered nurse,	Y	CG-REHAB-08, CG-MED-23, CG-MED-71		None	None	None
IN	Medicaid/SCHIP/Family	S9124	Nursing care, in the home; by licensed practical	X	CG-REHAB-08, CG-MED-23, CG-MED-71		None	None	None
IN	Medicaid/SCHIP/Family	S9125	Respite Care, In The Home, P	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9126	Hospice Care, In The Home, P	X				Non covered but for pediatric members verification of EPSDT services must be verified.	

IN	Medicaid/SCHIP/Family S9127	Social Work Visit, In The Ho	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9128	Speech Therapy, In The Home	X	CG-MED-23, CG-REHAB-12	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9129	Occupational Therapy, In The	X	CG-MED-23, CG-REHAB-12	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9131	Physical therapy, in the home, per diem	X	CG-MED-23, CG-REHAB-12	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9140	Diabetic Management Program	Y					
IN	Medicaid/SCHIP/Family S9141	Diabetic Management Program	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9145	Insulin Pump Initiation, Instruction In Initial Use	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9150	Evaluation By Ocularist	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9152	Speech therapy, re-evaluation	X	CG-BEH-01	Non covered but for pediatric me	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family S9208	Home management of preterm labor, (do not u	Y					
IN	Medicaid/SCHIP/Family S9209	Home management of preterm premature rupt	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9211	Home management of gestational hypertensio	N	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family S9212	Home management of postpartum hypertensio	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9213	Home management of preeclampsia	N	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family S9214	Home management of gestational diabetes	N	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family S9325	Home infusion therapy, pain management infus	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9326	Home infusion therapy, continuous pain manag	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9327	Home infusion therapy, intermittent pain mana	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9328	Home infusion therapy, implanted pump pain n	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9329	Home infusion therapy, chemotherapy infusion	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9330	Home infusion therapy, continuous chemother	Y	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family S9331	Home infusion therapy, intermittent chemothe	Y	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family S9335	Home therapy, hemodialysis; administrative se	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9336	Home infusion therapy, continuous anticoagula	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9338	Home infusion therapy, immunotherapy therap	X	CG-MED-23	Non covered but for pediatric me	ING-CC-0003	None	None
IN	Medicaid/SCHIP/Family S9339	Home therapy; peritoneal dialysis	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9340	Home therapy; enteral nutrition;	N	CG-MED-08, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9341	Home therapy; enteral nutrition; via gravity	X	CG-MED-08, CG-MED-32	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9342	Home therapy; enteral nutrition via pump	N	CG-MED-08, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9343	Home therapy; enteral nutrition via bolus	X	CG-MED-08, CG-MED-32	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9345	Home infusion therapy, anti-hemophilic agent i	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9346	Home infusion therapy, alpha-1-proteinase inhi	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9347	Home infusion therapy, uninterrupted, long-ter	X		Non covered but for pediatric me	ING-CC-0067	None	None
IN	Medicaid/SCHIP/Family S9348	Home infusion therapy, sympathomimetic/inot	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9349	Home infusion therapy, tocolytic infusion thera	Y			None	None	None
IN	Medicaid/SCHIP/Family S9351	Home infusion therapy, continuous or intermitt	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9353	Home infusion therapy, continuous insulin infus	N	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family S9355	Home infusion therapy, chelation therapy	X	MED.00127	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9357	Home infusion therapy, enzyme replacement ir	X	CG-MED-23	Non covered but for pediatric me	ING-CC-0025, ING-CC-0024, ING-CC-	None	None
IN	Medicaid/SCHIP/Family S9359	Home infusion therapy, anti-tumor necrosis fac	X		Non covered but for pediatric me	ING-CC-0062	None	None
IN	Medicaid/SCHIP/Family S9361	Home infusion therapy, diuretic intravenous thi	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9363	Home infusion therapy, anti-spasmodic intraver	X	CG-MED-23	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9364	Home infusion therapy, total parenteral nutritic	X	CG-MED-23, CG-MED-32	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9365	Home infusion therapy, total parenteral nutritic	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9366	Home infusion therapy, total parenteral nutritic	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9367	Home infusion therapy, total parenteral nutritic	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9368	Home infusion therapy, total parenteral nutritic	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9370	Home therapy, intermittent anti-emetic injecti	X	CG-MED-23, CG-MED-32	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9372	Home infusion therapy, intermittent anticoagul	X	CG-MED-23, CG-MED-32	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9373	Home infusion therapy, hydration therapy (do r	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9374	Home infusion therapy, hydration therapy; one	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9375	Home infusion therapy, hydration therapy; mor	X	CG-MED-23, CG-MED-32	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9376	Home infusion therapy, hydration therapy; mor	N	CG-MED-23, CG-MED-32		None	None	None
IN	Medicaid/SCHIP/Family S9377	Home infusion therapy, hydration therapy; mor	X	CG-MED-23, CG-MED-32	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9379	Home infusion therapy, infusion therapy, not o	N	CG-MED-23		None	None	None
IN	Medicaid/SCHIP/Family S9381	Delivery or service to high risk areas requiring e	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9401	Anticoagulation Clinic, Inclusive Of All Services i	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9430	Pharmacy Compounding And Dispensing Servic	X		Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9433	Medical food nutritionally complete, administe	X	CG-MED-08	Non covered but for pediatric me	None	None	None

IN	Medicaid/SCHIP/Family S9434	Modified solid food supplements for inborn err	X	CG-MED-08		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9435	Medical Foods For Inborn Err	N	CG-MED-08			None	None	None
IN	Medicaid/SCHIP/Family S9436	Childbirth Preparation/Lamaze Classes, Non-Ph	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9437	Childbirth Refresher Classes, Non-Physician Pro	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9438	Cesarean Birth Classes, Non-Physician Provider,	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9439	Vbac (Vaginal Birth After Cesarean) Classes, No	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9441	Asthma education, non-physician provider, per	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9442	Birthing classes, non-physician provider, per ses	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9443	Lactation classes, non-physical provider per ses	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9444	Parenting Classes, Non-Physician Provider, Per	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9445	Patient education, not otherwise classified, nor	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9446	Patient education, not otherwise classified, nor	N						
IN	Medicaid/SCHIP/Family S9447	Infant Safety (Including Cpr) Classes, Non-Physi	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9449	Weight Management Classes, Non-Physician Pr	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9451	Exercise Classes, Non-Physician Provider, Per Se	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9452	Nutrition Classes, Non-Physician Provider, Per S	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9453	Smoking Cessation Classes, Non-Physician Prov	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9454	Stress Management Classes, Non-Physician Pro	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9455	Diabetic Management Program	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9460	Diabetic Management Program	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9465	Diabetic Management Program	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9470	Nutritional Counseling, Diet	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9472	Cardiac Rehabilitation Progr	X	CG-REHAB-02		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9473	Pulmonary Rehabilitation Pro	X	CG-REHAB-03		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9474	Enterostomal Therapy By A Re	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9475	Ambulatory Setting Substance	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9476	Vestibular rehabilitation program, non-physicia	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9480	Intensive Outpatient Psychia	Y						
IN	Medicaid/SCHIP/Family S9482	Family stabilization 15 min	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9484	Crisis intervention mental health services, per h	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9485	Crisis Intervention Mental H	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9490	Home infusion therapy, corticosteroid infusion;	X	CG-MED-23, CG-MED-32		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9494	Home infusion therapy, antibiotic, antiviral, or a	Y	CG-MED-23, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family S9497	Home infusion therapy, antibiotic, antiviral, or a	Y	CG-MED-23, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family S9500	Home infusion therapy, antibiotic, antiviral, or a	Y	CG-MED-23, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family S9501	Home infusion therapy, antibiotic, antiviral, or a	Y	CG-MED-23, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family S9502	Home infusion therapy, antibiotic, antiviral, or a	Y	CG-MED-23, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family S9503	Home infusion therapy, antibiotic, antiviral, or a	Y	CG-MED-23, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family S9504	Home infusion therapy, antibiotic, antiviral, or a	Y	CG-MED-23, MED.00013			None	None	None
IN	Medicaid/SCHIP/Family S9529	Routine venipuncture for collection of specime	N						
IN	Medicaid/SCHIP/Family S9537	Home therapy; hematopoietic hormone injectio	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family S9538	Home transfusion of blood product(s) (blood pr	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family S9542	Home injectable therapy; not otherwise classifi	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family S9558	Home injectable therapy; growth hormone,	Y				ING-CC-0068	None	None
IN	Medicaid/SCHIP/Family S9559	Home injectable therapy; interferon	N				ING-CC-0014	None	None
IN	Medicaid/SCHIP/Family S9560	Home injectable therapy; hormonal therapy (e.	N	CG-MED-23			ING-CC-0061, ING-CC-0102	None	None
IN	Medicaid/SCHIP/Family S9562	Home Injectable Therapy, Palivizumab, Includin	X			Non covered but for pediatric me	ING-CC-0007	None	None
IN	Medicaid/SCHIP/Family S9590	Home Therpay, Irrigation Therpay (E.G. Sterile I	X	CG-MED-23		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9810	Home therapy; professional pharmacy service f	N	CG-MED-23			None	None	None
IN	Medicaid/SCHIP/Family S9900	Services by a Journal-listed Christian Science pr	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9901	Services by a journal-listed christian science nu	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9960	Ambulance service, conventional air services, n	X	CG-ANC-04		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9961	Ambulance service, conventional air service, no	X	CG-ANC-04		Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family S9970	Health Club Membership, Annual	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9975	Transplant Related Lodging, Meals And Transpc	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9976	Lodging per diem	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9977	Meals per diem	X			Non covered but for pediatric members verification of EPSDT services must be verified.			
IN	Medicaid/SCHIP/Family S9981	Medical records copying fee, administrative	X			This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st			
IN	Medicaid/SCHIP/Family S9982	Medical records copying fee, per page	X			Non covered but for pediatric members verification of EPSDT services must be verified.			

IN	Medicaid/SCHIP/Family	S9986	Not medically necessary service (patient is awa	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9988	Serv part of phase 1 trial	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9989	Services provided outside of the United States	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9990	Services Provided As Part Of	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9991	Services Provided As Part Of	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9992	Transportation Costs To And	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9994	Lodging Costs (E.G. Hotel Ch	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9996	Meals For Clinical Trial Par	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	S9999	Sales Tax	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1000	Private duty/independent nursing service(s) - li	Y		CG-REHAB-08		None	None
IN	Medicaid/SCHIP/Family	T1001	Nursing assessment/evaluation	X		CG-MED-23		Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1002	RN services, up to 15 minutes	X		CG-MED-23, CG-REHAB-08		Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1003	LPN/LVN services, up to 15 minutes	X		CG-MED-23, CG-REHAB-08		Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1004	Services of a qualified nursing aide, up to 15 mi	N		CG-MED-23		None	None
IN	Medicaid/SCHIP/Family	T1005	Respite care services, up to 15 minutes	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T1006	Alcohol and/or substance abuse services, famil	N					
IN	Medicaid/SCHIP/Family	T1007	Alcohol and/or substance abuse services, treatm	N					
IN	Medicaid/SCHIP/Family	T1009	Child sitting services for children of the individu	N					
IN	Medicaid/SCHIP/Family	T1010	Meals for individuals receiving alcohol and/or s	N					
IN	Medicaid/SCHIP/Family	T1012	Alcohol and/or substance abuse services, skills	N					
IN	Medicaid/SCHIP/Family	T1013	Sign language or oral interpreter services	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1014	Telehealth transmission, per minute, profession	N					
IN	Medicaid/SCHIP/Family	T1015	Clinic visit/encounter, all-inclusive	N				None	None
IN	Medicaid/SCHIP/Family	T1016	Case Management, Each 15 Minutes	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T1017	Targeted Case Management, Each 15 Minutes	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1018	School-Based Individualized Education Program	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1019	Personal Care Services, Per 15 Minutes, Not For	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1020	Personal Care Services, Per Diem, Not For An In	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T1021	Home Health Aide Or Certified Nurse Assistant,	X		CG-MED-23		Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1022	Contracted Home Health Agency Services, All Si	X		CG-MED-23		Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1023	Screening To Determine The Appropriateness C	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1024	Evaluation And Treatment By An Integrated, Sp	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1025	Intensive, Extended Multidisciplinary Services P	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1026	Intensive, Extended Multidisciplinary Services P	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1027	Family Training And Counseling For Child Develop	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T1028	Assessment Of Home, Physical And Family Envi	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T1029	Comprehensive Environmental Lead Investigati	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T1030	Nursing Care, In The Home, By Registered Nursi	X		CG-REHAB-08, CG-MED-23, CG-MED-71		None	None
IN	Medicaid/SCHIP/Family	T1031	Nursing Care, In The Home, By Licensed Practic	X		CG-REHAB-08, CG-MED-23, CG-MED-71		Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1040	Medicaid certified community behavioral health	N					
IN	Medicaid/SCHIP/Family	T1041	Medicaid certified community behavioral health	N					
IN	Medicaid/SCHIP/Family	T1502	Administration of oral, intramuscular and/or su	X				Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1503	Administration of medication, other than oral a	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T1505	Electronic medication compliance management	X		CG-ANC-08		Non covered but for pediatric me	None
IN	Medicaid/SCHIP/Family	T1999	Miscellaneous Therapeutic Items And Supplies,	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T2001	Non-Emergency Transportation; Patient Attend	N					
IN	Medicaid/SCHIP/Family	T2002	Non-Emergency Transportation; Per Diem	N					
IN	Medicaid/SCHIP/Family	T2003	Non-Emergency Transportation; Encounter/Trip	N					
IN	Medicaid/SCHIP/Family	T2004	Non-Emergency Transport; Commercial Carrier,	N					
IN	Medicaid/SCHIP/Family	T2005	Non-Emergency Transportation; Non-Ambulato	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T2007	Transportation Waiting Time, Air Ambulance Ar	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T2010	Preadmission Screening and Resident Review (f	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T2011	Preadmission Screening and Resident Review (f	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T2012	Habilitation, educational; waiver, per diem	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T2013	Habilitation, educational, waiver; per hour	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T2014	Habilitation, prevocational, waiver; per diem	X				Non covered but for pediatric members verification of EPSDT services must be verified.	
IN	Medicaid/SCHIP/Family	T2015	Habilitation, prevocational, waiver; per hour	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T2016	Habilitation, residential, waiver; per diem	X				This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the st	
IN	Medicaid/SCHIP/Family	T2017	Habilitation, residential, waiver; 15 minutes	N					

IN	Medicaid/SCHIP/Family	T2018	Habilitation, supported employment, waiver; per diem	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2019	Habilitation, supported employment, waiver; per diem	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2020	Day habilitation, waiver; per diem	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2021	Day habilitation, waiver; per 15 minutes	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2022	Case management, per month	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2023	Targeted case management; per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2024	Service assessment/plan of care development, per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2025	Waiver services; not otherwise specified (nos)	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2026	Specialized childcare, waiver; per diem	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2027	Specialized childcare, waiver; per 15 minutes	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2028	Specialized supply, not otherwise specified, waiver; per month	N					
IN	Medicaid/SCHIP/Family	T2029	Specialized medical equipment, not otherwise specified, waiver; per month	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2030	Assisted living, waiver; per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2031	Assisted living; waiver, per diem	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2032	Residential care, not otherwise specified (nos), per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2033	Residential care, not otherwise specified (nos), per month	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2034	Crisis intervention, waiver; per diem	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2035	Utility services to support medical equipment at home; per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2036	Therapeutic camping, overnight, waiver; each session per month	X	MED.00122				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2037	Therapeutic camping, day, waiver; each session per month	X	MED.00122				Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2038	Community transition, waiver; per service	X					This benefit is managed by the State FFS program. All claims for this service are managed and paid directly by the state.
IN	Medicaid/SCHIP/Family	T2039	Vehicle modifications, waiver; per service	N					
IN	Medicaid/SCHIP/Family	T2040	Financial management, self-directed, waiver; per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2041	Supports brokerage, self-directed, waiver; per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2042	Hospice routine home care; per diem	N					
IN	Medicaid/SCHIP/Family	T2043	Hospice continuous home care; per hour	N					Hospice services must be billed with a revenue code. Do not bill the revenue code in conjunction with a HCPCS code.
IN	Medicaid/SCHIP/Family	T2044	Hospice inpatient respite care; per diem	N					
IN	Medicaid/SCHIP/Family	T2045	Hospice general inpatient care; per diem	N					Hospice services must be billed with a revenue code. Do not bill the revenue code in conjunction with a HCPCS code.
IN	Medicaid/SCHIP/Family	T2046	Hospice long term care, room and board only; per month	N					For the Hoosier Care Connect plan please fax the Health Plan when the Hospice member admits to a nursing facility.
IN	Medicaid/SCHIP/Family	T2047	Habilitation, prevocational, waiver; per 15 minutes	N					
IN	Medicaid/SCHIP/Family	T2048	Behavioral health; long-term care residential (non-ET); per month	N					
IN	Medicaid/SCHIP/Family	T2049	N-ET; stretcher van, mileage	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T2101	Human breast milk processing, storage and distribution; per month	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T4521	Adult size brief/diaper sm	N					
IN	Medicaid/SCHIP/Family	T4522	Adult size brief/diaper med	N					
IN	Medicaid/SCHIP/Family	T4523	Adult size brief/diaper lg	N					
IN	Medicaid/SCHIP/Family	T4524	Adult size brief/diaper xl	N					
IN	Medicaid/SCHIP/Family	T4525	Adult size pull-on sm	N					
IN	Medicaid/SCHIP/Family	T4526	Adult size pull-on med	N					
IN	Medicaid/SCHIP/Family	T4527	Adult size pull-on lg	N					
IN	Medicaid/SCHIP/Family	T4528	Adult size pull-on xl	N					
IN	Medicaid/SCHIP/Family	T4529	Ped size brief/diaper sm/med	N					
IN	Medicaid/SCHIP/Family	T4530	Ped size brief/diaper lg	N					
IN	Medicaid/SCHIP/Family	T4531	Ped size pull-on sm/med	N					
IN	Medicaid/SCHIP/Family	T4532	Ped size pull-on lg	N					
IN	Medicaid/SCHIP/Family	T4533	Youth size brief/diaper	N					
IN	Medicaid/SCHIP/Family	T4534	Youth size pull-on	N					
IN	Medicaid/SCHIP/Family	T4535	Disposable liner/shield/pad	N					
IN	Medicaid/SCHIP/Family	T4536	Reusable pull-on any size	N					
IN	Medicaid/SCHIP/Family	T4537	Reusable underpad bed size	N					
IN	Medicaid/SCHIP/Family	T4538	Diaper serv reusable diaper	X					Non covered but for pediatric members verification of EPSDT services must be verified.
IN	Medicaid/SCHIP/Family	T4539	Reuse diaper/brief any size	N					
IN	Medicaid/SCHIP/Family	T4540	Reusable underpad chair size	N					
IN	Medicaid/SCHIP/Family	T4541	Large disposable underpad	N					
IN	Medicaid/SCHIP/Family	T4542	Small disposable underpad	N					
IN	Medicaid/SCHIP/Family	T4543	Adult sized disposable incontinence product, per month	N					
IN	Medicaid/SCHIP/Family	T4544	Adult sized disposable incontinence product, per month	N					
IN	Medicaid/SCHIP/Family	T4545	Incontinence product, disposable, penile wrap, per month	N					
IN	Medicaid/SCHIP/Family	T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL NEEDS	X					Non covered but for pediatric members verification of EPSDT services must be verified.

IN	Medicaid/SCHIP/Family T5999	Supply, not otherwise specified	N							
IN	Medicaid/SCHIP/Family U0001	Cdc 2019 novel coronavirus (2019-ncov) real-tir	N							
IN	Medicaid/SCHIP/Family U0002	2019-ncov coronavirus, sars-cov-2/2019-ncov (c	N							
IN	Medicaid/SCHIP/Family U0003	Infectious agent detection by nucleic acid (DNA	N							
IN	Medicaid/SCHIP/Family U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCo	N							
IN	Medicaid/SCHIP/Family U0005	Infectious agent detection by nucleic acid (dna	N							
IN	Medicaid/SCHIP/Family V2020	Frames, purchases	N				VSP			
IN	Medicaid/SCHIP/Family V2025	Eyeglasses Delux Frames	N				VSP			
IN	Medicaid/SCHIP/Family V2100	Lens Spher Single Plano 4.00	N				VSP			
IN	Medicaid/SCHIP/Family V2101	Single Visn Sphere 4.12-7.00	N				VSP			
IN	Medicaid/SCHIP/Family V2102	Singl Visn Sphere 7.12-20.00	N				VSP			
IN	Medicaid/SCHIP/Family V2103	SpheroCylindr 4.00d/12-2.00d	N				VSP			
IN	Medicaid/SCHIP/Family V2104	SpheroCylindr 4.00d/2.12-4d	N				VSP			
IN	Medicaid/SCHIP/Family V2105	SpheroCylinder 4.00d/4.25-6d	N				VSP			
IN	Medicaid/SCHIP/Family V2106	SpheroCylinder 4.00d/>6.00d	N				VSP			
IN	Medicaid/SCHIP/Family V2107	SpheroCylinder 4.25d/12-2d	N				VSP			
IN	Medicaid/SCHIP/Family V2108	SpheroCylinder 4.25d/2.12-4d	N				VSP			
IN	Medicaid/SCHIP/Family V2109	SpheroCylinder 4.25d/4.25-6d	N				VSP			
IN	Medicaid/SCHIP/Family V2110	SpheroCylinder 4.25d/Over 6d	N				VSP			
IN	Medicaid/SCHIP/Family V2111	SpheroCylindr 7.25d/.25-2.25	N				VSP			
IN	Medicaid/SCHIP/Family V2112	SpheroCylindr 7.25d/2.25-4d	N				VSP			
IN	Medicaid/SCHIP/Family V2113	SpheroCylindr 7.25d/4.25-6d	N				VSP			
IN	Medicaid/SCHIP/Family V2114	SpheroCylinder Over 12.00d	N				VSP			
IN	Medicaid/SCHIP/Family V2115	Lens Lenticular Bifocal	N				VSP			
IN	Medicaid/SCHIP/Family V2118	Lens Aniseikonic Single	N				VSP			
IN	Medicaid/SCHIP/Family V2121	Lenticular lens, per lens, single	N				VSP			
IN	Medicaid/SCHIP/Family V2199	Not otherwise classified, single vision lens	N				VSP			
IN	Medicaid/SCHIP/Family V2200	Lens Spher Bifoc Plano 4.00d	N				VSP			
IN	Medicaid/SCHIP/Family V2201	Lens Sphere Bifocal 4.12-7.0	N				VSP			
IN	Medicaid/SCHIP/Family V2202	Lens Sphere Bifocal 7.12-20.	N				VSP			
IN	Medicaid/SCHIP/Family V2203	Lens Sphcyl Bifocal 4.00d/.1	N				VSP			
IN	Medicaid/SCHIP/Family V2204	Lens Sphcyl Bifocal 4.00d/2.1	N				VSP			
IN	Medicaid/SCHIP/Family V2205	Lens Sphcyl Bifocal 4.00d/4.2	N				VSP			
IN	Medicaid/SCHIP/Family V2206	Lens Sphcyl Bifocal 4.00d/Ove	N				VSP			
IN	Medicaid/SCHIP/Family V2207	Lens Sphcyl Bifocal 4.25-7d/.	N				VSP			
IN	Medicaid/SCHIP/Family V2208	Lens Sphcyl Bifocal 4.25-7/2.	N				VSP			
IN	Medicaid/SCHIP/Family V2209	Lens Sphcyl Bifocal 4.25-7/4.	N				VSP			
IN	Medicaid/SCHIP/Family V2210	Lens Sphcyl Bifocal 4.25-7/Ov	N				VSP			
IN	Medicaid/SCHIP/Family V2211	Lens Sphcyl Bifo 7.25-12/.25-	N				VSP			
IN	Medicaid/SCHIP/Family V2212	Lens Sphcyl Bifo 7.25-12/2.2	N				VSP			
IN	Medicaid/SCHIP/Family V2213	Lens Sphcyl Bifo 7.25-12/4.2	N				VSP			
IN	Medicaid/SCHIP/Family V2214	Lens Sphcyl Bifocal Over 12.	N				VSP			
IN	Medicaid/SCHIP/Family V2215	Lens Lenticular Bifocal	N				VSP			
IN	Medicaid/SCHIP/Family V2218	Lens Aniseikonic Bifocal	N				VSP			
IN	Medicaid/SCHIP/Family V2219	Lens Bifocal Seg Width Over	N				VSP			
IN	Medicaid/SCHIP/Family V2220	Lens Bifocal Add Over 3.25d	N				VSP			
IN	Medicaid/SCHIP/Family V2221	Lenticular lens, per lens, bifocal	N				VSP			
IN	Medicaid/SCHIP/Family V2299	Lens Bifocal Speciality	N				VSP			
IN	Medicaid/SCHIP/Family V2300	Lens Sphere Trifocal 4.00d	N				VSP			
IN	Medicaid/SCHIP/Family V2301	Lens Sphere Trifocal 4.12-7.	N				VSP			
IN	Medicaid/SCHIP/Family V2302	Lens Sphere Trifocal 7.12-20	N				VSP			
IN	Medicaid/SCHIP/Family V2303	Lens Sphcyl Trifocal 4.0/.12-	N				VSP			
IN	Medicaid/SCHIP/Family V2304	Lens Sphcyl Trifocal 4.0/2.25	N				VSP			
IN	Medicaid/SCHIP/Family V2305	Lens Sphcyl Trifocal 4.0/4.25	N				VSP			
IN	Medicaid/SCHIP/Family V2306	Lens Sphcyl Trifocal 4.00/>6	N				VSP			
IN	Medicaid/SCHIP/Family V2307	Lens Sphcyl Trifocal 4.25-7/.	N				VSP			
IN	Medicaid/SCHIP/Family V2308	Lens Sphc Trifocal 4.25-7/2.	N				VSP			
IN	Medicaid/SCHIP/Family V2309	Lens Sphc Trifocal 4.25-7/4.	N				VSP			
IN	Medicaid/SCHIP/Family V2310	Lens Sphc Trifocal 4.25-7/>6	N				VSP			

IN	Medicaid/SCHIP/Family V2311	Lens Sphc Trifo 7.25-12/.25-	N		VSP				
IN	Medicaid/SCHIP/Family V2312	Lens Sphc Trifo 7.25-12/2.25	N		VSP				
IN	Medicaid/SCHIP/Family V2313	Lens Sphc Trifo 7.25-12/4.25	N		VSP				
IN	Medicaid/SCHIP/Family V2314	Lens Sphcyl Trifocal Over 12	N		VSP				
IN	Medicaid/SCHIP/Family V2315	Lens Lenticular Trifocal	N		VSP				
IN	Medicaid/SCHIP/Family V2318	Lens Aniseikonic Trifocal	N		VSP				
IN	Medicaid/SCHIP/Family V2319	Lens Trifocal Seg Width > 28	N		VSP				
IN	Medicaid/SCHIP/Family V2320	Lens Trifocal Add Over 3.25d	N		VSP				
IN	Medicaid/SCHIP/Family V2321	Lenticular lens, per lens, trifocal	N		VSP				
IN	Medicaid/SCHIP/Family V2399	Lens Trifocal Speciality	N		VSP				
IN	Medicaid/SCHIP/Family V2410	Lens Variab Asphericity Sing	N		VSP				
IN	Medicaid/SCHIP/Family V2430	Lens Variable Asphericity Bi	N		VSP				
IN	Medicaid/SCHIP/Family V2499	Variable Asphericity Lens	N		VSP				
IN	Medicaid/SCHIP/Family V2500	Contact Lens Pmma Spherical	N		VSP				
IN	Medicaid/SCHIP/Family V2501	Cntct Lens Pmma-Toric/Prism	N		VSP				
IN	Medicaid/SCHIP/Family V2502	Contact Lens Pmma Bifocal	N		VSP				
IN	Medicaid/SCHIP/Family V2503	Cntct Lens Pmma Color Vision	N		VSP				
IN	Medicaid/SCHIP/Family V2510	Cntct Gas Permeable Sphericl	N		VSP				
IN	Medicaid/SCHIP/Family V2511	Cntct Toric Prism Ballast	N		VSP				
IN	Medicaid/SCHIP/Family V2512	Cntct Lens Gas Permbf Bifocl	N		VSP				
IN	Medicaid/SCHIP/Family V2513	Contact Lens Extended Wear	N		VSP				
IN	Medicaid/SCHIP/Family V2520	Contact Lens Hydrophilic	N		VSP				
IN	Medicaid/SCHIP/Family V2521	Cntct Lens Hydrophilic Toric	N		VSP				
IN	Medicaid/SCHIP/Family V2522	Cntct Lens Hydrophil Bifocl	N		VSP				
IN	Medicaid/SCHIP/Family V2523	Cntct Lens Hydrophil Extend	N		VSP				
IN	Medicaid/SCHIP/Family V2524	Contact lens, hydrophilic, spherical, photochr	N						
IN	Medicaid/SCHIP/Family V2530	Contact Lens Gas Impermeable	N		VSP				
IN	Medicaid/SCHIP/Family V2531	Contact Lens Gas Permeable	N		VSP				
IN	Medicaid/SCHIP/Family V2599	Contact lens, PMMA, spherical, per lens	N						
IN	Medicaid/SCHIP/Family V2600	Hand Held Low Vision Aids	N						
IN	Medicaid/SCHIP/Family V2610	Single Lens Spectacle Mount	N						
IN	Medicaid/SCHIP/Family V2615	Telescop/Othr Compound Lens	N						
IN	Medicaid/SCHIP/Family V2623	Plastic Eye Prosth Custom	N						
IN	Medicaid/SCHIP/Family V2624	Polishing Artificial Eye	N						
IN	Medicaid/SCHIP/Family V2625	Enlargemnt Of Eye Prosthesis	N						
IN	Medicaid/SCHIP/Family V2626	Reduction Of Eye Prosthesis	N						
IN	Medicaid/SCHIP/Family V2627	Scleral Cover Shell	N						
IN	Medicaid/SCHIP/Family V2628	Fabrication & Fitting	N						
IN	Medicaid/SCHIP/Family V2629	Prosthetic Eye Other Type	N						
IN	Medicaid/SCHIP/Family V2630	Anter Chamber Intraocul Lens	N	CG-SURG-40, CG-SURG-77		None	None	None	None
IN	Medicaid/SCHIP/Family V2631	Iris Support Intraoclr Lens	N	CG-SURG-40, CG-SURG-77		None	None	None	None
IN	Medicaid/SCHIP/Family V2632	Post Chmbr Intraocular Lens	N	CG-SURG-40, CG-SURG-77		None	None	None	None
IN	Medicaid/SCHIP/Family V2700	Balance Lens	N		VSP				
IN	Medicaid/SCHIP/Family V2702	Deluxe lens feature	N						
IN	Medicaid/SCHIP/Family V2710	Glass/Plastic Slab Off Prism	N		VSP				
IN	Medicaid/SCHIP/Family V2715	Prism Lens/Es	N		VSP				
IN	Medicaid/SCHIP/Family V2718	Fresnell Prism Press-On Lens	N		VSP				
IN	Medicaid/SCHIP/Family V2730	Special Base Curve	N		VSP				
IN	Medicaid/SCHIP/Family V2744	Tint Photochromatic Lens/Es	N		VSP				
IN	Medicaid/SCHIP/Family V2745	Addition to lens, tint, any color, solid, gradient	N		VSP				
IN	Medicaid/SCHIP/Family V2750	Anti-Reflective Coating	N		VSP				
IN	Medicaid/SCHIP/Family V2755	Uv Lens/Es	N		VSP				
IN	Medicaid/SCHIP/Family V2756	EYE GLASS CASE	N						
IN	Medicaid/SCHIP/Family V2760	Scratch Resistant Coating	N		VSP				
IN	Medicaid/SCHIP/Family V2761	Mirror coating, any type, solid, gradient or equi	N						
IN	Medicaid/SCHIP/Family V2762	Polarization, any lens material, per lens	N		VSP				
IN	Medicaid/SCHIP/Family V2770	Occluder Lens/Es	N		VSP				
IN	Medicaid/SCHIP/Family V2780	Oversize Lens/Es	N		VSP				
IN	Medicaid/SCHIP/Family V2781	Progressive Lens Per Lens	N		VSP				

IN	Medicaid/SCHIP/Family V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 g N		VSP				
IN	Medicaid/SCHIP/Family V2783	Lens, index greater than or equal to 1.66 plastic N						
IN	Medicaid/SCHIP/Family V2784	Lens, polycarbonate or equal, any index, per ler N		VSP				
IN	Medicaid/SCHIP/Family V2785	Corneal Tissue Processing	N					
IN	Medicaid/SCHIP/Family V2786	Specialty occupational multifocal lens, per lens N						
IN	Medicaid/SCHIP/Family V2787	Astigmatism correcting function of intraocular l N		SURG.00061, CG-SURG-77		None	None	None
IN	Medicaid/SCHIP/Family V2788	Presbyopia correcting function of intraocular le N		SURG.00061, CG-SURG-77		None	None	None
IN	Medicaid/SCHIP/Family V2790	Amniotic Membrane	N	SURG.00011		None	None	None
IN	Medicaid/SCHIP/Family V2797	Vision supply, accessory and/or service compor N						
IN	Medicaid/SCHIP/Family V2799	Miscellaneous Vision Service	N					
IN	Medicaid/SCHIP/Family V5008	Hearing Screening	N					
IN	Medicaid/SCHIP/Family V5010	Assessment For Hearing Aid	N					
IN	Medicaid/SCHIP/Family V5011	Hearing Aid Fitting/Checking	N					
IN	Medicaid/SCHIP/Family V5014	Hearing Aid Repair/Modifying	N					
IN	Medicaid/SCHIP/Family V5020	Conformity Evaluation	N					
IN	Medicaid/SCHIP/Family V5030	Body-Worn Hearing Aid Air	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5040	Body-Worn Hearing Aid Bone	N					
IN	Medicaid/SCHIP/Family V5050	Hearing Aid Monaural In Ear	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5060	Behind Ear Hearing Aid	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5070	Glasses Air Conduction	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5080	Glasses Bone Conduction	N					
IN	Medicaid/SCHIP/Family V5090	Hearing Aid Dispensing Fee	N					
IN	Medicaid/SCHIP/Family V5095	Semi-Implantable Middle Ear Hearing Prothesi N		SURG.00084		None	None	None
IN	Medicaid/SCHIP/Family V5100	Body-Worn Bilat Hearing Aid	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5110	Hearing Aid Dispensing Fee	N					
IN	Medicaid/SCHIP/Family V5120	Body-Worn Binaur Hearing Aid	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5130	In Ear Binaural Hearing Aid	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5140	Behind Ear Binaur Hearing Ai	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5150	Glasses Binaural Hearing Aid	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5160	Dispensing Fee Binaural	N					
IN	Medicaid/SCHIP/Family V5171	Hearing aid, contralateral routing device, mona N				None	None	None
IN	Medicaid/SCHIP/Family V5172	Hearing aid, contralateral routing device, mona N						
IN	Medicaid/SCHIP/Family V5181	Hearing aid, contralateral routing device, mona N				None	None	None
IN	Medicaid/SCHIP/Family V5190	Hearing aid, contralateral routing, monaural, gl N						
IN	Medicaid/SCHIP/Family V5200	Dispensing fee, contralateral, monaural	N					
IN	Medicaid/SCHIP/Family V5211	Hearing aid, contralateral routing system, binau N				None	None	None
IN	Medicaid/SCHIP/Family V5212	Hearing aid, contralateral routing system, binau N				None	None	None
IN	Medicaid/SCHIP/Family V5213	Hearing aid, contralateral routing system, binau N				None	None	None
IN	Medicaid/SCHIP/Family V5214	Hearing aid, contralateral routing system, binau N						
IN	Medicaid/SCHIP/Family V5215	Hearing aid, contralateral routing system, binau N				None	None	None
IN	Medicaid/SCHIP/Family V5221	Hearing aid, contralateral routing system, binau N				None	None	None
IN	Medicaid/SCHIP/Family V5230	Hearing aid, contralateral routing system, binau N						
IN	Medicaid/SCHIP/Family V5240	Dispensing fee, contralateral routing system, bi N						
IN	Medicaid/SCHIP/Family V5241	Dispensing fee, monaural hearing aid, any type N						
IN	Medicaid/SCHIP/Family V5242	Hearing aid, analog, monaural, CIC (completely N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5243	Hearing aid, analog, monaural, ITC (in the canal N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5244	Hearing aid, digitally programmable analog, mo N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5245	Hearing aid, digitally programmable analog, mo N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5246	Hearing aid, digitally programmable analog, mo N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5247	Hearing aid, digitally programmable analog, mo N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5248	Hearing aid, analog, binaural, CIC	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5249	Hearing aid, analog, binaural, ITC	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5250	Hearing aid, digitally programmable analog, bin N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5251	Hearing aid, digitally programmable analog, bin X		CG-DME-37	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family V5252	Hearing aid, digitally programmable binaural, IT N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5253	Hearing aid, digitally programmable binaural, B N		CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5254	Hearing aid, digital, monaural, CIC	X	CG-DME-37	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family V5255	Hearing aid, digital, monaural, ITC	X	CG-DME-37	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family V5256	Hearing aid, digital, monaural, ITE	N	CG-DME-37		None	None	None

IN	Medicaid/SCHIP/Family V5257	Hearing aid, digital, monaural, BTE	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5258	Hearing aid, digital, binaural, CIC	X	CG-DME-37	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family V5259	Hearing aid, digital, binaural, ITC	X	CG-DME-37	Non covered but for pediatric me	None	None	None
IN	Medicaid/SCHIP/Family V5260	Hearing aid, digital, binaural, ITE	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5261	Hearing aid, digital, binaural, BTE	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5262	Hearing aid, disposable, and type, monaural	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5263	Hearing aid, disposable, and type, binaural	N	CG-DME-37		None	None	None
IN	Medicaid/SCHIP/Family V5264	Ear mold/insert, not disposable, any type	N					
IN	Medicaid/SCHIP/Family V5265	Ear mold/insert, disposable, any type	N					
IN	Medicaid/SCHIP/Family V5266	Battery for use in hearing device	N					
IN	Medicaid/SCHIP/Family V5267	Hearing aid or assistive listening device/supplie	N					
IN	Medicaid/SCHIP/Family V5268	Assistive listening device, telephone amplifier, i	N					
IN	Medicaid/SCHIP/Family V5269	Assistive listening device, alerting, any type	N					
IN	Medicaid/SCHIP/Family V5270	Assistive listening device, television amplifier, a	N					
IN	Medicaid/SCHIP/Family V5271	Assistive listening device, television caption dec	N					
IN	Medicaid/SCHIP/Family V5272	Assistive listening device, TDD	N					
IN	Medicaid/SCHIP/Family V5273	Assistive listening device, for use with cochlear	N					
IN	Medicaid/SCHIP/Family V5274	Assistive listening devise, not otherwise specifi	N					
IN	Medicaid/SCHIP/Family V5275	Ear impression, each	N					
IN	Medicaid/SCHIP/Family V5281	Assistive listening device, personal FM/DM syst	N					
IN	Medicaid/SCHIP/Family V5282	Assistive listening device, personal FM/DM syst	N					
IN	Medicaid/SCHIP/Family V5283	Assistive listening device, personal fm/dm neck	N					
IN	Medicaid/SCHIP/Family V5284	Assistive listening device, personal fm/dm, ear	N					
IN	Medicaid/SCHIP/Family V5285	Assistive listening device, personal fm/dm, dire	N					
IN	Medicaid/SCHIP/Family V5286	Assistive listening device, personal blue tooth fi	N					
IN	Medicaid/SCHIP/Family V5287	Assistive listening device, personal fm/dm recei	N					
IN	Medicaid/SCHIP/Family V5288	Assistive listening device, personal FM/DM trar	N					
IN	Medicaid/SCHIP/Family V5289	Assistive listening device, personal FM/DM ada	N					
IN	Medicaid/SCHIP/Family V5290	Assistive listening device, transmitter micropho	N					
IN	Medicaid/SCHIP/Family V5298	Hearing Aid, Not Otherwise Classified	N	CG-SURG-82		None	None	None
IN	Medicaid/SCHIP/Family V5299	Hearing service, miscellaneous	N					
IN	Medicaid/SCHIP/Family V5336	Repair Communication Device	N					
IN	Medicaid/SCHIP/Family V5362	Speech Screening	N		Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family V5363	Language Screening	N		Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family V5364	Dysphagia Screening	N		Precertification is required after	AIM Rehab: Outpatient Rehabilitati	None	None
IN	Medicaid/SCHIP/Family W0316	HIV Ongoing Case Management	N					
IN	Medicaid/SCHIP/Family W1000	Certified nursing assistant or Home health aide,	N					
IN	Medicaid/SCHIP/Family W1002	Registered nurse supervisory visit	N					
IN	Medicaid/SCHIP/Family W7000	Alcohol and/or substance (other than tobacco)	N					
IN	Medicaid/SCHIP/Family W7010	Alcohol and/or substance (other than tobacco)	N					
IN	Medicaid/SCHIP/Family W7020	Alcohol and/or substance (other than tobacco)	N					
IN	Medicaid/SCHIP/Family W7021	Alcohol and/or substance (other than tobacco)	N					
IN	Medicaid/SCHIP/Family W7022	Alcohol and/or substance (other than tobacco)	N					
IN	Medicaid/SCHIP/Family X0002	Med Trans Amb 2 Patients,Each Patient	N					
IN	Medicaid/SCHIP/Family X0006	Med Trans S Amb Emergency Run	N					
IN	Medicaid/SCHIP/Family X0008	Neonatal Intensive Care Incubator	N					
IN	Medicaid/SCHIP/Family X0010	Med Trans S Amb Wait Time Ov 15 Min E 15	N					
IN	Medicaid/SCHIP/Family X0012	Compressed Air For Infant Respirators	N					
IN	Medicaid/SCHIP/Family X0014	Extra Attendant- Rn First Hour	N					
IN	Medicaid/SCHIP/Family X0016	Extra Attendant-Rn 2Nd-3Rd Hours Each	N					
IN	Medicaid/SCHIP/Family X0018	Extra Attendant-Rn Each Additional Hour	N					
IN	Medicaid/SCHIP/Family X0020	Cost Of Iv Fluids	N					
IN	Medicaid/SCHIP/Family X0030	Ambulance Service, Basic Life Support	N					
IN	Medicaid/SCHIP/Family X0032	Med Tran S Amb 1 Patient	N					
IN	Medicaid/SCHIP/Family X0034	Med Trans S Amb Mil One Way Per Mi	N					
IN	Medicaid/SCHIP/Family X0036	Med Tran S Amb Oxygen Per Tank	N					
IN	Medicaid/SCHIP/Family X0200	Response To Call--Nonlitter Case,1 Patie	N					
IN	Medicaid/SCHIP/Family X0202	Response To Call--Nonlitter Case,2 Patie	N					
IN	Medicaid/SCHIP/Family X0204	Response To Call--Nonlitter Case,3 Patie	N					

IN	Medicaid/SCHIP/Family X3928	Phy Ther Case Consul And Rpt	N						
IN	Medicaid/SCHIP/Family X3930	Case Conference And Report Each Add 15	N						
IN	Medicaid/SCHIP/Family X3932	Phy Ther Hme Or Long Term Care Fac-Add	N						
IN	Medicaid/SCHIP/Family X3934	Phy Ther Milage	N						
IN	Medicaid/SCHIP/Family X3936	Phy Ther Unlisted	N						
IN	Medicaid/SCHIP/Family X4100	Occ Ther Eval Int 30 Min,Plus Report	N						
IN	Medicaid/SCHIP/Family X4102	Occ Ther Eval Ea Add 15 Min,Plus Report	N						
IN	Medicaid/SCHIP/Family X4104	Occ Ther Cse Conf Ini 30 Min	N						
IN	Medicaid/SCHIP/Family X4106	Occ Ther Cse Conf Ea Add 15 Min	N						
IN	Medicaid/SCHIP/Family X4108	Occ Therapy Prelim Eval Rehab Snf Icf	N						
IN	Medicaid/SCHIP/Family X4110	Occ Ther Treat Ini 30 Min	N						
IN	Medicaid/SCHIP/Family X4112	Occ Ther Treat Ea Add 15 Min	N						
IN	Medicaid/SCHIP/Family X4114	Occ Ther Hme Or Longterm Fac Visitadd	N						
IN	Medicaid/SCHIP/Family X4116	Occ Ther | Mileage	N						
IN	Medicaid/SCHIP/Family X4118	Occ Ther | Unlisted	N						
IN	Medicaid/SCHIP/Family X4120	Occ Therapy Case Consultation And Rept	N						
IN	Medicaid/SCHIP/Family X4300	Sp Ther Language Eval	N						
IN	Medicaid/SCHIP/Family X4301	Sp Therspeech Evaluation	N						
IN	Medicaid/SCHIP/Family X4302	Speechlanguage Ther Group Ea Pat Over O	N						
IN	Medicaid/SCHIP/Family X4303	Speechlanguage Ther Individ Per Hr	N						
IN	Medicaid/SCHIP/Family X4304	Speechlanguage Therapy Individual 1/2Hr	N						
IN	Medicaid/SCHIP/Family X4306	Speech Ther Out Of Office Call Vis 1St P	N						
IN	Medicaid/SCHIP/Family X4308	Spch Therapy Prelim Eval Rehab Snf Icf	N						
IN	Medicaid/SCHIP/Family X4310	Sgd-Rel Bundled Spch Therapy, Per Visit	N						
IN	Medicaid/SCHIP/Family X4312	Sgd-Recipient Assessment	N						
IN	Medicaid/SCHIP/Family X4320	Unlisted Speech Therapy Services	N						
IN	Medicaid/SCHIP/Family X4500	Sp Hr Hr Diag Audiolog Evaluation	N						
IN	Medicaid/SCHIP/Family X4501	Sp Hr Hr Pure Tone Audiometry	N						
IN	Medicaid/SCHIP/Family X4502	Audiol Prelim Evaluation Rehab Snf Icf	N						
IN	Medicaid/SCHIP/Family X4504	Sp Hr O Hr S Audiometry During Surgery	N						
IN	Medicaid/SCHIP/Family X4506	Pediatric Eval 07 Yrs First Visit	N						
IN	Medicaid/SCHIP/Family X4508	Pediatric Eval 07 Yrs First Diag Follow	N						
IN	Medicaid/SCHIP/Family X4510	Pediatric Eval 07 Yrs Second Diag Follo	N						
IN	Medicaid/SCHIP/Family X4512	Sp Hr Hr Bekesy Audiometry	N						
IN	Medicaid/SCHIP/Family X4514	Sp Hr Hr Short Increment Sensitivi Index	N						
IN	Medicaid/SCHIP/Family X4516	Loudness Balance Test	N						
IN	Medicaid/SCHIP/Family X4518	Sp Hr Hr Tone Decay Test	N						
IN	Medicaid/SCHIP/Family X4520	Visual Evoked Potent Resp Test Med Diage	N						
IN	Medicaid/SCHIP/Family X4522	Evoked Resp Audiomet Test Physician Eval	N						
IN	Medicaid/SCHIP/Family X4524	Somatosensory Test 1/More Nervs Phy Eval	N						
IN	Medicaid/SCHIP/Family X4526	Hearing Ther Individ Per Hour	N						
IN	Medicaid/SCHIP/Family X4528	Hearing Ther Group Ea Pat Over 1,Add	N						
IN	Medicaid/SCHIP/Family X4530	Imped Aud (Bilat) Prt Comp Aud Eval Audi	N						
IN	Medicaid/SCHIP/Family X4532	Electroacoustic Analysis Of Hearing Aid	N						
IN	Medicaid/SCHIP/Family X4534	Out Off Call Pay Only Vis 1St Pat Rec Sr	N						
IN	Medicaid/SCHIP/Family X4535	Unlisted Audiological Services	N						
IN	Medicaid/SCHIP/Family X4536	Weber Test	N						
IN	Medicaid/SCHIP/Family X4538	Imped Audio (Unlia) Prt Com Aud Eval Aud	N						
IN	Medicaid/SCHIP/Family X4540	Ty (Imp Tst) Prt Comp Aud Eval Audiologi	N						
IN	Medicaid/SCHIP/Family X4542	Electroacoustic Analysis Of Hearing Aid	N						
IN	Medicaid/SCHIP/Family X4544	Speech Therapy Handicapped Person Over 7	N						
IN	Medicaid/SCHIP/Family X4546	Electronystagmography/Eng	N						
IN	Medicaid/SCHIP/Family X4700	RESPIRE CARE EVALUATION	N						
IN	Medicaid/SCHIP/Family X4702	RESP CARE CASE CONF	N						
IN	Medicaid/SCHIP/Family X4900	HEALTH AND MENTAL EVALUATION/EDUCATIO	N						
IN	Medicaid/SCHIP/Family X4905	LEA PHYSICAL THERAPY INITIAL SERVICE	N						
IN	Medicaid/SCHIP/Family X4910	LEA PHYSICAL THERAPY ADD 15 MIN	N						
IN	Medicaid/SCHIP/Family X4915	LEA OCCUPATIONAL THERAPY INITIAL SVS	N						
IN	Medicaid/SCHIP/Family X4920	LEA OCCUPATIONAL THERAPY ADD 15 MIN	N						

IN	Medicaid/SCHIP/Family	X5656	CHLOROQUINE HCL 50 MG /ML (ARALAN)	N							
IN	Medicaid/SCHIP/Family	X5658	METARAMINOL-10 MG/ML (1%)(AS BITARTRAT	N							
IN	Medicaid/SCHIP/Family	X5660	ESTRADIOL VALERATE IN OIL-20MG/ML	N							
IN	Medicaid/SCHIP/Family	X5662	ESTRADIOL VALERATE IN OIL-10 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5666	TESTIN-ENANTHATE-ESTRA VALCRATE-90 MG 4	N							
IN	Medicaid/SCHIP/Family	X5668	TRIMETHAPHAN CAMSYLATE-50MG/ML (ARFO	N							
IN	Medicaid/SCHIP/Family	X5672	ARISTOSPAN 20 MG/CC - 5CC VIAL	N							
IN	Medicaid/SCHIP/Family	X5674	ARISTOSPAN 5MG/CC - 5CC VIAL	N							
IN	Medicaid/SCHIP/Family	X5678	SODIUM THIOSALICYLATE - 50MG/CC VIAL	N							
IN	Medicaid/SCHIP/Family	X5680	ASCOBIC ACID-500 MG/ML (CEVALIN)	N							
IN	Medicaid/SCHIP/Family	X5682	ASCOBIC ACID-250 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5694	ATROPINE SULFATE - 1.0 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5698	ATROPINE SULFATE - 0.5 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5700	ALROPHINE SULFATE - 0.4 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5702	ATROPINE SULFATE - 0.3 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5704	ATROPINE SULFATE - 0.1 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5708	AUROTHIOGLUCOSE - 50MG/ML (SOLGANAL)	N							
IN	Medicaid/SCHIP/Family	X5710	METHICILLIN SOD-6G VIALS (AZAPEN CELBENIN	N							
IN	Medicaid/SCHIP/Family	X5712	METHICILLIN SOD - 4G VIALS (AZAPEN - CELBEN	N							
IN	Medicaid/SCHIP/Family	X5714	METHICILLIN SODIUM - 1G VIALS (AZAPEN)	N							
IN	Medicaid/SCHIP/Family	X5716	BACITRACIN IM-50,000 UNIT VIALS	N							
IN	Medicaid/SCHIP/Family	X5718	BACITRACIN IM-10,000 UNIT VIALS	N							
IN	Medicaid/SCHIP/Family	X5720	OXACILLIN SOD - 4G PWD VIAL (PROSTAPHLIN)	N							
IN	Medicaid/SCHIP/Family	X5722	OXACILLIN SOD 2G PWD VIAL (PROSTAPHLIN)	N							
IN	Medicaid/SCHIP/Family	X5724	OXACILLIN SOD - 1G PWD VIAL (PROSTAPHLIN)	N							
IN	Medicaid/SCHIP/Family	X5726	OXACILLIN SOD - 500MG PWD VIAL (PROSTAPH	N							
IN	Medicaid/SCHIP/Family	X5728	DIMERCAPROL - 100 MG/ML (BAL IN OIL)	N							
IN	Medicaid/SCHIP/Family	X5740	DIPHENHYDRAMINE HCL (BENADRYL - BENAHIS	N							
IN	Medicaid/SCHIP/Family	X5744	BENATROPINE MESYLATE-1MG/ML (COGENTIN	N							
IN	Medicaid/SCHIP/Family	X5750	BERROCCA-C-2 ML	N							
IN	Medicaid/SCHIP/Family	X5752	CYANOCOBALAMIN CRYSTALLINE	N							
IN	Medicaid/SCHIP/Family	X5756	ESTROGENIC SUB-AQUEOUS-2 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5762	BETHANECHOL CHLORIDE 5 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5764	PENICILLIN G BENZATHINE 900,000 300000	N							
IN	Medicaid/SCHIP/Family	X5766	PENICILLIN G BENZATHINE/PRO/300,000 UNIT	N							
IN	Medicaid/SCHIP/Family	X5768	PENICILLIN F BENZATHINE/PRO-150,000 UNIT	N							
IN	Medicaid/SCHIP/Family	X5770	PENICILLIN G BENZATHINE PAR 600,000 UNIT	N							
IN	Medicaid/SCHIP/Family	X5772	PENICILLIN G BENZATHINE PAR 300,000 UNIT	N							
IN	Medicaid/SCHIP/Family	X5774	HYDROCORTISONE ACETATE-50 MG/ML-SUSP	N							
IN	Medicaid/SCHIP/Family	X5778	BRETYLIUM TOSYLATE-50 MG/ML (BRETYLOL)	N							
IN	Medicaid/SCHIP/Family	X5780	METHOHEXITAL SOD-5G (BREVITAL SOD)	N							
IN	Medicaid/SCHIP/Family	X5782	METHOHEXITAL SOD-2.5G/BREVITAL SOD	N							
IN	Medicaid/SCHIP/Family	X5784	METHOHEXITAL SOD-500 MG/ML (BREVITAL SC	N							
IN	Medicaid/SCHIP/Family	X5786	BROMPHENIRAMINE MALEATE/100 MG	N							
IN	Medicaid/SCHIP/Family	X5788	ETHYLNOREPINEPHRINE HCL-2MG/ML	N							
IN	Medicaid/SCHIP/Family	X5790	BUPIVACAINE HCL-0.75% (MARCAINE)	N							
IN	Medicaid/SCHIP/Family	X5792	BUPIVACAINE HCL-0.25% (MARCAINE HCL)	N							
IN	Medicaid/SCHIP/Family	X5794	BUPIVACAINE HCL-0.5%	N							
IN	Medicaid/SCHIP/Family	X5796	BUTORPHANOL TARTRATE-2MG/ML (STADOL)	N							
IN	Medicaid/SCHIP/Family	X5798	BUTORPHANOL TARTRATE-1MG/ML (STADOL)	N							
IN	Medicaid/SCHIP/Family	X5802	VIT D-500,000 IU D2/ML (CAL VIT D2)	N							
IN	Medicaid/SCHIP/Family	X5804	CALCILONIN-400 MCR UNITS (CALCIMAR)	N							
IN	Medicaid/SCHIP/Family	X5808	CALCIUM DISODIUM EDEATE-200 MG/ML	N							
IN	Medicaid/SCHIP/Family	X5810	CAPREOMYCIN SUL-1GM/SCC (CAPASTAT)	N							
IN	Medicaid/SCHIP/Family	X5818	MEPHIVACAINE HCL-2% (CARBOCAINE)	N							
IN	Medicaid/SCHIP/Family	X5820	MEPIVACAINE HCL-1.5% (CARBOCAINE)	N							
IN	Medicaid/SCHIP/Family	X5822	MEPIVACAINE HCL-1% (CARBOCAINE)	N							
IN	Medicaid/SCHIP/Family	X5824	MEPIVACAINE HCL-3% (CARBOCAINE HCL)	N							
IN	Medicaid/SCHIP/Family	X5826	DESLANOSIDE-0.2 MG/ML (CEDILANID-D)	N							

IN	Medicaid/SCHIP/Family X6578	PREDNOSOLONE SOD PHOS 20 MG/ML	N						
IN	Medicaid/SCHIP/Family X6580	METHYLRDNISOLONE SOD SUCCINATE 62.5 M	N						
IN	Medicaid/SCHIP/Family X6582	METOCURINE OXIDE 2MG/ML	N						
IN	Medicaid/SCHIP/Family X6588	MICONAZOLE 10MG/ML	N						
IN	Medicaid/SCHIP/Family X6592	MORPHINE 15 MG/ML	N						
IN	Medicaid/SCHIP/Family X6598	MVI 10 ML	N						
IN	Medicaid/SCHIP/Family X6600	MVI CONCENTRATE 5 ML	N						
IN	Medicaid/SCHIP/Family X6604	NAFCILLIN SOD 1G VIAL	N						
IN	Medicaid/SCHIP/Family X6606	NAFCILLIN SOD 1G VIAL	N						
IN	Medicaid/SCHIP/Family X6610	NAFCILLIN SOD 500 MB VIAL	N						
IN	Medicaid/SCHIP/Family X6612	NALBUPHINE HCL 10 MG/ML/NUBAIN	N						
IN	Medicaid/SCHIP/Family X6614	NALOXONE HCL-.4MG/ML	N						
IN	Medicaid/SCHIP/Family X6616	NALOXONE HCL .02 MG/ML	N						
IN	Medicaid/SCHIP/Family X6618	THIOTHIXENE 2 MG/ML	N						
IN	Medicaid/SCHIP/Family X6620	TOBRAMYCIN SUL 40 MG/ML	N						
IN	Medicaid/SCHIP/Family X6622	TOBRAMYCIN SUL 10 MG/ML2ML VIAL	N						
IN	Medicaid/SCHIP/Family X6624	PENTOBARBITAL SOD 50 MG/ML	N						
IN	Medicaid/SCHIP/Family X6626	PHENYLCPHRINE HCL 1% 1 ML AMPS	N						
IN	Medicaid/SCHIP/Family X6628	NEOMYCIN IM 500 MG VIALS	N						
IN	Medicaid/SCHIP/Family X6630	NEOSTIGMINE METHYLSULFAT 1:4000 SOL/ML	N						
IN	Medicaid/SCHIP/Family X6632	NEOSTINGMINE METHYLSULFATE 1:2000	N						
IN	Medicaid/SCHIP/Family X6634	NEOSTIGMINE METHYLSULFATE 1:1000 SOL	N						
IN	Medicaid/SCHIP/Family X6636	NITROPRUSSIDE SOD 50 MG/ML	N						
IN	Medicaid/SCHIP/Family X6638	PROMAZINEHCL 50 MG/ML	N						
IN	Medicaid/SCHIP/Family X6640	PROCAINE HCL 10%	N						
IN	Medicaid/SCHIP/Family X6642	PROCAINE HCL 2%	N						
IN	Medicaid/SCHIP/Family X6644	PROCIAN HCL 1%	N						
IN	Medicaid/SCHIP/Family X6646	OXYMORPHONE HCL 1.5MG/ML/NUMORPHAN	N						
IN	Medicaid/SCHIP/Family X6648	OXYMORPHONE HCL 1MG/ML	N						
IN	Medicaid/SCHIP/Family X6656	OXACILLIN SOD 250 MG VIAL	N						
IN	Medicaid/SCHIP/Family X6658	OXYTETRACYCLINE 125 MG/CC	N						
IN	Medicaid/SCHIP/Family X6660	OXYTETRACYCLINE 50MG/CC	N						
IN	Medicaid/SCHIP/Family X6664	OXYTETRACYCLINE 250MG/VIAL IV	N						
IN	Medicaid/SCHIP/Family X6666	OXYTOCIN-10 UNITS/ML (PITICIN/SYNTOCINON	N						
IN	Medicaid/SCHIP/Family X6670	PANCURONIUM BROMIDE 2MG/ML	N						
IN	Medicaid/SCHIP/Family X6672	PANCURONIUM BROMIDE 1MG/ML	N						
IN	Medicaid/SCHIP/Family X6700	PENICILLIN G POTASSIUM 20,000,000 UNITS	N						
IN	Medicaid/SCHIP/Family X6702	PENICILLIN G POTASSIUM 10,000,000 UNITS	N						
IN	Medicaid/SCHIP/Family X6704	PENICILLIN G POTASSIUM 5,000,000 UNITS	N						
IN	Medicaid/SCHIP/Family X6706	PENICILLIN G POTASSIUM 1,000,000	N						
IN	Medicaid/SCHIP/Family X6714	PENICILLIN G PROCAINE AQUEOUS, 2,400,000	N						
IN	Medicaid/SCHIP/Family X6716	PENICILIN G PROGAINE AQUEOUS 1,200,000	N						
IN	Medicaid/SCHIP/Family X6718	PENTAMIDINE 150MG	N						
IN	Medicaid/SCHIP/Family X6720	PENTAZOCINE 30MG/ML (TALWIN) INV	N						
IN	Medicaid/SCHIP/Family X6728	THIOPENTAL SOD 10G (PENTOTHAL)	N						
IN	Medicaid/SCHIP/Family X6730	THIOPENTAL SOD 5G(PENTOTHAL)	N						
IN	Medicaid/SCHIP/Family X6732	THIOPENTAL SOD 1G (PENTOTHAL)	N						
IN	Medicaid/SCHIP/Family X6734	THIOPENTAL SOD-500MG (PENTOTHAL)	N						
IN	Medicaid/SCHIP/Family X6736	THIOPENTAL SOD 400MG (PENTOTHAL)	N						
IN	Medicaid/SCHIP/Family X6738	THIOPENTAL SOD 250 MG (PENTOTHAL)	N						
IN	Medicaid/SCHIP/Family X6740	PERPHENAZINE 5MG/ML(PENTOTHAL)	N						
IN	Medicaid/SCHIP/Family X6754	PHENOBARBITOL SOD 65MG/ML	N						
IN	Medicaid/SCHIP/Family X6758	PHENTOLAMINE 5MG(REGITINE)	N						
IN	Medicaid/SCHIP/Family X6760	VASOPRESSIN- 20PRESSOR UNITS (PITRESSIN)	N						
IN	Medicaid/SCHIP/Family X6764	POSTERIOR PITUITARY INJ 20 UNITS	N						
IN	Medicaid/SCHIP/Family X6776	POLYMYXIN B SULFATE 500,000 UNITS	N						
IN	Medicaid/SCHIP/Family X6778	TETRACAINE HCL 1% (PONTOCAINE)	N						
IN	Medicaid/SCHIP/Family X6780	TETRACAINE HCL .3% 6%DEXTROSE (PONTOCA	N						
IN	Medicaid/SCHIP/Family X6782	TETRACAINE HCL 2% 6% DEXTROSE (PONTOCA	N						

IN	Medicaid/SCHIP/Family X6784	PRALIDOXIME CHLORIDE 1G EMER KIT	N							
IN	Medicaid/SCHIP/Family X6792	PROCAINAMIDE HCL 500MG/ML (PRONESTYL	N							
IN	Medicaid/SCHIP/Family X6794	PROCAINAMIDE HCL 100MG/ML(PRONESTYL)	N							
IN	Medicaid/SCHIP/Family X6810	PROGESTERONE (IN OIL)50MG/CC	N							
IN	Medicaid/SCHIP/Family X6816	PROTAMINE SULFATE-10MG/ML	N							
IN	Medicaid/SCHIP/Family X6826	PYRIDOSTIGMINE BROMIDE 5 MG/ML(MESTINI	N							
IN	Medicaid/SCHIP/Family X6828	SUCCINYLCHOLINE CHLORIDE 100MG/ML(Q.S.)	N							
IN	Medicaid/SCHIP/Family X6830	SUCCIMYLCHOLINE CHLORIDE 50MG/ML(Q.S.)	N							
IN	Medicaid/SCHIP/Family X6832	QUINIDINE GLUCONATE 80MG/ML	N							
IN	Medicaid/SCHIP/Family X6856	SCOPOLAMINE HBR - 1.0 MG/ML	N							
IN	Medicaid/SCHIP/Family X6862	SCOPOLAMINE HBR. 4 MG/ML	N							
IN	Medicaid/SCHIP/Family X6864	SCOPOLAMINE HBR .3 MG/ML	N							
IN	Medicaid/SCHIP/Family X6870	SECOBARBITAL SOD 50 MG/ML	N							
IN	Medicaid/SCHIP/Family X6888	SOLU-CORTEF 1000MG/8ML/VIAL	N							
IN	Medicaid/SCHIP/Family X6890	SOLU-CORTEF 500MG/4ML/VIAL	N							
IN	Medicaid/SCHIP/Family X6892	SOLU-CORTEF 250MG/2ML/VIAL	N							
IN	Medicaid/SCHIP/Family X6894	SOLU-CORTEF 100MG/ML/VIAL	N							
IN	Medicaid/SCHIP/Family X6896	SPECTINOMYCIN 400MG	N							
IN	Medicaid/SCHIP/Family X6912	TRIFLUOPERAZINE 2MG/ML (STELAZINE)	N							
IN	Medicaid/SCHIP/Family X6920	STREPTOKINASE-STREPTODORNA 20,000/5,000	N							
IN	Medicaid/SCHIP/Family X6942	TESTOSTERONE 25MG/ML (TESTOSTERONE AQ)	N							
IN	Medicaid/SCHIP/Family X6944	TESTOSTERONE PROPIONATE 100MG/ML	N							
IN	Medicaid/SCHIP/Family X6968	THYROTROPIN 10IU(THYTROPAR)	N							
IN	Medicaid/SCHIP/Family X6970	TICARCILLIN DISODIUM 6G PWD VIAL (TICAR)	N							
IN	Medicaid/SCHIP/Family X6972	TICARCILLIN DISODIUM 3G PWD VIAL (TICAR)	N							
IN	Medicaid/SCHIP/Family X6974	TICARCILLIN DISODIUM 1G PWD VIALS (TICAR)	N							
IN	Medicaid/SCHIP/Family X6976	TRIAcinOLONE DIACETATE 25MG/ML SUSP	N							
IN	Medicaid/SCHIP/Family X6978	TRIFLUPROMZINE HCL-20MG/ML (VESPIRIN)	N							
IN	Medicaid/SCHIP/Family X6980	TRIFLUPROMAZINE HCL 10MG/ML(VESPIRIN)	N							
IN	Medicaid/SCHIP/Family X6984	TUBOCURARINE CHLORIDE 3MG/ML	N							
IN	Medicaid/SCHIP/Family X6996	UREA 40MG/150ML (UREAPHIL)	N							
IN	Medicaid/SCHIP/Family X7025	CEFOTAXIME SOD .5 GM	N							
IN	Medicaid/SCHIP/Family X7026	CEFOTAXIMINE SOD 1GM	N							
IN	Medicaid/SCHIP/Family X7027	CEFOTAXIME SOD 2 GM	N							
IN	Medicaid/SCHIP/Family X7034	SOMATREM (PROTROPIN) 1MG	N							
IN	Medicaid/SCHIP/Family X7038	CEREDASE SEVERE GAUCHERS DISASE	N							
IN	Medicaid/SCHIP/Family X7046	G-CSF-NEUPOGEN 1ML	N							
IN	Medicaid/SCHIP/Family X7052	PACLITAXEL 30 MGM	N							
IN	Medicaid/SCHIP/Family X7060	ZOLADEX (GOSERELIN ACETATE)	N							
IN	Medicaid/SCHIP/Family X7061	ZOLADEX 10.8 DEPOT INJECTION	N							
IN	Medicaid/SCHIP/Family X7364	SARGRAMOSTIM 250 MCG/VIAL	N							
IN	Medicaid/SCHIP/Family X7366	SARGRAMOSTIM 500 MCG/VIAL	N							
IN	Medicaid/SCHIP/Family X7420	GANCICLOVIR INTRAVITREAL IMPLANT EFF 3/1,	N							
IN	Medicaid/SCHIP/Family X7422	LUPRON DEPOT 3.75	N							
IN	Medicaid/SCHIP/Family X7424	LUPRON 7.5OMG	N							
IN	Medicaid/SCHIP/Family X7426	LUPRON DEPOT 22.50 MG	N							
IN	Medicaid/SCHIP/Family X7428	LUPRON DEOT 7.50	N							
IN	Medicaid/SCHIP/Family X7430	LUPRON DEPOT 11.25	N							
IN	Medicaid/SCHIP/Family X7432	LUPRON DEPOT 15 MG	N							
IN	Medicaid/SCHIP/Family X7434	CIDOFOVIR 375/5 ML	N							
IN	Medicaid/SCHIP/Family X7436	UROKINASE FOR CATHETER CLEARANCE 5000 U	N							
IN	Medicaid/SCHIP/Family X7444	PAMIDRONATE (ADRIA) 30MG	N							
IN	Medicaid/SCHIP/Family X7446	LUPRON 3 MONTHS/11.25 MG	N							
IN	Medicaid/SCHIP/Family X7448	LUPRON DEPOT 4 MONTH/30.0 MG	N							
IN	Medicaid/SCHIP/Family X7452	NUTROPIN 1MG	N							
IN	Medicaid/SCHIP/Family X7454	NUTROPIN AQ 1MG	N							
IN	Medicaid/SCHIP/Family X7456	PENICILLIN G BE ZATHINE - 600,000 UNITS AND	N							
IN	Medicaid/SCHIP/Family X7458	PENICILLIN G BENZATHINE - 1,200,000 UNITS AI	N							
IN	Medicaid/SCHIP/Family X7462	PENICILLIN G BENZATHINE,PARENTERAL- 2,400, N	N							

IN	Medicaid/SCHIP/Family X7706	Oral Contraceptive Medications	N							
IN	Medicaid/SCHIP/Family X7708	Antigens	N							
IN	Medicaid/SCHIP/Family X7710	Hymen Venom Ant, One Vial Of Undil Antig	N							
IN	Medicaid/SCHIP/Family X7716	ZITHROMAX, 250MG	N							
IN	Medicaid/SCHIP/Family X7718	AZITHROMYCIN (ZIYHTOMAX)FOR ORAL SUSPE	N							
IN	Medicaid/SCHIP/Family X7720	Preven Emergency Contraceptive Kit	N							
IN	Medicaid/SCHIP/Family X7722	Plan B Emergency Contraceptive	N							
IN	Medicaid/SCHIP/Family X8276	ORTHOSES MILWAUKEE REPAIR COVERS	N							
IN	Medicaid/SCHIP/Family X8852	PROSTHETIC HAND BECKER PLY W OPEN THUM	N							
IN	Medicaid/SCHIP/Family X9500	Individual,Onehalf Hour	N							
IN	Medicaid/SCHIP/Family X9502	Psy O S Individual Per Hour	N							
IN	Medicaid/SCHIP/Family X9504	Individual,One And Onehalf Hour(Maxium)	N							
IN	Medicaid/SCHIP/Family X9506	Group Therapy,Per Person,Per Session	N							
IN	Medicaid/SCHIP/Family X9508	Family Therapy,One Hour,Oldest Family Me	N							
IN	Medicaid/SCHIP/Family X9510	Family Therapy,One And Onehalf Hours(Ma	N							
IN	Medicaid/SCHIP/Family X9512	Family Therapy,Each Additional Family Me	N							
IN	Medicaid/SCHIP/Family X9514	Test Admin.,Includes Pretes Interviewon	N							
IN	Medicaid/SCHIP/Family X9516	Test Administrationtwo Complete Hours	N							
IN	Medicaid/SCHIP/Family X9518	Test Admin.Three Complete Hours	N							
IN	Medicaid/SCHIP/Family X9520	Test Admin.Four Complete Hours	N							
IN	Medicaid/SCHIP/Family X9522	Test Admin.Five Complete Hours	N							
IN	Medicaid/SCHIP/Family X9524	Test Admin.Six Complete Hours (Maximum)	N							
IN	Medicaid/SCHIP/Family X9526	Test Admin.Partial Hour,Ea.15 Minutes	N							
IN	Medicaid/SCHIP/Family X9528	Group Test Admin.Per Peron Over One,Add	N							
IN	Medicaid/SCHIP/Family X9530	Test Scoring,One Complete Hour	N							
IN	Medicaid/SCHIP/Family X9532	Test Scoring 2 Hrs Max	N							
IN	Medicaid/SCHIP/Family X9534	Test Scoringpartial Houreach 15 Minute	N							
IN	Medicaid/SCHIP/Family X9536	Comp.Scored Test,Per Test,At Comp.Firms	N							
IN	Medicaid/SCHIP/Family X9538	Written Test Report,When Req.,One Comple	N							
IN	Medicaid/SCHIP/Family X9540	Written Test Report 2 Hrs Max	N							
IN	Medicaid/SCHIP/Family X9542	Written Reportpartial Houreach 15 Minu	N							
IN	Medicaid/SCHIP/Family X9544	Rel.Psychology Servicescase Conf.One Ha	N							
IN	Medicaid/SCHIP/Family X9546	Rel.Psychol.Serv.One Complete Hour(Maxi	N							
IN	Medicaid/SCHIP/Family X9548	Psy O S Out Of Off Individ Patient Add	N							
IN	Medicaid/SCHIP/Family X9550	Psy | Unlisted	N							
IN	Medicaid/SCHIP/Family X9922	TRANSITIONAL SUBACUTE CARE INITIAL LEVEL	N							
IN	Medicaid/SCHIP/Family X9924	TRANSITIONAL SUBACUTE INITIAL LEVEL 2	N							
IN	Medicaid/SCHIP/Family X9926	TRANSITIONAL SUBACUTE INITIAL LEVEL 3	N							
IN	Medicaid/SCHIP/Family X9928	TRANSITIONAL SUBACUTE SUBSEQUENT LEVEL	N							
IN	Medicaid/SCHIP/Family X9930	TRANSITIONAL SUBACUTE SUBSEQUENT LEVEL	N							
IN	Medicaid/SCHIP/Family X9932	TRANSITIONAL SUBACUTE SUBSEQUENT LEVEL 3	N							
IN	Medicaid/SCHIP/Family X9934	TRANSITIONAL SUBACUTE DISCHARGE MGNT	N							
IN	Medicaid/SCHIP/Family X9936	SUBACUTE OFFICE CONSULTATION LEVEL 1	N							
IN	Medicaid/SCHIP/Family X9938	SUBACUTE OFFICE CONSULTATION LEVEL 2	N							
IN	Medicaid/SCHIP/Family X9940	SUBACUTE OFFICE CONSULTATION LEVEL 3	N							
IN	Medicaid/SCHIP/Family X9942	SUBACUTE OFFICE CONSULTATION LEVEL 4	N							
IN	Medicaid/SCHIP/Family X9944	SUBACUTE OFFICE CONSULTATION LEVEL 5	N							
IN	Medicaid/SCHIP/Family X9946	TRANSITIONAL SUBACUTE CONSULT INT LEVEL	N							
IN	Medicaid/SCHIP/Family X9948	TRANSITIONAL SUBACUTE CONSULT INT LEVEL	N							
IN	Medicaid/SCHIP/Family X9950	TRANSITIONAL SUBACUTE CONSULT INT LEVEL	N							
IN	Medicaid/SCHIP/Family X9952	TRANSITIONAL SUBACUTE CONSULAT INT LEVE	N							
IN	Medicaid/SCHIP/Family X9954	TRANSITIONAL SUBACURE CONSULT INT LEVEL	N							
IN	Medicaid/SCHIP/Family X9956	TC SUBACUTE CONSULT FOLLOWUP LEVEL 1	N							
IN	Medicaid/SCHIP/Family X9958	TC SUBACUTE CONSULT FOLLOW UP LEVEL 2	N							
IN	Medicaid/SCHIP/Family X9960	TC SUBACUTE CONSULT FOLLOW UP LEVEL 3	N							
IN	Medicaid/SCHIP/Family X9962	TC SUBACUTE CONFIRMATORY CONSULT LEVEL	N							
IN	Medicaid/SCHIP/Family X9964	TC SUBACUTE CONFIRMATORY CONSULT LEVEL	N							
IN	Medicaid/SCHIP/Family X9966	TC SUBACUTE CONFIRMATORY CONSULT LEVEL	N							
IN	Medicaid/SCHIP/Family X9968	TC SUBACUTE COMFIRMATORY CONSULT LEVE	N							

IN	Medicaid/SCHIP/Family	X9970	TC SUBAACUTE CONFIRMATORY CONSULT LEVI	N						
IN	Medicaid/SCHIP/Family	Z0100	Neonatal Intensive Care Initial 24 Hours	N						
IN	Medicaid/SCHIP/Family	Z0102	Neonatal Intensive Care Subsequent Cat 1	N						
IN	Medicaid/SCHIP/Family	Z0104	Neonatal Intensive Care Subsequent Cat 2	N						
IN	Medicaid/SCHIP/Family	Z0106	Neonatal Intensive Care Subsequent Cat 3	N						
IN	Medicaid/SCHIP/Family	Z0108	Neonatal Intensive Care Subsequent Cat 4	N						
IN	Medicaid/SCHIP/Family	Z0206	NH,BC,DOM-EST PT/LTD EX EVAL/TX-MULT PTS	N						
IN	Medicaid/SCHIP/Family	Z0208	NH,BC,DOM-EST PT/INT REEX REEVAL-MULT PT N	N						
IN	Medicaid/SCHIP/Family	Z0210	NH,BC,DOM-EST PT /EXT REEX REEVAL-MULT P	N						
IN	Medicaid/SCHIP/Family	Z0300	Psychotherapy, Ind. 1015 Min.	N						
IN	Medicaid/SCHIP/Family	Z0306	Polysomnography,Analysis,Interp, Report	N						
IN	Medicaid/SCHIP/Family	Z0308	Psoriasis Day Care	N						
IN	Medicaid/SCHIP/Family	Z0310	Epidural Opioid Followup	N						
IN	Medicaid/SCHIP/Family	Z0312	Ecmo,24Hrs	N						
IN	Medicaid/SCHIP/Family	Z0314	Trans.Ecg Equip To Home W/Seven Miles	N						
IN	Medicaid/SCHIP/Family	Z0316	Ty (Imp Tst) Comp Audio Eval Nonspe Phy	N						
IN	Medicaid/SCHIP/Family	Z0318	Directly Observed Therapy (Dot)	N						
IN	Medicaid/SCHIP/Family	Z0324	Interpreter Sevc; Cert, Basic, 2Hr Min.	N						
IN	Medicaid/SCHIP/Family	Z0326	Interpreter Sevc; Noncert Basic 2Hr Min	N						
IN	Medicaid/SCHIP/Family	Z0328	Interpreter Sevc; Cert. Each Add 15 Min.	N						
IN	Medicaid/SCHIP/Family	Z0329	Interpreter Sevc; Noncert Each Add 15Mi	N						
IN	Medicaid/SCHIP/Family	Z0334	Lead Screen/Counsel & Blood Draw	N						
IN	Medicaid/SCHIP/Family	Z1030	00noxycocin Fetal Stress Test	N						
IN	Medicaid/SCHIP/Family	Z1032	Initial Antepartum Office Visit	N						
IN	Medicaid/SCHIP/Family	Z1034	Antepartum Follow-Up Office Visit	N						
IN	Medicaid/SCHIP/Family	Z1036	Tenth Antepartum Visit	N						
IN	Medicaid/SCHIP/Family	Z1038	Postpartum Follow-Up Office Visit	N						
IN	Medicaid/SCHIP/Family	Z1208	MINILAPAROTOMY FOR FEMALE STERILIZATION	N						
IN	Medicaid/SCHIP/Family	Z3100	SINGLE VISION GLASS .00-4.00	N						
IN	Medicaid/SCHIP/Family	Z3102	SINGLE VISION GLASS 4.12-7.00	N						
IN	Medicaid/SCHIP/Family	Z3104	SINGLE VISION GLASS 7.12-20.00	N						
IN	Medicaid/SCHIP/Family	Z3106	LENTICULAR SINGLE VISION GLASS	N						
IN	Medicaid/SCHIP/Family	Z3108	BIFOCAL GLASS .00-4.00	N						
IN	Medicaid/SCHIP/Family	Z3110	BIFOCAL GLASS 4.12-7.00	N						
IN	Medicaid/SCHIP/Family	Z3112	BIFOCAL GLASS 7.12-20.00	N						
IN	Medicaid/SCHIP/Family	Z3114	LENTICULAR BIFOCAL GLASS	N						
IN	Medicaid/SCHIP/Family	Z3116	TRIFOCAL GLASS .00-4.00	N						
IN	Medicaid/SCHIP/Family	Z3118	TIFOCAL GLASS 4.12-7.00	N						
IN	Medicaid/SCHIP/Family	Z3120	SINGLE VISION PLASTIC	N						
IN	Medicaid/SCHIP/Family	Z3122	SINGLE VISION PLASTIC 4.12-6.00	N						
IN	Medicaid/SCHIP/Family	Z3124	SINGLE VISION PLASTIC 6.12-10.00	N						
IN	Medicaid/SCHIP/Family	Z3126	SINGLE VISION PLASTIC 10.12-14	N						
IN	Medicaid/SCHIP/Family	Z3128	SINGLE VISION PLASTIC 14.12-18	N						
IN	Medicaid/SCHIP/Family	Z3130	SINGLE VISION PLASTIC ASPHERIC	N						
IN	Medicaid/SCHIP/Family	Z3132	LENTICULAR NONASPHERIC PLUS SINGLE PLAST	N						
IN	Medicaid/SCHIP/Family	Z3134	LENTICULAR NONASPHERIC MINUS SINGL PLAS	N						
IN	Medicaid/SCHIP/Family	Z3136	BIFOCAL PLASTIC .00-4.00	N						
IN	Medicaid/SCHIP/Family	Z3138	BIFOCAL PLASTIC 4.12-6.00	N						
IN	Medicaid/SCHIP/Family	Z3140	BIFOCAL PLASTIC 6.12-10.00	N						
IN	Medicaid/SCHIP/Family	Z3142	BIFOCAL PLASTIC 10.12-14.00	N						
IN	Medicaid/SCHIP/Family	Z3144	ENCOUNTER FOR GENETIC TESTING OF MALE F	N						
IN	Medicaid/SCHIP/Family	Z3146	BIFOCAL PLASTIC ASPHERIC	N						
IN	Medicaid/SCHIP/Family	Z3148	BIFOCAL PLASTIC LENTICULAR NONASPHERIC	N						
IN	Medicaid/SCHIP/Family	Z3150	BIFOCAL PLASTIC LENTICULAR NONASPH/MINL	N						
IN	Medicaid/SCHIP/Family	Z3152	TRIFOCAL PLASTIC 0.00-4.00	N						
IN	Medicaid/SCHIP/Family	Z3154	TRIFOCAL PLASTIC 4.12-7.75	N						
IN	Medicaid/SCHIP/Family	Z3156	TRIFOCAL PLASTIC 8.00-14.00	N						
IN	Medicaid/SCHIP/Family	Z3158	BALANCE LENS	N						
IN	Medicaid/SCHIP/Family	Z3160	CYLINDER 4.00-6.00	N						

IN	Medicaid/SCHIP/Family Z3162	PRISM STOCK BLANK	N							
IN	Medicaid/SCHIP/Family Z3164	BIFOCAL ADD 4.00 OR HIGHER	N							
IN	Medicaid/SCHIP/Family Z3166	ABSORPTIVE CHARACTERISTICS	N							
IN	Medicaid/SCHIP/Family Z3168	HIGHER POWERS THAN LISTED	N							
IN	Medicaid/SCHIP/Family Z3170	SLAB OFF	N							
IN	Medicaid/SCHIP/Family Z3172	FRESNEL PRISM	N							
IN	Medicaid/SCHIP/Family Z3174	FRAM ZYL	N							
IN	Medicaid/SCHIP/Family Z3176	FRAME (METAL ONLY)	N							
IN	Medicaid/SCHIP/Family Z3178	FRAME ARM WITH ADJ PAD	N							
IN	Medicaid/SCHIP/Family Z3180	FRONT ZYL (REPLACE SUPPLIED FRAMES)D	N							
IN	Medicaid/SCHIP/Family Z3182	FRONT METAL ONLY (REPLACE SUPPLIED FRAM	N							
IN	Medicaid/SCHIP/Family Z3184	TEMPLE (REPLACE SUPPLIED FRAMES)	N							
IN	Medicaid/SCHIP/Family Z3600	STANDARD CUSTOM EAR MOLD	N							
IN	Medicaid/SCHIP/Family Z3602	SPECIAL CUSTOM EAR MOLD	N							
IN	Medicaid/SCHIP/Family Z3604	POSTAGE & HANDL FOR REPAIRS DUR GUAN	N							
IN	Medicaid/SCHIP/Family Z3606	HEARING AID RENTAL, ANY TYPE, PER DAY	N							
IN	Medicaid/SCHIP/Family Z3608	CORDS	N							
IN	Medicaid/SCHIP/Family Z3610	OTHER AUTHORIZED ACCESSORIES	N							
IN	Medicaid/SCHIP/Family Z4300	Center Coordinator	N							
IN	Medicaid/SCHIP/Family Z4301	Assessment, Nurse-Per Half Hour	N							
IN	Medicaid/SCHIP/Family Z4302	Case Conf-Allied Health-Per Qt Hr	N							
IN	Medicaid/SCHIP/Family Z4303	Epsdt: Ccs Patient Rpt-Complex/Periodic	N							
IN	Medicaid/SCHIP/Family Z4304	Epsdt: Ccs Patient Rpt-Complex/Comprehen	N							
IN	Medicaid/SCHIP/Family Z4305	Epsdt Svs:Cntr Coord,Physican-Per Case	N							
IN	Medicaid/SCHIP/Family Z4306	Epsdt: Case Conf, Phys/Dentist-Per Case	N							
IN	Medicaid/SCHIP/Family Z4307	Eval/Interven, Soc Wk-Per Half Hour	N							
IN	Medicaid/SCHIP/Family Z4308	Assess/Interven, Dietitian Per Half Hr	N							
IN	Medicaid/SCHIP/Family Z4309	Assess/Interven, Alld Prof-Per Half Hour	N							
IN	Medicaid/SCHIP/Family Z4310	Medical Case Conf, Nurse-Per 1/4 Hr	N							
IN	Medicaid/SCHIP/Family Z4311	Medical Case, Social Wk-Per 1/4 Hour	N							
IN	Medicaid/SCHIP/Family Z4312	Medical Case Conf, Dietitian-Per 1/4 Hr	N							
IN	Medicaid/SCHIP/Family Z4313	GROUP COUNSELING, PHSY-PER PERSON	N							
IN	Medicaid/SCHIP/Family Z4314	Group Counseling, Alld Prof-Per Person	N							
IN	Medicaid/SCHIP/Family Z4315	Epsdt: Phys/Parent Conf-Per 1/2 Hr	N							
IN	Medicaid/SCHIP/Family Z5006	PSYCHO-SOCIAL COUSELING - AIDS WAIVER	N							
IN	Medicaid/SCHIP/Family Z5010	HOMEMAKER CARE - AIDS WAIVER	N							
IN	Medicaid/SCHIP/Family Z5012	FOSTER CHILD SUPPORT - AIDS WAIVER	N							
IN	Medicaid/SCHIP/Family Z5014	EQUIP & MINOR PHYSICAL ADAPT TO HOME	N							
IN	Medicaid/SCHIP/Family Z5016	NON-EMERGENCY MEDICAL TRANSPORTATION	N							
IN	Medicaid/SCHIP/Family Z5018	ADMIN COSTS - AIDS WAIVER	N							
IN	Medicaid/SCHIP/Family Z5020	NUTRITIONAL COUNSELING	N							
IN	Medicaid/SCHIP/Family Z5022	NUTRITIONAL SUPPLEMENTS/HOME DELIVERE	N							
IN	Medicaid/SCHIP/Family Z5200	UNSPECIFIED BLOOD DONOR	N							
IN	Medicaid/SCHIP/Family Z5202	THERAPEUTIC PHELOBOTOMY BY A BLOOD BAN	N							
IN	Medicaid/SCHIP/Family Z5206	FRESH FROZEN PLASMA (FFP)	N							
IN	Medicaid/SCHIP/Family Z5216	HUMAN MILK PROCESSING FEE PER OUNCE	N							
IN	Medicaid/SCHIP/Family Z5218	COLLECTION/HNDLING BLD SPEC ONLY SERVICE	N							
IN	Medicaid/SCHIP/Family Z5224	RECOMBINANT ANTI-HEMOPHILIA FACTOR IX	N							
IN	Medicaid/SCHIP/Family Z5226	5% ALBUMIN HUMAN 10ML	N							
IN	Medicaid/SCHIP/Family Z5228	25% ALBUMINB HUMAN 10 ML	N							
IN	Medicaid/SCHIP/Family Z5230	RECOMBINANT FACTOR V11A1	N							
IN	Medicaid/SCHIP/Family Z5406	Allied Prof. Nectelep Consult 15 Min	N							
IN	Medicaid/SCHIP/Family Z5408	Allied Prof. Nec-Prog/CI Consult-Hr	N							
IN	Medicaid/SCHIP/Family Z5410	Allied Professional Nec -Travel Time Hr	N							
IN	Medicaid/SCHIP/Family Z5412	Allied Prof Nec -Travel Mileage-Oneway	N							
IN	Medicaid/SCHIP/Family Z5414	Travel Expenses	N							
IN	Medicaid/SCHIP/Family Z5416	Technician Services	N							
IN	Medicaid/SCHIP/Family Z5418	Dental Services	N							
IN	Medicaid/SCHIP/Family Z5420	DEVEL ASSESSMENT	N							

IN	Medicaid/SCHIP/Family	Z5422	Program Consultation/Clinic (Med),Hour	N						
IN	Medicaid/SCHIP/Family	Z5424	Travel Mileage/ Medical (Mile)	N						
IN	Medicaid/SCHIP/Family	Z5432	TELEPHONE CONSULTATION/MEDICAL 1/2 HR	N						
IN	Medicaid/SCHIP/Family	Z5436	CASE CONFERENCE/MEDICAL HOUR	N						
IN	Medicaid/SCHIP/Family	Z5438	Diagnostic Work-Up	N						
IN	Medicaid/SCHIP/Family	Z5440	Banding And Materials	N						
IN	Medicaid/SCHIP/Family	Z5442	Monthly Treatment	N						
IN	Medicaid/SCHIP/Family	Z5444	Quarterly Observation	N						
IN	Medicaid/SCHIP/Family	Z5446	Diagnostic Work-Up	N						
IN	Medicaid/SCHIP/Family	Z5448	Appliance Fee	N						
IN	Medicaid/SCHIP/Family	Z5450	Monthly Treatment	N						
IN	Medicaid/SCHIP/Family	Z5452	Banding And Materials	N						
IN	Medicaid/SCHIP/Family	Z5454	Monthly Treatment	N						
IN	Medicaid/SCHIP/Family	Z5456	Banding And Materials	N						
IN	Medicaid/SCHIP/Family	Z5458	Monthly Treatment	N						
IN	Medicaid/SCHIP/Family	Z5460	Diagnostic Work-Up	N						
IN	Medicaid/SCHIP/Family	Z5462	Quarterly Observation	N						
IN	Medicaid/SCHIP/Family	Z5464	Progress Records Prior To Treatment	N						
IN	Medicaid/SCHIP/Family	Z5466	Banding And Materials	N						
IN	Medicaid/SCHIP/Family	Z5468	Monthly Treatment	N						
IN	Medicaid/SCHIP/Family	Z5470	Retainer, Removal	N						
IN	Medicaid/SCHIP/Family	Z5499	Unlisted Service & Procedures	N						
IN	Medicaid/SCHIP/Family	Z5802	Epsdt Servicesdietitian	N						
IN	Medicaid/SCHIP/Family	Z5804	Epsdtregistered Nurse (Individual)	N						
IN	Medicaid/SCHIP/Family	Z5805	Epsdt Shared Nursing(Rn),Indvl Nrs Prov	N						
IN	Medicaid/SCHIP/Family	Z5806	Epsdtlvn (Individual)	N						
IN	Medicaid/SCHIP/Family	Z5807	Epsdt Shared Nursing(Lvn)Indvl Nrs Prov	N						
IN	Medicaid/SCHIP/Family	Z5814	Epsdt Svsmarriage/Family/Child Counsel	N						
IN	Medicaid/SCHIP/Family	Z5816	Epsdt Servicessocial Worker	N						
IN	Medicaid/SCHIP/Family	Z5820	Epsdt Services Case Management	N						
IN	Medicaid/SCHIP/Family	Z5822	Epsdt Services Hearing Aid Batteries	N						
IN	Medicaid/SCHIP/Family	Z5830	Epsdt-Service Lead Investigation	N						
IN	Medicaid/SCHIP/Family	Z5832	Epsdt Registered Nurse (Hha)	N						
IN	Medicaid/SCHIP/Family	Z5833	Epsdt Shared Nursing(Rn),Hha Hourly	N						
IN	Medicaid/SCHIP/Family	Z5834	Epsdtlvn (Hha)	N						
IN	Medicaid/SCHIP/Family	Z5835	Epsdt Shared Nursing(Lvn)Hha,Hourly	N						
IN	Medicaid/SCHIP/Family	Z5836	Epsdtrn Providing Supervision (Hha)	N						
IN	Medicaid/SCHIP/Family	Z5838	Epsdthome Health Aide (Hha)	N						
IN	Medicaid/SCHIP/Family	Z5840	Epsdtrn Case Management (Individual)	N						
IN	Medicaid/SCHIP/Family	Z5850	Epsdt Suppl Individual Aod Coun-1/2 Hour	N						
IN	Medicaid/SCHIP/Family	Z5868	Epsdt Supp Servpediatric Day Hlth Care	N						
IN	Medicaid/SCHIP/Family	Z5900	Epsdtaudio Eval Less Than 2 Yrs	N						
IN	Medicaid/SCHIP/Family	Z5902	Epsdtaudio Eval 25 Yrs	N						
IN	Medicaid/SCHIP/Family	Z5904	Epsdtaudio Eval 620 Yrs	N						
IN	Medicaid/SCHIP/Family	Z5906	Epsdtsubsequent Audio Eval Under 2 Yrs	N						
IN	Medicaid/SCHIP/Family	Z5908	Epsdtsubsequent Audio Eval 25 Yrs	N						
IN	Medicaid/SCHIP/Family	Z5910	Epsdtsubsequent Audio Eval 620 Yrs	N						
IN	Medicaid/SCHIP/Family	Z5912	Epsdteval Difficult Test Pt Under 7 Yrs	N						
IN	Medicaid/SCHIP/Family	Z5914	Epsdtauditory Brainstem Response (Abr)	N						
IN	Medicaid/SCHIP/Family	Z5916	Audiometry/Behavioral Observationaudio	N						
IN	Medicaid/SCHIP/Family	Z5918	Epsdtspeech Threshold Test	N						
IN	Medicaid/SCHIP/Family	Z5920	Speech Discrimination/Word Recogni Test	N						
IN	Medicaid/SCHIP/Family	Z5922	Epsdtacoustic Immitance Tst, Monaural	N						
IN	Medicaid/SCHIP/Family	Z5924	Epsdt Acoustic Immitance Tst, Binaural	N						
IN	Medicaid/SCHIP/Family	Z5926	Epsdtcentral Auditory Processing Test	N						
IN	Medicaid/SCHIP/Family	Z5928	Epsdtfunctional Gain Testing	N						
IN	Medicaid/SCHIP/Family	Z5930	Epsdtreal Ear Measurements, Monaural	N						
IN	Medicaid/SCHIP/Family	Z5932	Epsdtreal Ear Measurements, Binaural	N						
IN	Medicaid/SCHIP/Family	Z5934	Epsdtevoked Otoacoustic Emission, Ltd	N						

IN	Medicaid/SCHIP/Family	Z6604	REEXAM BY PHYS B/T 8TH & 21ST DAYS	N						
IN	Medicaid/SCHIP/Family	Z6700	IHMC CASE MGMT RN WK ONE HR VISITS	N						
IN	Medicaid/SCHIP/Family	Z6702	IHMC SKILLED NURSING CARE - RN HOURLY	N						
IN	Medicaid/SCHIP/Family	Z6704	IHMC SKILLED NURSING CARE HR LVN GENERAL	N						
IN	Medicaid/SCHIP/Family	Z6708	IHMC HOME HEALTH AIDE SVS HOURLY	N						
IN	Medicaid/SCHIP/Family	Z6710	TYPE A BLOOD, RH POSITIVE	N						
IN	Medicaid/SCHIP/Family	Z6712	IHMC UTILITY COSTS	N						
IN	Medicaid/SCHIP/Family	Z6716	SNF-SKILLED NURSING RN HOURLY	N						
IN	Medicaid/SCHIP/Family	Z6718	SNF-SKILLED NURSING LVN GENERAL SVS HRLY	N						
IN	Medicaid/SCHIP/Family	Z6720	TYPE B BLOOD, RH POSITIVE	N						
IN	Medicaid/SCHIP/Family	Z6722	SNF MOD TO HOME	N						
IN	Medicaid/SCHIP/Family	Z6726	SNF FAMILY THERAPY OLDEST MEMBER HR	N						
IN	Medicaid/SCHIP/Family	Z6730	TYPE AB BLOOD, RH POSITIVE	N						
IN	Medicaid/SCHIP/Family	Z6732	MODEL SKILLED NURSING CARE HR LVN GEN	N						
IN	Medicaid/SCHIP/Family	Z6734	MODEL HOME HEALTH AIDE SUS HOURLY	N						
IN	Medicaid/SCHIP/Family	Z6736	MODEL MODIFICATION TO HOME	N						
IN	Medicaid/SCHIP/Family	Z6740	TYPE O BLOOD, RH POSITIVE	N						
IN	Medicaid/SCHIP/Family	Z6900	Skilled Nursing Services	N						
IN	Medicaid/SCHIP/Family	Z6902	Home Health Aide Services	N						
IN	Medicaid/SCHIP/Family	Z6904	Physical Therapy Services	N						
IN	Medicaid/SCHIP/Family	Z6906	Occupational Therapy Services	N						
IN	Medicaid/SCHIP/Family	Z6908	Speech Therapy Services	N						
IN	Medicaid/SCHIP/Family	Z6910	Medical Social Services	N						
IN	Medicaid/SCHIP/Family	Z6914	Case Evaluation & Initial Treatment Plan	N						
IN	Medicaid/SCHIP/Family	Z6916	Monthly Case Evaluation	N						
IN	Medicaid/SCHIP/Family	Z6918	Unlisted Services	N						
IN	Medicaid/SCHIP/Family	Z6920	Home Hlth Agency Erly Dschg Folwup Vst	N						
IN	Medicaid/SCHIP/Family	Z7100	Routine home care (per diem)	N						
IN	Medicaid/SCHIP/Family	Z7102	Continuous home care	N						
IN	Medicaid/SCHIP/Family	Z7104	Respite care (per diem)	N						
IN	Medicaid/SCHIP/Family	Z7106	General inpatient care (per diem)	N						
IN	Medicaid/SCHIP/Family	Z7108	Special physician services	N						
IN	Medicaid/SCHIP/Family	Z7304	Heart Procurement Costs	N						
IN	Medicaid/SCHIP/Family	Z7306	Liver Procurement Costs	N						
IN	Medicaid/SCHIP/Family	Z7308	Kidney Procurement Costs	N						
IN	Medicaid/SCHIP/Family	Z7310	Fixed Wing Air Trans/Prof Team Harvest	N						
IN	Medicaid/SCHIP/Family	Z7312	Procurement Cost Of Heart-Lung Set	N						
IN	Medicaid/SCHIP/Family	Z7314	Procurement Cost Of Single Lung	N						
IN	Medicaid/SCHIP/Family	Z7316	Procurement Cost Of Double Lung	N						
IN	Medicaid/SCHIP/Family	Z7318	UNRELATED BONE MARROW DONOR SEARCH	N						
IN	Medicaid/SCHIP/Family	Z7320	Procurement Of Small Bowel	N						
IN	Medicaid/SCHIP/Family	Z7322	Procurement Combined Liver-Small Bowel	N						
IN	Medicaid/SCHIP/Family	Z7500	Use Of Hosp,Exam.Or Treat.Rm.	N						
IN	Medicaid/SCHIP/Family	Z7502	Use Of Emergency Room	N						
IN	Medicaid/SCHIP/Family	Z7504	Use Of Cast Room	N						
IN	Medicaid/SCHIP/Family	Z7506	Use Of Oper Room Or Cysto Rm-First Hour	N						
IN	Medicaid/SCHIP/Family	Z7508	Use Of Op Or Cysto Rm 1St Subseq Half Hr	N						
IN	Medicaid/SCHIP/Family	Z7510	Use Op Or Cysto Rm Sec Subs Half Hour	N						
IN	Medicaid/SCHIP/Family	Z7512	Use Of Recovery Room	N						
IN	Medicaid/SCHIP/Family	Z7514	Pay For Rm And Board And Gen Nursing Car	N						
IN	Medicaid/SCHIP/Family	Z7516	Use of Facility - Birthing Room	N						
IN	Medicaid/SCHIP/Family	Z7600	Polysomnography-Simple Sleep Evaluation	N						
IN	Medicaid/SCHIP/Family	Z7602	Polysomnography,Sleep Evaluation,Complex	N						
IN	Medicaid/SCHIP/Family	Z7604	Ex Corp Shock Wave Lithrpsy Outpat Facil	N						
IN	Medicaid/SCHIP/Family	Z7606	Hyperbaric Oxy Chmbr 1St 15Min Atmos Abs	N						
IN	Medicaid/SCHIP/Family	Z7608	Hyperbaric Oxy Chmbr Each Sub 15 Min	N						
IN	Medicaid/SCHIP/Family	Z7610	Misc Drugs And Med Supplies, Admin Stat	N						
IN	Medicaid/SCHIP/Family	Z7612	Unlisted Seviles	N						
IN	Medicaid/SCHIP/Family	Z7614	Hoptel Services/Room/Board	N						

IN	Medicaid/SCHIP/Family Z9726	Initial Infant Hear-Screen-Outpatient	N							
IN	Medicaid/SCHIP/Family Z9727	Infant Hearing Rescreen-Outpatient	N							