



As of January 1, 2024, Highmark Wholecare no longer requires prior authorization for the following Medicare and Medicaid procedure codes.

LOB	Procedure Code	Procedure Code Description	Comment
Medicaid	01922	ANESTH CAT OR MRI SCAN	
Medicaid	10061	DRAINAGE OF SKIN ABSCESS	
Medicaid	10140	DRAINAGE OF HEMATOMA/FLUID	
Medicaid	11043	DEB MUSC/FASCIA 20 SQ CM/<	
Medicare	11043	DEB MUSC/FASCIA 20 SQ CM/<	
Medicaid	11451	REMOVAL SWEAT GLAND LESION	
Medicaid	11606	EXC TR-EXT MAL+MARG > 4 CM	
Medicaid	11642	EXC F/E/E/N/L MAL+MRG 1.1-2	
Medicaid	11643	EXC F/E/E/N/L MAL+MRG 2.1-3	
Medicaid	11644	EXC F/E/E/N/L MAL+MRG 3.1-4	
Medicaid	11770	Surgical Procedures on the Pilonidal Cyst	
Medicaid	11771	REMOVE PILONIDAL CYST EXTEN	
Medicaid	11772	REMOVAL OF PILONIDAL LESION	
Medicaid	11900	INJECTION INTO SKIN LESIONS	
Medicaid	11970	RPLCMT TISS XPNDR PERM IMPLT	
Medicare	11970	RPLCMT TISS XPNDR PERM IMPLT	
Medicaid	11971	RMVL TIS XPNDR WO INSJ IMPLT	
Medicaid	11982	REMOVE DRUG IMPLANT DEVICE	
Medicaid	12001	REPAIR SUPERFICIAL WOUND(S)	
Medicaid	12032	INTMD WND REPAIR S/A/T/EXT	
Medicaid	12042	INTMD RPR N-HF/GENIT2.6-7.5	
Medicare	12042	INTMD RPR N-HF/GENIT2.6-7.5	
Medicare	12051	INTMD WND REPAIR FACE/MM	
Medicare	12052	INTMD RPR FACE/MM 2.6-5.0 CM	
Medicare	13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	
Medicaid	13151	REPAIR OF WOUND OR LESION	
Medicaid	13152	REPAIR OF WOUND OR LESION	
Medicare	13152	REPAIR OF WOUND OR LESION	
Medicaid	13160	LATE CLOSURE OF WOUND	
Medicaid	14000	TIS TRNFR TRUNK 10 SQ CM/<	
Medicaid	14001	TIS TRNFR TRUNK 10.1-30SQCM	
Medicaid	15002	WOUND PREP TRK/ARM/LEG	
Medicare	15002	WOUND PREP TRK/ARM/LEG	
Medicaid	15004	WOUND PREP F/N/HF/G	
Medicare	15004	WOUND PREP F/N/HF/G	
Medicaid	15100	SKIN SPLT GRFT TRNK/ARM/LEG	
Medicare	15100	SKIN SPLT GRFT TRNK/ARM/LEG	
Medicare	15120	SKN SPLT A-GRFT FAC/NCK/HF/G	
Medicaid	15240	SKIN FULL GRFT FACE/GENIT/HF	
Medicare	15240	SKIN FULL GRFT FACE/GENIT/HF	
Medicaid	15260	SKIN FULL GRAFT EEN & LIPS	
Medicare	15260	SKIN FULL GRAFT EEN & LIPS	
Medicaid	15271	SKIN SUB GRAFT TRNK/ARM/LEG	
Medicare	15271	SKIN SUB GRAFT TRNK/ARM/LEG	
Medicare	15273	SKIN SUB GRFT T/ARM/LG CHILD	
Medicaid	15275	SKIN SUB GRAFT FACE/NK/HF/G	
Medicare	15275	SKIN SUB GRAFT FACE/NK/HF/G	
Medicaid	15574	FORM SKIN PEDICLE FLAP	
Medicaid	15734	MUSCLE-SKIN GRAFT TRUNK	
Medicare	15734	MUSCLE-SKIN GRAFT TRUNK	
Medicaid	16030	DRESS/DEBRID P-THICK BURN L	
Medicaid	17311	MOHS 1 STAGE H/N/HF/G	
Medicare	17311	MOHS 1 STAGE H/N/HF/G	
Medicaid	19301	PARTICAL MASTECTOMY	
Medicare	19301	PARTICAL MASTECTOMY	
Medicaid	19303	MAST SIMPLE COMPLETE	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	19316	SUSPENSION OF BREAST	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	19357	TISS XPNDR PLMT BRST RCNSTJ	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	19357	TISS XPNDR PLMT BRST RCNSTJ	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	19371	PERI-IMPLT CAPSLC BRST COMPL	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	19371	PERI-IMPLT CAPSLC BRST COMPL	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	19380	REVJ RECONSTRUCTED BREAST	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.

Medicare	19380	REJV RECONSTRUCTED BREAST	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	20103	EXPLORE WOUND EXTREMITY	
Medicaid	20206	NEEDLE BIOPSY MUSCLE	
Medicaid	20600	DRAIN/INJ JOINT/BURSA W/O US	
Medicaid	20605	DRAIN/INJ JOINT/BURSA W/O US	
Medicaid	20694	REMOVE BONE FIXATION DEVICE	
Medicare	20694	REMOVE BONE FIXATION DEVICE	
Medicaid	20900	REMOVAL OF BONE FOR GRAFT	
Medicare	20900	REMOVAL OF BONE FOR GRAFT	
Medicaid	20902	REMOVAL OF BONE FOR GRAFT	
Medicaid	21230	RIB CARTILAGE GRAFT	
Medicaid	21320	TREATMENT OF NOSE FRACTURE	
Medicaid	21325	OPEN TX NOSE FX UNCOMPLICATD	
Medicaid	24006	RELEASE ELBOW JOINT	
Medicaid	24305	TENDON LNGTH UPR A/E EA TDN	
Medicare	24305	TENDON LNGTH UPR A/E EA TDN	
Medicaid	24359	REPAIR ELBOW DEB/ATTCH OPEN	
Medicare	24359	REPAIR ELBOW DEB/ATTCH OPEN	
Medicaid	25000	INCISION OF TENDON SHEATH	
Medicare	25000	INCISION OF TENDON SHEATH	
Medicaid	25075	EXC FOREARM LES SC < 3 CM	
Medicaid	25111	REMOVE WRIST TENDON LESION	
Medicare	25111	REMOVE WRIST TENDON LESION	
Medicaid	25115	REMOVE WRIST/FOREARM LESION	
Medicare	25115	REMOVE WRIST/FOREARM LESION	
Medicaid	25118	EXCISE WRIST TENDON SHEATH	
Medicare	25215	REMOVAL OF WRIST BONES	
Medicaid	25280	REVISE WRIST/FOREARM TENDON	
Medicaid	25310	TRANSPLANT FOREARM TENDON	
Medicaid	25447	REPAIR WRIST JOINTS	
Medicare	25447	REPAIR WRIST JOINTS	
Medicaid	25607	TREAT FX RAD EXTRA-ARTICUL	
Medicaid	25608	TREAT FX RAD INTRA-ARTICUL	
Medicaid	25609	TREAT FX RADIAL 3+ FRAG	
Medicare	25609	TREAT FX RADIAL 3+ FRAG	
Medicaid	25800	FUSION OF WRIST JOINT	
Medicare	25825	FUSE HAND BONES WITH GRAFT	
Medicaid	26055	INCISE FINGER TENDON SHEATH	
Medicare	26055	INCISE FINGER TENDON SHEATH	
Medicaid	26123	RELEASE PALM CONTRACTURE	
Medicaid	26160	REMOVE TENDON SHEATH LESION	
Medicaid	26450	INCISION OF PALM TENDON	
Medicaid	26485	TRANSPLANT PALM TENDON	
Medicaid	26587	RECONSTRUCT EXTRA FINGER	
Medicaid	26850	FUSION OF KNUCKLE	
Medicare	26850	FUSION OF KNUCKLE	
Medicaid	27095	INJECTION FOR HIP X-RAY	
Medicaid	27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	
Medicaid	27427	RECONSTRUCTION KNEE	
Medicaid	27687	REVISION OF CALF TENDON	
Medicaid	27696	REPAIR OF ANKLE LIGAMENTS	
Medicaid	27824	TREAT LOWER LEG FRACTURE	
Medicaid	28285	REPAIR OF HAMMERTOES	
Medicare	28285	REPAIR OF HAMMERTOES	
Medicaid	28740	FUSION OF FOOT BONES	
Medicaid	28750	FUSION OF BIG TOE JOINT	
Medicaid	29515	APPLICATION LOWER LEG SPLINT	
Medicaid	29581	APPLY MULTILAY COMPRS LWR LEG	
Medicaid	29805	SHO ARTHRS DX +- SYNOVIAL BX	
Medicaid	29846	WRIST ARTHROSCOPY/SURGERY	
Medicare	29846	WRIST ARTHROSCOPY/SURGERY	
Medicaid	29848	WRIST ENDOSCOPY/SURGERY	
Medicare	29848	WRIST ENDOSCOPY/SURGERY	
Medicare	29893	SCOPE PLANTAR FASCIOTOMY	
Medicaid	29897	ANKLE ARTHROSCOPY/SURGERY	
Medicaid	29898	ANKLE ARTHROSCOPY/SURGERY	
Medicaid	29906	SUBTALAR ARTHRO W/DEB	
Medicaid	30930	THER FX NASAL INF TURBINATE	
Medicare	30930	THER FX NASAL INF TURBINATE	
Medicaid	31529	LARYNGOSCOPY AND DILATION	
Medicaid	31541	LARYNSCOP W/TUMR EXC + SCOPE	
Medicaid	31571	LARYNGOSCOP W/VC INJ + SCOPE	
Medicaid	31622	DX BRONCHOSCOPE/WASH	
Medicaid	31624	DX BRONCHOSCOPE/LAVAGE	
Medicare	33206	INSERT HEART PM ATRIAL	
Medicaid	33289	TCAT IMPL WRLS P-ART PRS SNR	

Medicare	33289	TCAT IMPL WRLS P-ART PRS SNR	
Medicaid	36224	PLACE CATH CAROTD ART	
Medicare	36224	PLACE CATH CAROTD ART	
Medicaid	36590	REMOVAL TUNNELED CV CATH	
Medicaid	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	
Medicare	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	
Medicaid	37238	OPEN/PERQ PLACE STENT SAME	
Medicaid	37243	VASC EMBOLIZE/OCCLUDE ORGAN	
Medicaid	38206	HARVEST AUTO STEM CELLS	
Medicaid	38222	DX BONE MARROW BX & ASPIR	
Medicaid	38500	BIOPSY/REMOVAL LYMPH NODES	
Medicare	38505	NEEDLE BIOPSY LYMPH NODES	
Medicaid	38525	BIOPSY/REMOVAL LYMPH NODES	
Medicare	38525	BIOPSY/REMOVAL LYMPH NODES	
Medicaid	39402	MEDIASTINOSCPY W/LMPH NOD BX	
Medicaid	40700	REPAIR CLEFT LIP/NASAL	
Medicaid	40720	REPAIR CLEFT LIP/NASAL	
Medicaid	40812	EXCISE/REPAIR MOUTH LESION	
Medicaid	41115	EXCISION OF TONGUE FOLD	
Medicare	41116	EXCISION OF MOUTH LESION	
Medicaid	41899	UNLISTED PX DENTALVLR STRUX	
Medicare	41899	UNLISTED PX DENTALVLR STRUX	
Medicaid	42215	RECONSTRUCT CLEFT PALATE	
Medicare	42440	EXCISE SUBMAXILLARY GLAND	
Medicaid	43193	ESOPHAGOSCP RIG TRNSO BIOPSY	
Medicare	43220	ESOPHAGOSCOPY BALLOON <30MM	
Medicaid	43239	EGD BIOPSY SINGLE/MULTIPLE	
Medicare	43239	EGD BIOPSY SINGLE/MULTIPLE	
Medicaid	43246	EGD PLACE GASTROSTOMY TUBE	
Medicaid	46607	DIAGNOSTIC ANOSCOPY & BIOPSY	
Medicaid	46922	EXCISION OF ANAL LESION(S)	
Medicaid	47562	LAPAROSCOPIC CHOLECYSTECTOMY	
Medicare	47562	LAPAROSCOPIC CHOLECYSTECTOMY	
Medicaid	47563	LAPARO CHOLECYSTECTOMY/GRAPH	
Medicare	47563	LAPARO CHOLECYSTECTOMY/GRAPH	
Medicaid	49505	PRP I/HERN INIT REDUC >5 YR	
Medicaid	49570	RPR EPIGASTRIC HERN REDUCE	
Medicaid	49585	RPR UMBIL HERN REDUC > 5 YR	
Medicaid	49591	RPR AA HRN 1ST < 3 CM RDC	
Medicare	49591	RPR AA HRN 1ST < 3 CM RDC	
Medicaid	49592	RPR AA HRN 1ST < 3 NCR/STRN	
Medicaid	49593	RPR AA HRN 1ST 3-10 RDC	
Medicare	49593	RPR AA HRN 1ST 3-10 RDC	
Medicaid	49594	RPR AA HRN 1ST 3-10 NCR/STRN	
Medicare	49594	RPR AA HRN 1ST 3-10 NCR/STRN	
Medicare	49595	RPR AA HRN 1ST > 10 RDC	
Medicaid	49615	RPR AA HRN RCR 3-10 RDC	
Medicaid	49650	LAP ING HERNIA REPAIR INIT	
Medicaid	50590	FRAGMENTING OF KIDNEY STONE	
Medicare	51102	DRAIN BL W/CATH INSERTION	
Medicaid	51715	ENDOSCOPIC INJECTION/IMPLANT	
Medicaid	52000	CYSTOSCOPY	
Medicare	52000	CYSTOSCOPY	
Medicaid	52327	CYSTOSCOPY INJECT MATERIAL	
Medicaid	52332	CYSTOSCOPY AND TREATMENT	
Medicare	52332	CYSTOSCOPY AND TREATMENT	
Medicaid	52353	CYSTOURETERO W/LITHOTRIPSY	
Medicaid	52356	CYSTO/URETERO W/LITHOTRIPSY	
Medicare	52356	CYSTO/URETERO W/LITHOTRIPSY	
Medicaid	53020	INCISION OF URETHRA	
Medicaid	53230	REMOVAL OF URETHRA LESION	
Medicaid	53405	REVISE URETHRA STAGE 2	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	53415	RECONSTRUCTION OF URETHRA	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	56440	SURGERY FOR VULVA LESION	
Medicaid	56605	BIOPSY OF VULVA/PERINEUM	
Medicare	57240	ANTERIOR COLPORRHAPHY	
Medicaid	57250	REPAIR RECTUM & VAGINA	
Medicaid	57260	CMBN ANT PST COLPRHY	
Medicare	57260	CMBN ANT PST COLPRHY	
Medicaid	58150	TOTAL HYSTERECTOMY	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58260	TLH W/T/O 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.

Medicare	58260	TLH W/T/O 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58262	VAG HYST INCLUDING T/O	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	58262	VAG HYST INCLUDING T/O	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58263	VAG HYST W/T/O & VAG REPAIR	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58542	LSH W/T/O UT 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	58542	LSH W/T/O UT 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58552	LAPARO-VAG HYST INCL T/O	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	58552	LAPARO-VAG HYST INCL T/O	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58570	TLH UTERUS 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	58570	TLH UTERUS 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58571	TLH W/T/O 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	58571	TLH W/T/O 250 G OR LESS	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58573	TLH W/T/O UTERUS OVER 250 G	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicare	58573	TLH W/T/O UTERUS OVER 250 G	Prior authorization will continue to be required for this service only as it relates to the Gender Affirmation Medical Policy.
Medicaid	58925	REMOVAL OF OVARIAN CYST(S)	
Medicaid	59812	TREATMENT OF MISCARRIAGE	
Medicaid	60252	REMOVAL OF THYROID	
Medicaid	60500	EXPLORE PARATHYROID GLANDS	
Medicare	60699	UNLISTED PX ENDOCRINE SYSTEM	
Medicaid	64708	REVISE ARM/LEG NERVE	
Medicaid	64716	REVISION OF CRANIAL NERVE	
Medicaid	64718	REVISE ULNAR NERVE AT ELBOW	
Medicare	64718	REVISE ULNAR NERVE AT ELBOW	
Medicaid	64719	REVISE ULNAR NERVE AT WRIST	
Medicaid	65780	OCULAR RECONST TRANSPLANT	
Medicare	67036	Vitrectomy	
Medicare	67040	Vitrectomy	
Medicaid	67041	Vitrectomy	
Medicaid	67042	Vitrectomy	
Medicare	67042	Vitrectomy	
Medicaid	67107	Repair Procedures on the Retina	
Medicaid	67108	Repair Procedures on the Retina	
Medicaid	67113	Retinal tear related to Type 2 Diabetes	
Medicaid	67121	Removal of implanted material, posterior segment	
Medicaid	67311	STRABISMUS	
Medicaid	67312	STRABISMUS	
Medicaid	67412	ORBITOTOMY	
Medicaid	69436	CREATE EARDRUM OPENING	
Medicaid	69620	REPAIR OF EARDRUM	
Medicaid	69631	REPAIR EARDRUM STRUCTURES	
Medicare	69631	REPAIR EARDRUM STRUCTURES	
Medicaid	69632	REBUILD EARDRUM STRUCTURES	
Medicaid	69641	REVISE MIDDLE EAR & MASTOID	
Medicaid	69642	REVISE MIDDLE EAR & MASTOID	
Medicaid	69645	REVISE MIDDLE EAR & MASTOID	
Medicaid	69660	REVISE MIDDLE EAR BONE	
Medicaid	69714	IMPL OI IMPLT SKULL PERQ ESP	
Medicaid	72170	X-RAY EXAM OF PELVIS	
Medicare	72170	X-RAY EXAM OF PELVIS	
Medicaid	72190	X-RAY EXAM OF PELVIS	
Medicaid	73000	X-RAY EXAM OF COLLAR BONE	
Medicaid	73030	X-RAY EXAM OF SHOULDER	
Medicare	73030	X-RAY EXAM OF SHOULDER	
Medicaid	73060	X-RAY EXAM OF HUMERUS	
Medicaid	73070	X-RAY EXAM OF ELBOW	
Medicare	73070	X-RAY EXAM OF ELBOW	
Medicaid	73100	X-RAY EXAM OF WRIST	
Medicare	73100	X-RAY EXAM OF WRIST	
Medicaid	73525	CONTRAST X-RAY OF HIP	
Medicaid	73552	X-RAY EXAM OF FEMUR 2/>	
Medicaid	73562	X-RAY EXAM OF KNEE 3	
Medicare	73562	X-RAY EXAM OF KNEE 3	
Medicaid	73590	X-RAY EXAM OF LOWER LEG	
Medicaid	73620	X-RAY EXAM OF FOOT	
Medicaid	73630	X-RAY EXAM OF FOOT	

Medicaid	73650	X-RAY EXAM OF HEEL	
Medicaid	74018	X-RAY EXAM ABDOMEN 1 VIEW	
Medicare	74018	X-RAY EXAM ABDOMEN 1 VIEW	
Medicaid	76642	ULTRASOUND BREAST LIMITED	
Medicaid	76705	ECHO EXAM OF ABDOMEN	
Medicaid	76770	US EXAM ABDO BACK WALL COMP	
Medicaid	76830	TRANSVAGINAL US NON-OB	
Medicaid	76856	US EXAM PELVIC COMPLETE	
Medicaid	77049	MRI BREAST C+ W/CAD BI	
Medicaid	77065	DX MAMMO INCL CAD UNI	
Medicaid	77066	DX MAMMO INCL CAD BI	
Medicaid	77073	X-RAYS BONE LENGTH STUDIES	
Medicare	77073	X-RAYS BONE LENGTH STUDIES	
Medicaid	77080	DXA BONE DENSITY AXIAL	
Medicare	77080	DXA BONE DENSITY AXIAL	
Medicaid	78597	LUNG PERFUSION DIFFERENTIAL	
Medicaid	80164	ASSAY DIPROPYLACETIC ACD TOT	
Medicaid	80197	ASSAY OF TACROLIMUS	
Medicaid	81229	CYTOG ALYS CHRML ABNR SNPCGH	
Medicare	81229	CYTOG ALYS CHRML ABNR SNPCGH	
Medicaid	81370	HLA I & II TYPING LR	
Medicaid	81376	HLA II TYPING 1 LOCUS LR	
Medicare	81376	HLA II TYPING 1 LOCUS LR	
Medicare	81381	HLA I TYPING 1 ALLELE HR	
Medicaid	85610	PROTHROMBIN TIME	
Medicaid	85730	THROMBOPLASTIN TIME PARTIAL	
Medicaid	86352	CELL FUNCTION ASSAY W/STIM	
Medicaid	86357	NK CELLS TOTAL COUNT	
Medicaid	86704	HEP B CORE ANTIBODY TOTAL	
Medicaid	86803	HEPATITIS C AB TEST	
Medicaid	86850	RBC ANTIBODY SCREEN	
Medicaid	87040	BLOOD CULTURE FOR BACTERIA	
Medicaid	87070	AEROBIC BACTERIAL CULTURE	
Medicaid	87102	CULTURE, FUNGI ISOLATION	
Medicaid	87116	MICROBIOLOGY CULTURE AND TYPING	
Medicaid	87205	PRIMARY SOURCE SMEAR	
Medicaid	87206	PRIMARY SOURCE SMEAR-RANGE	
Medicaid	87210	PRIMARY SOURCE SMEAR-RANGE	
Medicaid	87340	HEPATITIS B SURFACE AG IA	
Medicaid	87497	CYTOMEG DNA QUANT	
Medicaid	87635	SARS-COV-2 COVID-19 AMP PRB	
Medicaid	88185	FLOWCYTOMETRY/TC ADD-ON	
Medicaid	88189	FLOWCYTOMETRY/READ 16 & >	
Medicaid	88230	TISSUE CULTURE LYMPHOCYTE	
Medicaid	88235	TISSUE CULTURE PLACENTA	
Medicaid	88237	TISSUE CULTURE BONE MARROW	
Medicaid	88241	FROZEN CELL PREPARATION	
Medicaid	88305	TISSUE EXAM BY PATHOLOGIST	
Medicare	88305	TISSUE EXAM BY PATHOLOGIST	
Medicaid	92960	CARDIOVERSION ELECTRIC EXT	
Medicare	92960	CARDIOVERSION ELECTRIC EXT	
Medicaid	93568	INJECT PULM ART HRT CATH	
Medicaid	93580	TRANSCATH CLOSURE OF ASD	
Medicaid	93582	PERQ TRANSCATH CLOSURE PDA	
Medicaid	95921	AUTONOMIC NRV PARASYM INERVJ	
Medicaid	95923	AUTONOMIC NERV FUNCTION TEST	
Medicaid	96360	HYDRATION IV INFUSION INIT	
Medicaid	96361	HYDRATE IV INFUSION ADD-ON	
Medicaid	97010	HOT OR COLD PACKS THERAPY	
Medicaid	99202	OFFICE O/P NEW SF 15-29 MIN	
Medicare	99202	OFFICE O/P NEW SF 15-29 MIN	
Medicaid	99204	OFFICE O/P NEW MOD 45-59 MIN	
Medicare	99204	OFFICE O/P NEW MOD 45-59 MIN	
Medicaid	99205	OFFICE O/P NEW HI 60-74 MIN	
Medicaid	99211	OFF/OP EST MAY X REQ PHY/QHP	
Medicaid	99212	OFFICE O/P EST SF 10-19 MIN	
Medicare	99212	OFFICE O/P EST SF 10-19 MIN	
Medicaid	99214	OFFICE O/P EST MOD 30-39 MIN	
Medicare	99214	OFFICE O/P EST MOD 30-39 MIN	
Medicaid	99215	OFFICE O/P EST HI 40-54 MIN	
Medicare	99215	OFFICE O/P EST HI 40-54 MIN	
Medicaid	A4402	LUBRICANT PER OUNCE	
Medicare	A4402	LUBRICANT PER OUNCE	
Medicaid	A4580	CAST SUPPLIES	
Medicaid	C1713	ANCHOR/SCREW OPPOSING BN-TO-BN/SOFT TISSUE-TO-BN	
Medicaid	C1898	Lead, pacemaker, other than transvenous VDD single pass	
Medicaid	C1898	Lead pacemaker	
Medicare	C2624	IMPL WL PULM ART PRSS SNSR DEL	

Medicaid	L8615	Replacement headset/headpiece for use with cochlear implant device	
Medicare	L8615	Replacement headset/headpiece for use with cochlear implant device	
Medicaid	S8424	GRADIENT PRESSURE AID SLEEVE READY MADE	
Medicaid	S8427	READY GRADIENT GLOVE	

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").