Line of Business	State	Procedure Code	Description
CMPCN	MO	11921	Tattooing To Correct Color Defects; 6.1-20.0 Sq Cm
CMPCN	MO	11920	Tattooing To Correct Color Defects; 6.0 Sq Cm/<
CMPCN	MO	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmen
CMPCN	MO	40799	Unlisted Proc, Lips
CMPCN	MO	19316	Mastopexy
CMPCN	MO	15781	Dermabrasion; Segmental, Face
CMPCN	MO	15780	Dermabrasion; Total Face
CMPCN	MO	99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
CMPCN	MO	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
CMPCN	MO	S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours
CMPCN	MO	A2013	Innovamatrix FS, per sq cm
CMPCN	MO	E1020	Residual limb support system for wheelchair, any type
CMPCN	MO	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
CMPCN	MO	E2608	Skin pro/pos wc cus wd>=22in
CMPCN	MO	E2616	Pos back post/lat wdth>=22in
CMPCN	MO	E2620	WC planar back cush wd <22in
CMPCN	MO	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
CMPCN	MO	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
CMPCN	MO	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
CMPCN	MO	S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen)
CMPCN	MO	S9372	Home infusion therapy, intermittent anticoagulant injection therapy; (e.g., Heparin); (do not use this code for flushing
CMPCN	MO	S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day

Line of Business	State	Procedure Code	Description
CMPCN	MO	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
CMPCN	MO	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
CMPCN	MO	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
CMPCN	MO	E2615	Pos back post/lat wdth <22in
CMPCN	MO	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
CMPCN	MO	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
CMPCN	MO	E1227	Wheelchair Spec Sz Spec Ht A
CMPCN	MO	E1229	Pediatric wheelchair NOS
CMPCN	MO	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
CMPCN	MO	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
CMPCN	MO	K0900	Customized durable medical equipment, other than wheelchair
CMPCN	MO	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (s
CMPCN	MO	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
CMPCN	MO	S9327	Home infusion therapy, intermittent pain management infusion
CMPCN	MO	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
CMPCN	MO	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
CMPCN	MO	E1399	Durable medical equipment, miscellaneous
CMPCN	MO	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
CMPCN	MO	21188	Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts
CMPCN	MO	S5517	Home infusion therapy, all supplies necessary for restoration of catheter potency or declotting
CMPCN	MO	21206	Osteotomy, Maxilla, Segmental
CMPCN	MO	19303	Mastectomy , simple, complete
CMPCN	MO	19328	Removal, Intact Mammary Implant
CMPCN	MO	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
CMPCN	MO	54164	Frenulotomy, Penis
CMPCN	MO	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
CMPCN	MO	E1003	Wheelchair accessory, power seating system, recline only, without shear

Line of Business	State	Procedure Code	Description
CMPCN	MO	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
CMPCN	MO	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	S9339	Home therapy; peritoneal dialysis
CMPCN	MO	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
CMPCN	MO	H0045	Respite care services, not in the home, per diem
CMPCN	MO	99501	Home Visit, Postnatal Assessment, Follow-Up Care
CMPCN	MO	T5999	Supply, not otherwise specified
CMPCN	MO	S9559	Home injectable therapy; interferon
CMPCN	MO	S9537	Home therapy; hematopoietic hormone injection therapy (e.g., Crythropoietin, G-CSF, GM-CSF)
CMPCN	MO	99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.
CMPCN	MO	S9335	Home therapy, hemodialysis; administrative services, professional pharmacy
CMPCN	MO	S9558	Home injectable therapy; growth hormone,
CMPCN	MO	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
CMPCN	MO	E1031	Rollabout Chair With Casters
CMPCN	MO	A9270	Noncovered item or service
CMPCN	MO	E0986	Manual wheelchair accessory, push-rim activated power assist, each
CMPCN	MO	30999	Unlisted Proc, Nose
CMPCN	MO	S9338	Home infusion therapy, immunotherapy therapy
CMPCN	MO	T1999	Miscellaneous Therapeutic Items And Supplies, Retail Purchases, NOS
CMPCN	MO	96999	Unlisted Special Dermatological Service/Proc
CMPCN	MO	A4649	Surgical Supplies; miscellaneous
CMPCN	MO	K0108	W/C Component-Accessory Nos
CMPCN	MO	11200	Removal, Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up To & Incl 15 Lesions
CMPCN	MO	59510	Routine Obstetric Care W/Antepartum Care, Cesarean Delivery, & Postpartum Care
CMPCN	MO	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy

Line of Business	State	Procedure Code	Description
CMPCN	MO	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
CMPCN	MO	21215	Graft, Bone; Mandible (Includes Obtaining Graft)
CMPCN	MO	48554	Transplantation, Pancreatic Allograft
CMPCN	MO	59618	Routine Ob Care, Ante/Postpartum, Cesarean Delivery After Failed Vag Delivery, Prev Cesarean Deliver
CMPCN	MO	59610	Routine Obstetric Care, Vaginal Delivery, W/ Antepartum, Postpartum Care, Previous C-Section
CMPCN	MO	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
CMPCN	MO	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
CMPCN	MO	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
CMPCN	MO	T1001	Nursing assessment/evaluation
CMPCN	MO	S9542	Home injectable therapy; not otherwise classified
CMPCN	MO	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy servic
CMPCN	MO	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
CMPCN	MO	S9370	Home therapy, intermittent anti-emetic injection therapy
CMPCN	MO	S9374	Home infusion therapy, hydration therapy; one liter per day
CMPCN	MO	S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day
CMPCN	MO	S9377	Home infusion therapy, hydration therapy; more than three liters per day
CMPCN	MO	S9363	Home infusion therapy, anti-spasmotic intravenous therapy
CMPCN	MO	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
CMPCN	MO	H2018	Psychosocial rehabilitation services, per diem
CMPCN	MO	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
CMPCN	MO	S9355	Home infusion therapy, chelation therapy
CMPCN	MO	S9361	Home infusion therapy, diuretic intravenous therapy
CMPCN	MO	S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e,g. Dobutamine)
CMPCN	MO	S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional ph
CMPCN	MO	S9341	Home therapy; enteral nutrition; via gravity
CMPCN	MO	S9343	Home therapy; enteral nutrition via bolus
CMPCN	MO	S9330	Home infusion therapy, continuous chemotherapy infusion
CMPCN	MO	S9331	Home infusion therapy, intermittent chemotherapy infusion
CMPCN	MO	S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin)
CMPCN	MO	S9328	Home infusion therapy, implanted pump pain management infusion
CMPCN	MO	S9326	Home infusion therapy, continuous pain management infusion

Line of Business	State	Procedure Code	Description
CMPCN	MO	17999	Unlisted Proc, Skin, Mucous Membrane & Subq Tissue
CMPCN	MO	S9127	Social Work Visit, In The Home
CMPCN	MO	S5521	Home infusion therapy, all supplies (including catheter) necessary for midline catheter insertion
CMPCN	MO	S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supp
CMPCN	MO	S5523	Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter incl
CMPCN	MO	S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (
CMPCN	MO	21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)
CMPCN	MO	19350	Nipple/Areola Reconstruction
CMPCN	MO	19364	Breast Reconstruction W/Free Flap
CMPCN	MO	43999	Unlisted Proc, Stomach
CMPCN	MO	21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl
CMPCN	MO	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
CMPCN	MO	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
CMPCN	MO	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes o
CMPCN	MO	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
CMPCN	MO	15847	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (eg, abdominoplasty) (includes umbilical
CMPCN	MO	19330	Removal, Mammary Implant Matl
CMPCN	MO	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
CMPCN	MO	43843	Gastric Restrictve Proc, W/O Gastric Bypass, Morbid Obesity; Non-Vertical-Banded Gastroplasty
CMPCN	MO	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
CMPCN	MO	43846	Gastric Restrictve Procedre, W/Gastric Bypass, Morbd Obsty; W/Short Limb Roux-En-Y Gastroenterostmy
CMPCN	MO	43847	Gastric Restrictive Proc, W/Gastric Bypass, Morbid Obesity; W/Small Bowel Reconstruction
CMPCN	MO	43860	Revision, Gastrojejunal Anastomosis W/Reconstruction W/Wo Part Gastrect/Bowel Resect; W/O Vagotomy
CMPCN	MO	43865	Revision, Gastrojejunal Anastomosis W/Reconstruction W/Wo Part Gastrect/Bowel Resect; W/Vagotomy
CMPCN	MO	43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction
CMPCN	MO	43659	Unlisted Proc, Laparoscopy, Stomach

Line of Business	State	Procedure Code	Description
CMPCN	MO	43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)
CMPCN	MO	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
CMPCN	MO	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
CMPCN	MO	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
CMPCN	MO	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
CMPCN	MO	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
CMPCN	MO	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
CMPCN	MO	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
CMPCN	MO	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
CMPCN	MO	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
CMPCN	MO	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
CMPCN	MO	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

Line of Business	State	Procedure Code	Description
CMPCN	MO	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
CMPCN	MO	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
CMPCN	MO	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
CMPCN	MO	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
CMPCN	MO	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CMPCN	MO	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
CMPCN	MO	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CMPCN	MO	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
CMPCN	MO	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
CMPCN	MO	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
CMPCN	MO	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
CMPCN	MO	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
CMPCN	MO	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
CMPCN	MO	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300

Line of Business	State	Procedure Code	Description
CMPCN	MO	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CMPCN	MO	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CMPCN	MO	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
CMPCN	MO	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
CMPCN	MO	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
CMPCN	MO	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
CMPCN	MO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CMPCN	MO	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
CMPCN	MO	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
CMPCN	MO	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
CMPCN	MO	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
CMPCN	MO	K0008	Custom manual wheelchair/base
CMPCN	MO	K0013	Custom motorized/power wheelchair base
CMPCN	MO	K0005	Ultralightweight Wheelchair
CMPCN	MO	38241	Hematopoietic progenitor cell (HPC); autologous transplantation

Line of Business	State	Procedure Code	Description
CMPCN	MO	38242	Allogeneic lymphocyte infusions
CMPCN	MO	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
CMPCN	MO	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
CMPCN	MO	E2621	WC planar back cush wd>=22in
CMPCN	MO	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
CMPCN	MO	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
CMPCN	MO	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
CMPCN	MO	E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
CMPCN	MO	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
CMPCN	MO	E2368	Power wheelchair component, drive wheel motor, replacement only
CMPCN	MO	E2369	Power wheelchair component, drive wheel gear box, replacement only
CMPCN	MO	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
CMPCN	MO	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
CMPCN	MO	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
CMPCN	MO	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
CMPCN	MO	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
CMPCN	MO	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
CMPCN	MO	E2398	Wheelchair accessory, dynamic positioning hardware for back
CMPCN	MO	E2607	Skin pro/pos wc cus wd <22in
CMPCN	MO	E2605	Position wc cush wdth <22 in
CMPCN	MO	E2606	Position wc cush wdth>=22 in
CMPCN	MO	E2612	Gen use back cush wdth>=22in
CMPCN	MO	E2613	Position back cush wd <22in
CMPCN	MO	E2611	Gen use back cush wdth <22in
CMPCN	MO	E2614	Position back cush wd>=22in
CMPCN	MO	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
CMPCN	MO	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional

Line of Business	State	Procedure Code	Description
CMPCN	MO	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
CMPCN	MO	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
CMPCN	MO	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
CMPCN	MO	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
CMPCN	MO	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
CMPCN	MO	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
CMPCN	MO	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
CMPCN	MO	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
CMPCN	MO	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
CMPCN	MO	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
CMPCN	MO	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
CMPCN	MO	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
CMPCN	MO	E2321	Power wheelchair accessory, hand control interface, remote joystick,
CMPCN	MO	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
CMPCN	MO	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20-22 in.
CMPCN	MO	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
CMPCN	MO	E1296	Wheelchair Special Seat Heig
CMPCN	MO	E1298	Wheelchair Spec Seat Depth/W
CMPCN	MO	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
CMPCN	MO	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
CMPCN	MO	E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
CMPCN	MO	E1228	Wheelchair Spec Sz Spec Ht B
CMPCN	MO	E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable,W Seating
CMPCN	MO	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
CMPCN	MO	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
CMPCN	MO	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
CMPCN	MO	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
CMPCN	MO	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
CMPCN	MO	E1239	Ped power wheelchair NOS
CMPCN	MO	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System

Line of Business	State	Procedure Code	Description
CMPCN	MO	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
CMPCN	MO	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
CMPCN	MO	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
CMPCN	MO	E1002	Wheelchair accessory, power seating system, tilt only
CMPCN	MO	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
CMPCN	MO	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
CMPCN	MO	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
CMPCN	MO	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
CMPCN	MO	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
CMPCN	MO	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
CMPCN	MO	E1029	Wheelchair accessory, ventilator tray, fixed
CMPCN	MO	E1030	Wheelchair accessory, ventilator tray, gimbaled
CMPCN	MO	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
CMPCN	MO	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
CMPCN	MO	E0958	Whlchr Att- Conv 1 Arm Drive
CMPCN	MO	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
CMPCN	MO	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
CMPCN	MO	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each
CMPCN	MO	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
CMPCN	MO	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
CMPCN	MO	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
CMPCN	MO	A2011	Supra SDRM, per sq cm
CMPCN	MO	99500	Home Visit, Prenat Monitor Assess, Fetal Heart Rate, Non-Stress Test, Uterine, Gestat Diabet Monitor
CMPCN	MO	21154	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/O Lefort I
CMPCN	MO	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
CMPCN	MO	21155	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/Lefort I
CMPCN	MO	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
CMPCN	MO	21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion

Line of Business	State	Procedure Code	Description
CMPCN	MO	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
CMPCN	MO	21198	Osteotomy, Mandible, Segmental
CMPCN	MO	21209	Osteoplasty, Facial Bones; Reduction
CMPCN	MO	21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft/Prosthetic Implant)
CMPCN	MO	21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)
CMPCN	MO	21121	Genioplasty; Sliding Osteotomy, Single Piece
CMPCN	MO	21123	Genioplasty; Sliding, Augmentation W/Interpositional Bone Grafts W/Obtaining Autograft
CMPCN	MO	21127	Augmentation, Mandibular Body/Angle; W/Bone Graft/Onlay/Interpositional W/Obtaining Autograft
CMPCN	MO	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
CMPCN	MO	21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft
CMPCN	MO	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
CMPCN	MO	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
CMPCN	MO	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
CMPCN	MO	54162	Lysis/Excision, Penile Postcircumcision Adhesions
CMPCN	MO	30462	Rhinoplasty, Nasal Deform Sec To Cong Cleft Lip/Palat, W/Columellar Lengthen; Tip/Septum/Osteotomies
CMPCN	MO	67999	Unlisted Proc, Eyelids
CMPCN	MO	38230	Bone marrow harvesting for transplantation; allogeneic
CMPCN	MO	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
CMPCN	MO	33945	Heart Transplant, W/Wo Recipient Cardiectomy
CMPCN	MO	30460	Rhinoplasty, Nasal Deformity Secondary To Cong Cleft Lip/Palate, W/Columellar Lengthening; Tip Only
CMPCN	MO	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
CMPCN	MO	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
CMPCN	MO	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
CMPCN	MO	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
CMPCN	MO	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
CMPCN	MO	G0156	Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes
CMPCN	MO	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes

Line of Business	State	Procedure Code	Description
CMPCN	MO	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting)
CMPCN	MO	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
CMPCN	MO	A4100	Skin substitute, FDA-cleared as a device, not otherwise specified
CMPCN	MO	S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours
CMPCN	MO	S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours
CMPCN	MO	S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours
CMPCN	MO	S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours
CMPCN	MO	S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours
CMPCN	MO	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
CMPCN	MO	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
CMPCN	MO	L1499	Spinal Orthosis Nos
CMPCN	MO	55899	Unlisted Proc, Male Genital System
CMPCN	MO	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separate
CMPCN	MO	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
CMPCN	MO	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
CMPCN	MO	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
CMPCN	MO	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
CMPCN	MO	21141	Reconstruction Midface, Lefort I; 1 Piece, W/O Bone Graft
CMPCN	MO	21145	Reconstruction Midface, Lefort I; 1 Piece, W/Bone Grafts
CMPCN	MO	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining
CMPCN	MO	21151	Reconstruction Midface, Lefort Ii; W/Bone Grafts
CMPCN	MO	21175	Reconstruction, Bifrontal,Superior-Lateral Orbital Rims & Lower Forehead
CMPCN	MO	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)
CMPCN	MO	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft
CMPCN	MO	19380	Revision, Reconstructed Breast
CMPCN	MO	19499	Unlisted Proc, Breast
CMPCN	MO	19325	Mammaplasty, Augmentation; W/Prosthetic Implant

Line of Business	State	Procedure Code	Description
CMPCN	MO	19318	Reduction Mammaplasty
CMPCN	MO	19355	Correction, Inverted Nipples
CMPCN	MO	19340	Immediate Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
CMPCN	MO	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
CMPCN	MO	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
CMPCN	MO	19370	Open Periprosthetic Capsulotomy, Breast
CMPCN	MO	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
CMPCN	MO	19371	Periprosthetic Capsulectomy, Breast
CMPCN	MO	19300	Mastectomy for gynecomastia
CMPCN	MO	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
CMPCN	MO	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
CMPCN	MO	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
CMPCN	MO	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
CMPCN	MO	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
CMPCN	MO	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
CMPCN	MO	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
CMPCN	MO	15820	Blepharoplasty, Lower Eyelid
CMPCN	MO	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
CMPCN	MO	15822	Blepharoplasty, Upper Eyelid
CMPCN	MO	15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin Weighting Down Lid
CMPCN	MO	15830	Excision, excessive skin and subcutaneous tissue (incluedes lipectomy, abdomen, infraumbilical panniculectomy
CMPCN	MO	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
CMPCN	MO	15782	Dermabrasion; Regional, Other Than Face
CMPCN	MO	15786	Abrasion; Single Lesion
CMPCN	MO	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	MO	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid	MO	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid	MO	S5130	Homemaker Service, NOS, Per 15 Minutes

Line of Business	State	Procedure Code	Description
Medicaid	MO	95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
Medicaid	MO	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	MO	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	MO	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	MO	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	MO	L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without f
Medicaid	MO	E0217	Water Circ Heat Pad W Pump
Medicaid	MO	E0294	Hosp Bed Semi-Elect W/ Mattr
Medicaid	MO	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	MO	E2292	Planar seat for ped size wc
Medicaid	MO	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	MO	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid	MO	42145	Palatopharyngoplasty
Medicaid	MO	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicaid	MO	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	MO	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
Medicaid	MO	B4199	Parenteral Sol > 100gm Prote
Medicaid	MO	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicaid	MO	L8699	Prosthetic Implant Nos
Medicaid	MO	00640	Anesthesia, Manipulation, Spine, Closed Proc, Cervical/Thoracic/Lumbar
Medicaid	MO	0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)

Line of Business	State	Procedure Code	Description
Medicaid	MO	15782	Dermabrasion; Regional, Other Than Face
Medicaid	MO	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
Medicaid	MO	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid	MO	15775	Punch Graft, Hair Transplant; 1-15 Punch Grafts
Medicaid	MO	15783	Dermabrasion; Superficial, Any Site
Medicaid	MO	15786	Abrasion; Single Lesion
Medicaid	MO	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	MO	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
Medicaid	MO	15826	Rhytidectomy; Glabellar Frown Lines
Medicaid	MO	15830	Excision, excessive skin and subcutaneous tissue (incluedes lipectomy, abdomen, infraumbilical panniculectomy
Medicaid	MO	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid	MO	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid	MO	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid	MO	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid	MO	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
Medicaid	MO	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
Medicaid	MO	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
Medicaid	MO	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	MO	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	MO	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	MO	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	MO	19300	Mastectomy for gynecomastia
Medicaid	MO	19318	Reduction Mammaplasty
Medicaid	MO	19325	Mammaplasty, Augmentation; W/Prosthetic Implant
Medicaid	MO	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	MO	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	MO	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	MO	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid	MO	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid	MO	55899	Unlisted Proc, Male Genital System
Medicaid	MO	69421	Myringotomy W/Aspiration &/Or Eustachian Tube Inflation Requiring General Anesthesia

Line of Business	State	Procedure Code	Description
Medicaid	MO	69433	Tympanostomy (Requiring Insertion, Ventilating Tube), Local/Topical Anesthesia
Medicaid	MO	L1499	Spinal Orthosis Nos
Medicaid	MO	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	MO	0072T	Ultrasound Ablation of Uterine Leioomyomata inc MR Guidance; Vol>=200 CC
Medicaid	MO	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid	MO	66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
Medicaid	MO	66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
Medicaid	MO	93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
Medicaid	MO	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
Medicaid	MO	0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
Medicaid	MO	0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
Medicaid	MO	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
Medicaid	MO	0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement
Medicaid	MO	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	MO	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
Medicaid	MO	B4164	Parenteral 50% Dextrose Solu
Medicaid	MO	B4168	Parenteral Sol Amino Acid 3.
Medicaid	MO	B4172	Parenteral Sol Amino Acid 5.
Medicaid	MO	B4176	Parenteral Sol Amino Acid 7-
Medicaid	MO	B4178	Parenteral Sol Amino Acid >
Medicaid	MO	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid	MO	B4189	Parenteral Sol Amino Acid &
Medicaid	MO	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid	MO	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid	MO	B4220	Parenteral Supply Kit Premix
Medicaid	MO	B4222	Parenteral Supply Kit Homemi
Medicaid	MO	B4224	Parenteral Administration Ki

Line of Business	State	Procedure Code	Description
Medicaid	MO	B5100	Parenteral Sol Hepatic-Fream
Medicaid	MO	B5200	Parenteral Sol Stres-Brnch C
Medicaid	MO	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	MO	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
Medicaid	MO	L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
Medicaid	MO	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid	MO	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid	MO	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	MO	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	MO	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid	MO	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid	MO	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid	MO	Q5002	Hospice or home health care provided in assisted living facility
Medicaid	MO	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	MO	15877	Suction Assisted Lipectomy; Trunk
Medicaid	MO	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	MO	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid	MO	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	MO	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	MO	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	MO	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	MO	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid	MO	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	MO	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	MO	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	MO	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	MO	21685	Hyoid Myotomy and Suspension
Medicaid	MO	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	MO	30999	Unlisted Proc, Nose

Line of Business	State	Procedure Code	Description
Medicaid	MO	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	MO	41512	Tongue base suspension, permanent suture technique
Medicaid	MO	42821	Tonsillectomy & Adenoidectomy; Age 12+
Medicaid	MO	42826	Tonsillectomy, Primary/Secondary; Age 12+
Medicaid	MO	42831	Adenoidectomy, Primary; Age 12+
Medicaid	MO	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid	MO	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	MO	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid	MO	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid	MO	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid	MO	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid	MO	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid	MO	43633	Gastrectomy, Partial, Distal; W/Roux-En-Y Reconstruction
Medicaid	MO	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture
Medicaid	MO	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
Medicaid	MO	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
Medicaid	MO	53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff
Medicaid	MO	53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session
Medicaid	MO	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
Medicaid	MO	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	MO	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	MO	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
Medicaid	MO	53855	Insertion of a temporary prostatic urethral stent, including urethral measurement
Medicaid	MO	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	MO	56800	Plastic Repair, Introitus
Medicaid	MO	57335	Vaginoplasty, Intersex State

Line of Business	State	Procedure Code	Description
Medicaid	MO	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid	MO	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Medicaid	MO	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
Medicaid	MO	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid	MO	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	MO	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
Medicaid	MO	21083	Impression & Custom Preparation; Palatal Lift Prosthesis
Medicaid	MO	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	MO	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	MO	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	MO	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicaid	MO	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicaid	MO	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicaid	MO	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicaid	MO	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicaid	MO	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicaid	MO	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicaid	MO	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicaid	MO	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	MO	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session

Line of Business	State	Procedure Code	Description
Medicaid	MO	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid	MO	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each
Medicaid	MO	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid	MO	51721	Transurethral ablation transducer insertion for delivery of thermal ultrasound for prostate
Medicaid	MO	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	MO	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	MO	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid	MO	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid	MO	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	MO	69420	Myringotomy W/Aspiration &/Or Eustachian Tube Inflation
Medicaid	MO	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
Medicaid	MO	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid	MO	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	MO	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
Medicaid	MO	0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood
Medicaid	MO	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis
Medicaid	MO	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	MO	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	MO	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	MO	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	MO	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	MO	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	MO	76499	Unlisted Dx Radiographic Procedure
Medicaid	MO	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)

Line of Business	State	Procedure Code	Description
Medicaid	MO	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicaid	MO	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	MO	C1778	Lead, neurostimulator (implantable)
Medicaid	MO	C1787	Patient programmer, neurostimulator
Medicaid	MO	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicaid	MO	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	MO	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	MO	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	MO	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	MO	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	MO	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	MO	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	MO	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
Medicaid	MO	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Medicaid	MO	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
Medicaid	MO	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session

Line of Business	State	Procedure Code	Description
Medicaid	MO	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
Medicaid	MO	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
Medicaid	MO	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
Medicaid	MO	95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video
Medicaid	MO	95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video
Medicaid	MO	99500	Home Visit, Prenat Monitor Assess, Fetal Heart Rate, Non-Stress Test, Uterine, Gestat Diabet Monitor
Medicaid	MO	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
Medicaid	MO	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
Medicaid	MO	A0430	Fixed Wing Air Transport
Medicaid	MO	A0431	Rotary Wing Air Transport
Medicaid	MO	A0435	Fixed Wing Air Mileage
Medicaid	MO	A0436	Rotary Wing Air Mileage
Medicaid	MO	A0888	Noncovered Ambulance Mileage
Medicaid	MO	A0999	Unlisted Ambulance Service
Medicaid	MO	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid	MO	A4575	Hyperbaric O2 Chamber Disps
Medicaid	MO	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid	MO	B9999	Parenteral Supp Not Othrws C
Medicaid	MO	C1813	Prosthesis, penile, inflatable
Medicaid	MO	C2622	Prosthesis, penile, noninflatable
Medicaid	MO	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Medicaid	MO	E0194	Air Fluidized Bed
Medicaid	MO	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	MO	E0251	Hosp Bed Fixd Ht W/O Mattres
Medicaid	MO	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicaid	MO	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	MO	D7940	Osteoplasty - For Orthognathic Deformities

Line of Business	State	Procedure Code	Description
Medicaid	MO	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	MO	E0255	Hospital Bed Var Ht W/ Mattr
Medicaid	MO	E0256	Hospital Bed Var Ht W/O Matt
Medicaid	MO	E0260	Hosp Bed Semi-Electr W/ Matt
Medicaid	MO	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid	MO	E0265	Hosp Bed Total Electr W/ Mat
Medicaid	MO	E0277	Powered Pres-Redu Air Mattrs
Medicaid	MO	E0280	Bed Cradle
Medicaid	MO	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid	MO	E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress
Medicaid	MO	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress
Medicaid	MO	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	MO	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress
Medicaid	MO	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	MO	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	MO	E0636	Multipositional Patient Support System, With Integrated Lift, Patient
Medicaid	MO	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	MO	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
Medicaid	MO	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
Medicaid	MO	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
Medicaid	MO	E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	MO	E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid	MO	E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, I
Medicaid	MO	E0760	Osteogen Ultrasound Stimltor
Medicaid	MO	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n
Medicaid	MO	E0782	Non-Programble Infusion Pump
Medicaid	MO	E0784	Ext Amb Infusn Pump Insulin
Medicaid	MO	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	MO	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each

Line of Business	State	Procedure Code	Description
Medicaid	MO	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	MO	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	MO	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	MO	E0968	Wheelchair Commode Seat
Medicaid	MO	E0969	Wheelchair Narrowing Device
Medicaid	MO	E0980	Wheelchair Safety Vest
Medicaid	MO	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	MO	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	MO	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid	MO	E0992	Wheelchair Solid Seat Insert
Medicaid	MO	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	MO	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	MO	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid	MO	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	MO	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	MO	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	MO	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	MO	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	MO	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	MO	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	MO	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	MO	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	MO	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid	MO	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicaid	MO	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	MO	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	MO	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	MO	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	MO	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid	MO	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	MO	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	MO	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst

Line of Business	State	Procedure Code	Description
Medicaid	MO	E1239	Ped power wheelchair NOS
Medicaid	MO	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid	MO	E1030	Wheelchair accessory, ventilator tray, gimbaled
Medicaid	MO	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An
Medicaid	MO	E1250	Wheelchair Lightwt Fixed Arm
Medicaid	MO	E1296	Wheelchair Special Seat Heig
Medicaid	MO	E1297	Wheelchair Special Seat Dept
Medicaid	MO	E1298	Wheelchair Spec Seat Depth/W
Medicaid	MO	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	MO	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid	MO	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid	MO	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid	MO	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	MO	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	MO	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	MO	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid	MO	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	MO	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	MO	E2291	Planar back for ped size wc
Medicaid	MO	E2294	Contour seat for ped size wc
Medicaid	MO	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid	MO	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	MO	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	MO	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	MO	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	MO	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	MO	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicaid	MO	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	MO	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	MO	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each

Line of Business	State	Procedure Code	Description
Medicaid	MO	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	MO	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid	MO	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	MO	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	MO	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	MO	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	MO	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid	MO	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	MO	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	MO	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid	MO	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	MO	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	MO	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	MO	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	MO	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	MO	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	MO	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	MO	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	MO	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicaid	MO	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid	MO	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicaid	MO	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	MO	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid	MO	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	MO	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicaid	MO	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type

Line of Business	State	Procedure Code	Description
Medicaid	MO	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid	MO	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	MO	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	MO	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	MO	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	MO	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid	MO	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	MO	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	MO	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	MO	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	MO	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	MO	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	MO	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	MO	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	MO	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid	MO	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	MO	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	MO	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	MO	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	MO	E2512	Accessory for speech generating device, mounting system
Medicaid	MO	E2605	Position wc cush wdth <22 in
Medicaid	MO	E2606	Position wc cush wdth>=22 in
Medicaid	MO	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	MO	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	MO	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,

Line of Business	State	Procedure Code	Description
Medicaid	MO	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	MO	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	MO	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	MO	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	MO	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	MO	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid	MO	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicaid	MO	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	MO	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	MO	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid	MO	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	MO	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	MO	E2613	Position back cush wd <22in
Medicaid	MO	E2614	Position back cush wd>=22in
Medicaid	MO	E2615	Pos back post/lat wdth <22in
Medicaid	MO	E2616	Pos back post/lat wdth>=22in
Medicaid	MO	E2617	Custom fab w/c back cushion
Medicaid	MO	E2619	Replace cover w/c seat cush
Medicaid	MO	E2621	WC planar back cush wd>=22in
Medicaid	MO	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	MO	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	MO	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
Medicaid	MO	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid	MO	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	MO	H0040	Assertive community treatment program, per diem
Medicaid	MO	43499	Unlisted Proc, Esophagus
Medicaid	MO	J3394	Injection, lovotibeglogene autotemcel, per treatment
Medicaid	MO	K0005	Ultralightweight Wheelchair

Line of Business	State	Procedure Code	Description
Medicaid	MO	K0007	Extra Heavy Duty Wheelchair
Medicaid	MO	K0008	Custom manual wheelchair/base
Medicaid	MO	K0009	Other Manual Wheelchair/Base
Medicaid	MO	K0013	Custom motorized/power wheelchair base
Medicaid	MO	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	MO	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	MO	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid	MO	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	MO	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicaid	MO	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	MO	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

Line of Business	State	Procedure Code	Description
Medicaid	MO	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	MO	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	MO	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	MO	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	MO	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	MO	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	MO	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	MO	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	MO	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	MO	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	MO	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	MO	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS

Line of Business	State	Procedure Code	Description
Medicaid	MO	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	MO	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	MO	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	MO	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	MO	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	MO	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	MO	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid	MO	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	MO	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	MO	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	MO	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	MO	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	MO	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid	MO	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL

Line of Business	State	Procedure Code	Description
Medicaid	MO	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	MO	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	MO	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	MO	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicaid	MO	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	MO	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicaid	MO	L0999	Add To Spinal Orthosis Nos
Medicaid	MO	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid	MO	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicaid	MO	L3002	Foot Insert Plastazote Or Eq
Medicaid	MO	L2628	Metal Frame Recipro Hip & Ca
Medicaid	MO	L3000	Ft Insert Ucb Berkeley Shell
Medicaid	MO	L3001	Foot Insert Remov Molded Spe
Medicaid	MO	L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
Medicaid	MO	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid	MO	L5100	Molded Socket Shin Sach Foot
Medicaid	MO	L5200	Kne Sing Axis Fric Shin Sach
Medicaid	MO	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid	MO	L5220	No Knee Joint With Artic Ali
Medicaid	MO	L5280	Hemipelvect Canad Sing Axis
Medicaid	MO	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid	MO	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid	MO	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid	MO	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid	MO	L5590	Prep Ak Ischial Laminated
Medicaid	MO	L5613	Ak 4 Bar Ling W/Hydraul Swig
Medicaid	MO	L5701	Replace Socket Above Knee
Medicaid	MO	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid	MO	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid	MO	L5840	Multi-Axial Knee/Shin System
Medicaid	MO	L5845	Knee-Shin Sys Stance Flexion
Medicaid	MO	L5700	Replace Socket Below Knee

Line of Business	State	Procedure Code	Description
Medicaid	MO	L5979	Multi-Axial Ankle/Ft Prosth
Medicaid	MO	L5980	Flex Foot System
Medicaid	MO	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid	MO	L5987	Shank Ft W Vert Load Pylon
Medicaid	MO	L5988	Vertical Shock Reducing Pylo
Medicaid	MO	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid	MO	L7510	Prosthetic Device Repair Rep
Medicaid	MO	L7520	Repair Prosthesis Per 15 Min
Medicaid	MO	L5960	Endo Hip Ultra-Light Materia
Medicaid	MO	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	MO	L5968	Multiaxial Ankle W Dorsiflex
Medicaid	MO	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	MO	S9127	Social Work Visit, In The Home
Medicaid	MO	S5108	Home care training to home care client, per 15 minutes
Medicaid	MO	S9370	Home therapy, intermittent anti-emetic injection therapy
Medicaid	MO	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy servic
Medicaid	MO	S9326	Home infusion therapy, continuous pain management infusion
Medicaid	MO	S9330	Home infusion therapy, continuous chemotherapy infusion
Medicaid	MO	S9331	Home infusion therapy, intermittent chemotherapy infusion
Medicaid	MO	S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin)
Medicaid	MO	S9338	Home infusion therapy, immunotherapy therapy
Medicaid	MO	S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional ph
Medicaid	MO	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicaid	MO	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicaid	MO	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicaid	MO	S9542	Home injectable therapy; not otherwise classified
Medicaid	MO	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid	MO	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicaid	MO	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	MO	T1001	Nursing assessment/evaluation
Medicaid	MO	T1002	RN services, up to 15 minutes
Medicaid	MO	T1003	LPN/LVN services, up to 15 minutes
Medicaid	MO	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem

Line of Business	State	Procedure Code	Description
Medicaid	MO	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem
Medicaid	MO	T2023	Targeted case management; per month
Medicaid	MO	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom
Medicaid	MO	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	MO	L5856	Elec knee-shin swing/stance
Medicaid	MO	L5857	Elec knee-shin swing only
Medicaid	MO	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicaid	MO	43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction
Medicaid	MO	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
Medicaid	MO	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric ba
Medicaid	MO	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device c
Medicaid	MO	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous
Medicaid	MO	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	MO	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid	MO	43847	Gastric Restrictive Proc, W/Gastric Bypass, Morbid Obesity; W/Small Bowel Reconstruction
Medicaid	MO	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (s
Medicaid	MO	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
Medicaid	MO	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
Medicaid	MO	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
Medicaid	MO	43999	Unlisted Proc, Stomach
Medicaid	MO	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
Medicaid	MO	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	MO	19330	Removal, Mammary Implant Matl
Medicaid	MO	19364	Breast Reconstruction W/Free Flap
Medicaid	MO	21206	Osteotomy, Maxilla, Segmental

Line of Business	State	Procedure Code	Description
Medicaid	MO	0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)
Medicaid	MO	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
Medicaid	MO	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	MO	95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
Medicaid	MO	95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)
Medicaid	MO	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
Medicaid	MO	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicaid	MO	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Medicaid	MO	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
Medicaid	MO	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

Line of Business	State	Procedure Code	Description
Medicaid	MO	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	MO	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)
Medicaid	MO	43632	Gastrectomy, Partial, Distal; W/Gastrojejunostomy
Medicaid	MO	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	MO	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	MO	48554	Transplantation, Pancreatic Allograft
Medicaid	MO	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
Medicaid	MO	0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin
Medicaid	MO	0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma
Medicaid	MO	0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)
Medicaid	MO	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)
Medicaid	MO	0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score
Medicaid	MO	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement
Medicaid	MO	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities

Line of Business	State	Procedure Code	Description
Medicaid	MO	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or
Medicaid	MO	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
Medicaid	MO	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicaid	MO	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	MO	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	MO	54440	Plastic Operation, Penis, Injury
Medicaid	MO	55881	Transurethral ablation of prostate tissue, using thermal ultrasound
Medicaid	MO	55882	Transurethral ablation of prostate tissue, using thermal ultrasound; with insertion of ultrasound transducer
Medicaid	MO	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	MO	61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous
Medicaid	MO	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicaid	MO	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
Medicaid	MO	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid	MO	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	MO	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid	MO	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid	MO	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	MO	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	MO	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	MO	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator

Line of Business	State	Procedure Code	Description
Medicaid	MO	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid	MO	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	MO	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	MO	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	MO	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
Medicaid	MO	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	MO	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	MO	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	MO	64736	Transection/Avulsion; Mental Nerve
Medicaid	MO	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid	MO	64740	Transection/Avulsion; Lingual Nerve
Medicaid	MO	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	MO	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
Medicaid	MO	64864	Suture, Facial Nerve; Extracranial
Medicaid	MO	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	MO	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	MO	64868	Anastomosis; Facial-Hypoglossal
Medicaid	MO	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	MO	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	MO	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
Medicaid	MO	H2015	Comprehensive community support services, per 15 minutes
Medicaid	MO	H2016	Comprehensive community support services, per diem
Medicaid	MO	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	MO	0075T	Transcath Placement Extracranial Vertebral/Intrathoracic Carotid Artery Stent(S), Inc Rad Sup&Int, Percut; Init Vessel
Medicaid	MO	0076T	Transcath Placemt Of Extracran Vertebral Or Intrathoracic Carotid Art Stent(S), Inc Rad Sup&Int, Percut; Ea Addl Vessel
Medicaid	MO	0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
Medicaid	MO	0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin
Medicaid	MO	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
Medicaid	MO	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous

Line of Business	State	Procedure Code	Description
Medicaid	MO	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
Medicaid	MO	S9559	Home injectable therapy; interferon
Medicaid	MO	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes
Medicaid	MO	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid	MO	L6100	Elb Mold Sock Flex Hinge Pad
Medicaid	MO	J0224	Injection, lumasiran, 0.5 m
Medicaid	MO	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images
Medicaid	MO	T1016	Case Management, Each 15 Minutes
Medicaid	MO	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid	MO	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	MO	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic
Medicaid	MO	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	MO	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m
Medicaid	MO	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Medicaid	MO	D7999	Unspecified Oral Surgery Procedure, By Report
Medicaid	MO	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	MO	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Medicaid	MO	S5100	Day Care Services, Adult, Per 15 Minutes
Medicaid	MO	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	MO	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid	MO	S9558	Home injectable therapy; growth hormone,
Medicaid	MO	S5136	Companion Care, Adult, Per Diem
Medicaid	MO	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	MO	H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)
Medicaid	MO	J1632	Injection, brexanolone, 1 mg
Medicaid	MO	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	MO	90880	Hypnotherapy
Medicaid	MO	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicaid	MO	J3247	Injection, secukinumab, IV, 1 mg
Medicaid	MO	G0410	Group psychotherapy other than of a multiple family group, in a partial hospitalization setting, approximately 45 to 50
Medicaid	MO	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	MO	S5120	Chore Services, Per 15 Minutes
Medicaid	MO	S5165	Home Modifications, Per Service

Line of Business	State	Procedure Code	Description
Medicaid	MO	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	MO	J1426	Injection, casimersen, 10 mg
Medicaid	MO	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
Medicaid	MO	S5126	Attendant Care Services, Per Diem
Medicaid	MO	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up
Medicaid	MO	J1427	Injection, viltolarsen, 10 mg
Medicaid	MO	G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
Medicaid	MO	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open
Medicaid	MO	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
Medicaid	MO	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid	MO	0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)
Medicaid	MO	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicaid	MO	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral
Medicaid	MO	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid	MO	51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck
Medicaid	MO	53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff
Medicaid	MO	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Medicaid	MO	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid	MO	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
Medicaid	MO	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid	MO	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid	MO	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
Medicaid	MO	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid	MO	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin

Line of Business	State	Procedure Code	Description
Medicaid	MO	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	MO	44135	Intestinal Allotransplantation; From Cadaver Donor
Medicaid	MO	43659	Unlisted Proc, Laparoscopy, Stomach
Medicaid	MO	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	MO	S5110	Home Care Training, Family, Per 15 Minutes
Medicaid	MO	S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e,g. Dobutamine)
Medicaid	MO	K0108	W/C Component-Accessory Nos
Medicaid	MO	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	MO	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	MO	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	MO	L5702	Replace Socket Hip
Medicaid	MO	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	MO	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicaid	MO	E2293	Contour back for ped size wc
Medicaid	MO	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	MO	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid	MO	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid	MO	E2609	Custom fabricate w/c cushion
Medicaid	MO	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Medicaid	MO	B9006	Parenteral nutrition infusion pump, stationary
Medicaid	MO	D7946	LeFort I (maxilla - total)
Medicaid	MO	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid	MO	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	MO	E0958	Whlchr Att- Conv 1 Arm Drive

Line of Business	State	Procedure Code	Description
Medicaid	MO	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	MO	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	MO	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid	MO	47999	Unlisted Proc, Biliary Tract
Medicaid	MO	E0942	Cervical Head Harness/Halter
Medicaid	MO	H2012	Behavioral health day treatment, per hour
Medicaid	MO	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	MO	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	MO	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	MO	T1025	Intensive, Extended Multidisciplinary Services Provided In A Clinic Se
Medicaid	MO	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	MO	B4180	Parenteral Sol Carb > 50%
Medicaid	MO	B5000	Parenteral Sol Renal-Amirosy
Medicaid	MO	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid	MO	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	MO	L5999	Lower Extremity Prosthes Nos
Medicaid	MO	S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen)
Medicaid	MO	S9343	Home therapy; enteral nutrition via bolus
Medicaid	MO	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	MO	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	MO	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	MO	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	MO	D7949	Lefort Ii Or Lefort Iii - With Bone Graft
Medicaid	MO	E0747	Elec Osteogen Stim Not Spine
Medicaid	MO	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
Medicaid	MO	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	MO	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	MO	E1229	Pediatric wheelchair NOS
Medicaid	MO	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	MO	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware

Line of Business	State	Procedure Code	Description
Medicaid	MO	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	MO	E2612	Gen use back cush wdth>=22in
Medicaid	MO	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	MO	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	MO	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15
Medicaid	MO	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Medicaid	MO	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicaid	MO	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrod Array
Medicaid	MO	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed
Medicaid	MO	E1037	Transport Chair, Pediatric Size
Medicaid	MO	H2013	Psychiatric health facility service, per diem
Medicaid	MO	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid	MO	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	MO	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	MO	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational
Medicaid	MO	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev
Medicaid	MO	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl
Medicaid	MO	77295	3-dimensional radiotherapy plan, including dose-volume histograms
Medicaid	MO	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
Medicaid	MO	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])
Medicaid	MO	22585	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Add'l Interspace

Line of Business	State	Procedure Code	Description
Medicaid	MO	0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)
Medicaid	MO	63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach
Medicaid	MO	63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar
Medicaid	MO	63055	Transpedicular Approach, 1 Segment; Thoracic
Medicaid	MO	63046	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Thoracic
Medicaid	MO	63003	Laminectomy, W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Thoracic
Medicaid	MO	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level
Medicaid	MO	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	MO	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid	MO	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid	MO	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	MO	93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary
Medicaid	MO	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	MO	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
Medicaid	MO	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	MO	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	MO	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	MO	72126	Computed tomography, cervical spine; with contrast material
Medicaid	MO	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Medicaid	MO	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	MO	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	MO	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	MO	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	MO	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	MO	77523	Proton Treatment Delivery; Intermediate

Line of Business	State	Procedure Code	Description
Medicaid	MO	77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
Medicaid	MO	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid	MO	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicaid	MO	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicaid	MO	93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)
Medicaid	MO	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid	MO	27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral
Medicaid	MO	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
Medicaid	MO	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid	MO	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	MO	63280	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Cervical
Medicaid	MO	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid	MO	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Medicaid	MO	63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach
Medicaid	MO	77761	Intracavitary Radiation Source Application; Simple
Medicaid	MO	63191	Laminectomy W/Section, Spinal Accessory Nerve
Medicaid	MO	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements
Medicaid	MO	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s)
Medicaid	MO	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	MO	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
Medicaid	MO	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)

Line of Business	State	Procedure Code	Description
Medicaid	MO	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
Medicaid	MO	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	MO	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
Medicaid	MO	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
Medicaid	MO	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	MO	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	MO	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	MO	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	MO	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Medicaid	MO	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	MO	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid	MO	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	MO	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation
Medicaid	MO	23415	Coracoacromial Ligament Release, W/Wo Acromioplasty
Medicaid	MO	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicaid	MO	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments
Medicaid	MO	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat
Medicaid	MO	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	MO	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
Medicaid	MO	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance

Line of Business	State	Procedure Code	Description
Medicaid	MO	S9152	Speech therapy, re-evaluation
Medicaid	MO	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid	MO	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	MO	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	MO	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid	MO	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	MO	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
Medicaid	MO	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	MO	70552	Mri, Brain; W/Contrast
Medicaid	MO	70551	Mri, Brain; W/O Contrast
Medicaid	MO	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	MO	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	MO	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
Medicaid	MO	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
Medicaid	MO	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	MO	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	MO	77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
Medicaid	MO	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid	MO	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Line of Business	State	Procedure Code	Description
Medicaid	MO	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicaid	MO	92630	Auditory rehabilitation; pre-lingual hearing loss
Medicaid	MO	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicaid	MO	97028	Application of a modality to 1 or more areas; ultraviolet
Medicaid	MO	22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment
Medicaid	MO	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	MO	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi
Medicaid	MO	63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	MO	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	MO	29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage
Medicaid	MO	29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive
Medicaid	MO	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Medicaid	MO	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	MO	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	MO	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicaid	MO	63001	Laminectomy, W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Cervical
Medicaid	MO	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	MO	63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment
Medicaid	MO	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid	MO	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Diskect, Prep Interspace, Single Interspace; Lumbar
Medicaid	MO	92633	Auditory rehabilitation; post-lingual hearing loss
Medicaid	MO	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar
Medicaid	MO	92609	Therapeutic services for the use of speech-generating device, including programming and modification
Medicaid	MO	92606	Therapeutic Service(S), Use Non-Speech Generatiing Device, W/Programming & Modification
Medicaid	MO	63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicaid	MO	63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar
Medicaid	MO	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

Line of Business	State	Procedure Code	Description
Medicaid	MO	63270	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Cervical
Medicaid	MO	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid	MO	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
Medicaid	MO	20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
Medicaid	MO	20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
Medicaid	MO	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	MO	20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
Medicaid	MO	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid	MO	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	MO	94668	Chest Wall Manipulation, Facilitate Lung Function; Subsequent
Medicaid	MO	22558	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Lumbar
Medicaid	MO	94667	Chest Wall Manipulation, Facilitate Lung Function; Initial Demo &/Or Eval
Medicaid	MO	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid	MO	97026	Application of a modality to 1 or more areas; infrared
Medicaid	MO	22556	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Thoracic
Medicaid	MO	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	MO	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	MO	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	MO	22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	MO	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicaid	MO	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
Medicaid	MO	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar

Line of Business	State	Procedure Code	Description
Medicaid	MO	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
Medicaid	MO	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
Medicaid	MO	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
Medicaid	MO	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
Medicaid	MO	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
Medicaid	MO	22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	MO	22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid	MO	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separa
Medicaid	MO	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid	MO	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicaid	MO	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicaid	MO	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for
Medicaid	MO	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid	MO	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicaid	MO	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate
Medicaid	MO	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicaid	MO	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid	MO	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid	MO	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax
Medicaid	MO	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
Medicaid	MO	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of

Line of Business	State	Procedure Code	Description
Medicaid	MO	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	MO	22830	Exploration of Spinal Fusion
Medicaid	MO	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	MO	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	MO	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid	MO	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid	MO	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	MO	22632	Arthrodesis, Post Interbody W/Laminect &/Or Diskect, Prep Interspace, Sngl Intrspc; Add'l Interspc
Medicaid	MO	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid	MO	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	MO	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	MO	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	MO	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid	MO	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	MO	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	MO	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	MO	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	MO	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	MO	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	MO	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	MO	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	MO	70336	Mri, Temporomandibular Joints
Medicaid	MO	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Medicaid	MO	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Medicaid	MO	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)

Line of Business	State	Procedure Code	Description
Medicaid	MO	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
Medicaid	MO	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	MO	72142	Mri, Cervical Spine; W/Contrast
Medicaid	MO	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	MO	72131	Computed tomography, lumbar spine; without contrast material
Medicaid	MO	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	MO	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid	MO	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	MO	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	MO	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	MO	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	MO	72125	Computed tomography, cervical spine; without contrast material
Medicaid	MO	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	MO	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	MO	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	MO	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid	MO	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	MO	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	MO	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicaid	MO	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	MO	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	MO	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	MO	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	MO	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	MO	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid	MO	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	MO	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	MO	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	MO	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	MO	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	MO	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)

Line of Business	State	Procedure Code	Description
Medicaid	MO	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	MO	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	MO	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	MO	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	MO	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	MO	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	MO	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	MO	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	MO	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	MO	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	MO	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	MO	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	MO	72159	Mra, Spine W/Wo Contrast
Medicaid	MO	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	MO	23700	Manipulation W/Anesthesia, Shoulder Joint, W/Application Of Fixation Apparatus (Excl Dislocation)
Medicaid	MO	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	MO	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	MO	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid	MO	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	MO	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	MO	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	MO	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	MO	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
Medicaid	MO	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	MO	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	MO	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	MO	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid	MO	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	MO	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	MO	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	MO	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences

Line of Business	State	Procedure Code	Description
Medicaid	MO	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	MO	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	MO	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid	MO	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicaid	MO	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	MO	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	MO	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	MO	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	MO	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	MO	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	MO	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	MO	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	MO	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	MO	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	MO	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	MO	77525	Proton Treatment Delivery; Complex
Medicaid	MO	77522	Proton Treatment Delivery; Simple W/Compensation
Medicaid	MO	77370	Special Medical Radiation Physics Consultation
Medicaid	MO	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicaid	MO	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	MO	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Medicaid	MO	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Medicaid	MO	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	MO	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	MO	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	MO	76965	Us Guided, Interstitial Radioelement Application
Medicaid	MO	97164	Reevaluation of physical therapy established plan of care requiring components

Line of Business	State	Procedure Code	Description
Medicaid	MO	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	MO	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid	MO	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	MO	76391	Magnetic resonance (eg, vibration) elastography
Medicaid	MO	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	MO	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	MO	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	MO	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	MO	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	MO	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	MO	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	MO	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	MO	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	MO	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	MO	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	MO	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	MO	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
Medicaid	MO	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan

Line of Business	State	Procedure Code	Description
Medicaid	MO	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid	MO	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
Medicaid	MO	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	MO	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
Medicaid	MO	77790	Supervision, Handling, Loading, Radiation Source
Medicaid	MO	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid	MO	97168	Reevaluation of occupational therapy care/established plan of care requiring components
Medicaid	MO	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid	MO	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	MO	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid	MO	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
Medicaid	MO	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Medicaid	MO	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
Medicaid	MO	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicaid	MO	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Medicaid	MO	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid	MO	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including

Line of Business	State	Procedure Code	Description
Medicaid	MO	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol
Medicaid	MO	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	MO	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid	MO	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicaid	MO	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid	MO	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	MO	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	MO	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	MO	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	MO	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid	MO	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid	MO	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	MO	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	MO	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid	MO	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid	MO	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid	MO	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicaid	MO	E0601	Continuous positive airway pressure (cpap) device

Line of Business	State	Procedure Code	Description
Medicaid	MO	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study
Medicaid	MO	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicaid	MO	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
Medicaid	MO	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
Medicaid	MO	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid	MO	93321	Doppler Echocardiography; Follow-Up/Limited
Medicaid	MO	93320	Doppler Echocardiography; Complete
Medicaid	MO	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid	MO	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid	MO	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicaid	MO	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicaid	MO	G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste

Line of Business	State	Procedure Code	Description
Medicaid	MO	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
Medicaid	MO	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	MO	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes
Medicaid	MO	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid	MO	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	MO	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Medicaid	MO	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	MO	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid	MO	C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
Medicaid	MO	J7330	Cultured Chondrocytes Implnt
Medicaid	MO	G0289	Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body,
Medicaid	MO	E0748	Elec Osteogen Stim Spinal
Medicaid	MO	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid	MO	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	MO	27120	Acetabuloplasty;
Medicaid	MO	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Medicaid	MO	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion

Line of Business	State	Procedure Code	Description
Medicaid	MO	95807	Sleep Study, Attended
Medicaid	MO	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid	MO	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	MO	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	MO	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory
Medicaid	MO	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
Medicaid	MO	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicaid	MO	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	MO	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	MO	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid	MO	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	MO	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	MO	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid	MO	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid	MO	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid	MO	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

Line of Business	State	Procedure Code	Description
Medicaid	MO	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	MO	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
Medicaid	MO	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	MO	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	MO	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning

Line of Business	State	Procedure Code	Description
Medicaid	MO	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.
Medicaid	MO	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	MO	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	MO	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	MO	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid	MO	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
Medicaid	MO	76390	Mr Spectroscopy
Medicaid	MO	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid	MO	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicaid	MO	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid	MO	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicaid	MO	27345	Excision, Synovial Cyst, Popliteal Space
Medicaid	MO	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
Medicaid	MO	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	MO	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	MO	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
Medicaid	MO	22849	Reinsertion, Spinal Fixation Device

Line of Business	State	Procedure Code	Description
Medicaid	MO	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v
Medicaid	MO	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	MO	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	MO	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	MO	27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component
Medicaid	MO	27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft
Medicaid	MO	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
Medicaid	MO	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid	MO	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband
Medicaid	MO	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Medicaid	MO	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicaid	MO	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid	MO	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicaid	MO	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicaid	MO	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2

Line of Business	State	Procedure Code	Description
Medicaid	MO	22554	Arthrodesis, Anterior Interbody, W/Mininmal Diskectomy; Cervical Below C2
Medicaid	MO	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	MO	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	MO	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
Medicaid	MO	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
Medicaid	MO	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicaid	MO	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid	MO	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid	MO	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
Medicaid	MO	0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
Medicaid	MO	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])

Line of Business	State	Procedure Code	Description
Medicaid	MO	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
Medicaid	MO	23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx
Medicaid	MO	23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release
Medicaid	MO	23412	Repair, Ruptured Musculotendinous Cuff; Chronic
Medicaid	MO	23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute
Medicaid	MO	23120	Claviculectomy; Partial
Medicaid	MO	23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal
Medicaid	MO	0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material
Medicaid	MO	55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi
Medicaid	MO	23440	Resection/Transplantation, Long Tendon, Biceps
Medicaid	MO	23430	Tenodesis, Long Tendon, Biceps
Medicaid	MO	23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
Medicaid	MO	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo
Medicaid	MO	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	MO	23455	Capsulorrhaphy, Anterior; W/Labral Repair
Medicaid	MO	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	MO	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	MO	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	MO	0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)
Medicaid	MO	0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)
Medicaid	MO	0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)
Medicaid	MO	0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)
Medicaid	MO	63016	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Thoracic

Line of Business	State	Procedure Code	Description
Medicaid	MO	63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical
Medicaid	MO	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Medicaid	MO	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid	MO	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	MO	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	MO	63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical
Medicaid	MO	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	MO	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar
Medicaid	MO	63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar
Medicaid	MO	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid	MO	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid	MO	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	MO	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]
Medicaid	MO	63045	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Cervical
Medicaid	MO	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]
Medicaid	MO	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	MO	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	MO	63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment
Medicaid	MO	63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg

Line of Business	State	Procedure Code	Description
Medicaid	MO	63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment
Medicaid	MO	63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment
Medicaid	MO	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Medicaid	MO	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder
Medicaid	MO	63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment
Medicaid	MO	63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment
Medicaid	MO	63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment
Medicaid	MO	63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment
Medicaid	MO	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment
Medicaid	MO	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment
Medicaid	MO	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	MO	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	MO	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	MO	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid	MO	63275	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Cervical
Medicaid	MO	63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach
Medicaid	MO	63308	Vertebral Corpectomy, Add'l Segment
Medicaid	MO	63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid	MO	63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach
Medicaid	MO	63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical
Medicaid	MO	63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical
Medicaid	MO	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Medicaid	MO	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block
Medicaid	MO	63688	Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	MO	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	MO	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotom
Medicaid	MO	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu

Line of Business	State	Procedure Code	Description
Medicaid	MO	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	MO	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	MO	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	MO	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	MO	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block
Medicaid	MO	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	MO	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	MO	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	MO	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	MO	77778	Interstitial Radioelement Application; Complex
Medicaid	MO	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	MO	77763	Intracavitary Radiation Source Application; Complex
Medicaid	MO	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	MO	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicaid	MO	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
Medicaid	MO	23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer
Medicaid	MO	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid	MO	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
Medicaid	MO	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography

Line of Business	State	Procedure Code	Description
Medicaid	MO	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
Medicaid	MO	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid	MO	27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area
Medicaid	MO	27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior
Medicaid	MO	27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral
Medicaid	MO	27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral
Medicaid	MO	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	MO	27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb
Medicaid	MO	27125	Hemiarthroplasty, Hip, Partial
Medicaid	MO	27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component
Medicaid	MO	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	MO	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid	MO	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid	MO	27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate
Medicaid	MO	27403	Arthrotomy W/Meniscus Repair, Knee
Medicaid	MO	27415	Osteochondral allograft, knee, open
Medicaid	MO	27412	Autologous Chondrocyte Implantation, Knee
Medicaid	MO	27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments

Line of Business	State	Procedure Code	Description
Medicaid	MO	27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)
Medicaid	MO	27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular
Medicaid	MO	27438	Arthroplasty, Patella; W/Prosthesis
Medicaid	MO	29805	Arthroscopy, Shoulder, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	MO	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral
Medicaid	MO	29863	Arthroscopy, Hip, Surgical; W/Synovectomy
Medicaid	MO	29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum
Medicaid	MO	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body
Medicaid	MO	29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)
Medicaid	MO	29828	Arthroscopy, shoulder, surgical; biceps tenodesis
Medicaid	MO	29827	Arthroscopy, Shoulder, Surgical; W/Rotator Cuff Repair
Medicaid	MO	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	MO	29825	Arthroscopy, Shoulder, Surgical; W/Lysis & Resection, Adhesions, W/Wo Manipulation
Medicaid	MO	29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited
Medicaid	MO	29824	Arthroscopy, Shoulder, Surgical; Distal Claviculectomy W/ Articular Surface
Medicaid	MO	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete
Medicaid	MO	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial
Medicaid	MO	29819	Arthroscopy, Shoulder, Surgical; W/Removal, Loose/Fb
Medicaid	MO	29807	Arthroscopy, Shoulder, Surgical; Repair, Slap Lesion
Medicaid	MO	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
Medicaid	MO	27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy
Medicaid	MO	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	MO	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicaid	MO	27440	Arthroplasty, Knee, Tibial Plateau
Medicaid	MO	27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy
Medicaid	MO	27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee
Medicaid	MO	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	MO	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	MO	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

Line of Business	State	Procedure Code	Description
Medicaid	MO	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	MO	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	MO	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	MO	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicaid	MO	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	MO	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	MO	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	MO	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)
Medicaid	MO	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	MO	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	MO	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Sngle Interspc; Lumbar
Medicaid	MO	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	MO	63040	Laminotomy W/Partl Facetectmy/Foramnotmy/Herniated Diskect, Re-Exploratn, Sngle Interspc; Cervical
Medicaid	MO	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid	MO	63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar
Medicaid	MO	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Medicaid	MO	63005	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Lumbar
Medicaid	MO	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	MO	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	MO	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid	MO	29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx
Medicaid	MO	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	MO	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)

Line of Business	State	Procedure Code	Description
Medicaid	MO	29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid	MO	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	MO	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	MO	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
Medicaid	MO	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicaid	MO	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid	MO	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar
Medicaid	MO	63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical
Medicaid	MO	63076	Diskectomy, Anterior; Cervical, Add'l Interspace
Medicaid	MO	63075	Diskectomy, Anterior; Cervical, 1 Interspace
Medicaid	MO	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicaid	MO	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	MO	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid	MO	63015	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Cervical
Medicaid	MO	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
Medicaid	MO	D9420	Hospital Call
Medicaid	MO	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicaid	MO	43843	Gastric Restrictve Proc, W/O Gastric Bypass, Morbid Obesity; Non-Vertical-Banded Gastroplasty
Medicaid	MO	19316	Mastopexy
Medicaid	MO	E1399	Durable medical equipment, miscellaneous
Medicaid	MO	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
Medicaid	MO	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
Medicaid	MO	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	MO	43644	Laparoscopy, Surg, Gastric Restrictive Procedure; W Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb <= 150 Cm)
Medicaid	MO	43846	Gastric Restrictve Procedre, W/Gastric Bypass, Morbd Obsty; W/Short Limb Roux-En-Y Gastroenterostmy
Medicaid	MO	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	MO	19350	Nipple/Areola Reconstruction
Medicaid	MO	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)

Line of Business	State	Procedure Code	Description
Medicaid	MO	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid	MO	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
Medicaid	MO	88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)
Medicaid	MO	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
Medicaid	MO	0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses
Medicaid	MO	0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma
Medicaid	MO	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	MO	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
Medicaid	MO	81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
Medicaid	MO	81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)
Medicaid	MO	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant
Medicaid	MO	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)

Line of Business	State	Procedure Code	Description
Medicaid	MO	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
Medicaid	MO	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
Medicaid	MO	81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)
Medicaid	MO	81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants
Medicaid	MO	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma
Medicaid	MO	0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)
Medicaid	MO	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
Medicaid	MO	0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents
Medicaid	MO	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
Medicaid	MO	81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)
Medicaid	MO	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	MO	81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)
Medicaid	MO	81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant

Line of Business	State	Procedure Code	Description
Medicaid	MO	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Medicaid	MO	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Medicaid	MO	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
Medicaid	MO	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
Medicaid	MO	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant
Medicaid	MO	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)
Medicaid	MO	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant
Medicaid	MO	81207	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or Quantitative
Medicaid	MO	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid	MO	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)
Medicaid	MO	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
Medicaid	MO	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Medicaid	MO	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	MO	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)

Line of Business	State	Procedure Code	Description
Medicaid	MO	81243	Fmr1 (Fragile X Mental Retardation 1) (Eg, Fragile X Mental Retardation) Gene Analysis; Evaluation To Detect Abnormal (Eg, Expanded) Alleles
Medicaid	MO	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	MO	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
Medicaid	MO	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	MO	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
Medicaid	MO	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid	MO	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)
Medicaid	MO	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	MO	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	MO	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
Medicaid	MO	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
Medicaid	MO	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)
Medicaid	MO	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)

Line of Business	State	Procedure Code	Description
Medicaid	MO	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence
Medicaid	MO	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)
Medicaid	MO	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
Medicaid	MO	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
Medicaid	MO	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	MO	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	MO	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	MO	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)
Medicaid	MO	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)
Medicaid	MO	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence
Medicaid	MO	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9
Medicaid	MO	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	MO	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	MO	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	MO	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant

Line of Business	State	Procedure Code	Description
Medicaid	MO	81208	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative Or Quantitative
Medicaid	MO	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	MO	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)
Medicaid	MO	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid	MO	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	MO	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	MO	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid	MO	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicaid	MO	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
Medicaid	MO	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)
Medicaid	MO	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicaid	MO	81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)
Medicaid	MO	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)
Medicaid	MO	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)

Line of Business	State	Procedure Code	Description
Medicaid	MO	81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)
Medicaid	MO	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
Medicaid	MO	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid	MO	81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
Medicaid	MO	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	MO	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	MO	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
Medicaid	MO	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
Medicaid	MO	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
Medicaid	MO	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
Medicaid	MO	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
Medicaid	MO	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,
Medicaid	MO	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants
Medicaid	MO	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	MO	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants

Line of Business	State	Procedure Code	Description
Medicaid	MO	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	MO	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	MO	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	MO	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	MO	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	MO	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	MO	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
Medicaid	MO	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	MO	81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)
Medicaid	MO	81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
Medicaid	MO	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
Medicaid	MO	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1
Medicaid	MO	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicaid	MO	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)
Medicaid	MO	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant

Line of Business	State	Procedure Code	Description
Medicaid	MO	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
Medicaid	MO	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
Medicaid	MO	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
Medicaid	MO	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)
Medicaid	MO	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
Medicaid	MO	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
Medicaid	MO	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
Medicaid	MO	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
Medicaid	MO	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
Medicaid	MO	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Medicaid	MO	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
Medicaid	MO	81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed

Line of Business	State	Procedure Code	Description
Medicaid	MO	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
Medicaid	MO	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)
Medicaid	MO	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1
Medicaid	MO	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
Medicaid	MO	81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes
Medicaid	MO	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53
Medicaid	MO	81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1
Medicaid	MO	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
Medicaid	MO	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)

Line of Business	State	Procedure Code	Description
Medicaid	MO	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
Medicaid	MO	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	MO	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
Medicaid	MO	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
Medicaid	MO	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
Medicaid	MO	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
Medicaid	MO	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicaid	MO	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported
Medicaid	MO	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider
Medicaid	MO	0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score
Medicaid	MO	0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
Medicaid	MO	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
Medicaid	MO	81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence

Line of Business	State	Procedure Code	Description
Medicaid	MO	81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants
Medicaid	MO	81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant
Medicaid	MO	81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)
Medicaid	MO	81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)
Medicaid	MO	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)
Medicaid	MO	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence
Medicaid	MO	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
Medicaid	MO	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
Medicaid	MO	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	MO	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	MO	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	MO	81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)
Medicaid	MO	0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score
Medicaid	MO	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
Medicaid	MO	81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores
Medicaid	MO	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome) circulating cell-free fetal DNA in maternal blood

Line of Business	State	Procedure Code	Description
Medicaid	MO	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid	MO	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
Medicaid	MO	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	MO	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
Medicaid	MO	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	MO	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
Medicaid	MO	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
Medicaid	MO	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)
Medicaid	MO	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
Medicaid	MO	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
Medicaid	MO	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)
Medicaid	MO	81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)
Medicaid	MO	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
Medicaid	MO	81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
Medicaid	MO	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
Medicaid	MO	81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)
Medicaid	MO	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)
Medicaid	MO	81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, Ivs4+4A>T)
Medicaid	MO	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities

Line of Business	State	Procedure Code	Description
Medicaid	MO	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype
Medicaid	MO	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
Medicaid	MO	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
Medicaid	MO	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
Medicaid	MO	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
Medicaid	MO	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
Medicaid	MO	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid	MO	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
Medicaid	MO	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)
Medicaid	MO	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	MO	81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant
Medicaid	MO	81290	Mcoln1 (Mucolipin 1) (Eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)
Medicaid	MO	81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)
Medicaid	MO	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
Medicaid	MO	81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence
Medicaid	MO	81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy
Medicaid	MO	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
Medicaid	MO	84999	Unlisted Chemistry Proc

Line of Business	State	Procedure Code	Description
Medicaid	MO	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)
Medicaid	MO	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination
Medicaid	MO	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
Medicaid	MO	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant
Medicaid	MO	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)
Medicaid	MO	0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)
Medicaid	MO	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes
Medicaid	MO	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene
Medicaid	MO	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicaid	MO	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
Medicaid	MO	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
Medicaid	MO	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
Medicaid	MO	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations

Line of Business	State	Procedure Code	Description
Medicaid	MO	81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
Medicaid	MO	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")
Medicaid	MO	0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score
Medicaid	MO	0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
Medicaid	MO	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)
Medicaid	MO	0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)
Medicaid	MO	0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements
Medicaid	MO	0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
Medicaid	MO	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	MO	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions

Line of Business	State	Procedure Code	Description
Medicaid	MO	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	MO	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
Medicaid	MO	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile
Medicaid	MO	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	MO	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	MO	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid	MO	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysi
Medicaid	MO	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
Medicaid	MO	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
Medicaid	MO	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
Medicaid	MO	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
Medicaid	MO	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)

Line of Business	State	Procedure Code	Description
Medicaid	MO	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicaid	MO	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)
Medicaid	MO	81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)
Medicaid	MO	81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each
Medicaid	MO	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicaid	MO	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
Medicaid	MO	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)
Medicaid	MO	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)
Medicaid	MO	81240	F2 (Prothrombin, Coagulation Factor Ii) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant
Medicaid	MO	81479	Unlisted molecular pathology procedure
Medicaid	MO	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
Medicaid	MO	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an