

Iowa Medicaid Addendum B
Calendar Year 2015
Effective January 1, 2015

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	Anesthesia Conversion Factor			Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
					APC Status Indicator	APC	APC Weight		
00100	Anesth salivary gland	Covered	N		N				
00102	Anesth repair of cleft lip	Covered	N		N				
00103	Anesth blepharoplasty	Covered	N		N				
00104	Anesth electroshock	Covered	N		N				
00120	Anesth ear surgery	Covered	N		N				
00124	Anesth ear exam	Covered	N		N				
00126	Anesth tympanotomy	Covered	N		N				
00140	Anesth procedures on eye	Covered	N		N				
00142	Anesth lens surgery	Covered	N		N				
00144	Anesth corneal transplant	Covered	N		N				
00145	Anesth vitreoretinal surg	Covered	N		N				
00147	Anesth iridectomy	Covered	N		N				
00148	Anesth eye exam	Covered	N		N				
00160	Anesth nose/sinus surgery	Covered	N		N				
00162	Anesth nose/sinus surgery	Covered	N		N				
00164	Anesth biopsy of nose	Covered	N		N				
00170	Anesth procedure on mouth	Covered	N		N				
00172	Anesth cleft palate repair	Covered	N		N				
00174	Anesth pharyngeal surgery	Covered	N		N				
00176	Anesth pharyngeal surgery	Covered	N		C		105.00		
00190	Anesth face/skull bone surg	Covered	N		N				
00192	Anesth facial bone surgery	Covered	N		C		105.00		
00210	Anesth cranial surg nos	Not Covered			N				
00211	Anesth cran surg hemotoma	Covered	N		C		10.00		
00212	Anesth skull drainage	Covered	N		N				
00214	Anesth skull drainage	Covered	N		C		135.00		
00215	Anesth skull repair/fract	Covered	N		C		135.00		
00216	Anesth head vessel surgery	Covered	N		N				
00218	Anesth special head surgery	Covered	N		N				
00220	Anesth intrcrn nerve	Covered	N		N				
00222	Anesth head nerve surgery	Covered	N		N				
00300	Anesth head/neck/ptrunk	Covered	N		N				
00320	Anesth neck organ 1yr/>	Covered	N		N				
00322	Anesth biopsy of thyroid	Covered	N		N				
00326	Anesth larynx/trach < 1 yr	Covered	N		N				
00350	Anesth neck vessel surgery	Covered	N		N				

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00352	Anesth neck vessel surgery	Covered	N		N				
00400	Anesth skin ext/per/atruunk	Covered	N		N				
00402	Anesth surgery of breast	Covered	N		N				
00404	Anesth surgery of breast	Covered	N		N				
00406	Anesth surgery of breast	Covered	N		N				
00410	Anesth correct heart rhythm	Covered	N		N				
00450	Anesth surgery of shoulder	Covered	N		N				
00454	Anesth collar bone biopsy	Covered	N		N				
00470	Anesth removal of rib	Covered	N		N				
00472	Anesth chest wall repair	Covered	N		N				
00474	Anesth surgery of rib	Covered	N		C			195.00	
00500	Anesth esophageal surgery	Covered	N		N				
00520	Anesth chest procedure	Covered	N		N				
00522	Anesth chest lining biopsy	Covered	N		N				
00524	Anesth chest drainage	Covered	N		C			60.00	
00528	Anes mediascpy & dx thorscpy	Covered	N		N				
00529	Anes medscopy&thorscpy 1 lung	Covered	N		N				
00530	Anesth pacemaker insertion	Covered	N		N				
00532	Anesth vascular access	Covered	N		N				
00534	Anesth cardioverter/defib	Covered	N		N				
00537	Anesth cardiac electrophys	Covered	N		N				
00539	Anesth trach-bronch reconst	Covered	N		N				
00540	Anesth chest surgery	Covered	N		C			180.00	
00541	Anesth one lung ventilation	Covered	N		N				
00542	Anesthesia removal pleura	Covered	N		C			225.00	
00546	Anesth lung chest wall surg	Covered	N		C			225.00	
00548	Anesth trachea bronchi surg	Covered	N		N				
00550	Anesth sternal debridement	Covered	N		N				
00560	Anesth heart surg w/o pump	Covered	N		C			225.00	
00561	Anesth heart surg <1 yr	Covered	N		C			375.00	
00562	Anesth hrt surg w/pmp age 1+	Covered	N		C			300.00	
00563	Anesth heart surg w/arrest	Covered	N		N				
00566	Anesth cabg w/o pump	Covered	N		N				
00567	Anesth cabg w/pump	Covered	N		C			270.00	
00580	Anesth heart/lung transplnt	Covered	N		C			300.00	
00600	Anesth spine cord surgery	Covered	N		N				
00604	Anesth sitting procedure	Covered	N		C			195.00	
00620	Anesth spine cord surgery	Covered	N		N				
00625	Anes spine tranthor w/o vent	Covered	N		N				
00626	Anes spine transthor w/vent	Covered	N		N				
00630	Anesth spine cord surgery	Covered	N		N				
00632	Anesth removal of nerves	Covered	N		C			105.00	

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00635	Anesth lumbar puncture	Covered	N		N				
00640	Anesth spine manipulation	Covered	N	1	N				
00670	Anesth spine cord surgery	Covered	N		C			195.00	
00700	Anesth abdominal wall surg	Covered	N		N				
00702	Anesth for liver biopsy	Covered	N		N				
00730	Anesth abdominal wall surg	Covered	N		N				
00740	Anesth upper gi visualize	Covered	N		N				
00750	Anesth repair of hernia	Covered	N		N				
00752	Anesth repair of hernia	Covered	N		N				
00754	Anesth repair of hernia	Covered	N		N				
00756	Anesth repair of hernia	Covered	N		N				
00770	Anesth blood vessel repair	Covered	N		N				
00790	Anesth surg upper abdomen	Covered	N		N				
00792	Anesth hemorr/excise liver	Covered	N		C			195.00	
00794	Anesth pancreas removal	Covered	N		C			120.00	
00796	Anesth for liver transplant	Not Covered			C				
00797	Anesth surgery for obesity	Covered	N		N				
00800	Anesth abdominal wall surg	Covered	N		N				
00802	Anesth fat layer removal	Covered	N		C			75.00	
00810	Anesth low intestine scope	Covered	N		N				
00820	Anesth abdominal wall surg	Covered	N		N				
00830	Anesth repair of hernia	Covered	N		N				
00832	Anesth repair of hernia	Covered	N		N				
00834	Anesth hernia repair < 1 yr	Covered	N		N				
00836	Anesth hernia repair preemie	Covered	N		N				
00840	Anesth surg lower abdomen	Covered	N		N				
00842	Anesth amniocentesis	Covered	N		N				
00844	Anesth pelvis surgery	Covered	N		C			105.00	
00846	Anesth hysterectomy	Covered	N		C			120.00	
00848	Anesth pelvic organ surg	Covered	N		C			120.00	
00851	Anesth tubal ligation	Covered	N		N				
00860	Anesth surgery of abdomen	Covered	N		N				
00862	Anesth kidney/ureter surg	Covered	N		N				
00864	Anesth removal of bladder	Covered	N		C			120.00	
00865	Anesth removal of prostate	Covered	N		C			105.00	
00866	Anesth removal of adrenal	Covered	N		C			150.00	
00868	Anesth kidney transplant	Covered	N		C			150.00	
00870	Anesth bladder stone surg	Covered	N		N				
00872	Anesth kidney stone destruct	Covered	N		N				
00873	Anesth kidney stone destruct	Covered	N		N				
00880	Anesth abdomen vessel surg	Covered	N		N				
00882	Anesth major vein ligation	Covered	N		C			150.00	

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00902	Anesth anorectal surgery	Covered	N		N				
00904	Anesth perineal surgery	Covered	N		C			105.00	
00906	Anesth removal of vulva	Covered	N		N				
00908	Anesth removal of prostate	Covered	N		C			90.00	
00910	Anesth bladder surgery	Covered	N		N				
00912	Anesth bladder tumor surg	Covered	N		N				
00914	Anesth removal of prostate	Covered	N		N				
00916	Anesth bleeding control	Covered	N		N				
00918	Anesth stone removal	Covered	N		N				
00920	Anesth genitalia surgery	Covered	N		N				
00921	Anesth vasectomy	Covered	N		N				
00922	Anesth sperm duct surgery	Covered	N		N				
00924	Anesth testis exploration	Covered	N		N				
00926	Anesth removal of testis	Covered	N		N				
00928	Anesth removal of testis	Covered	N		N				
00930	Anesth testis suspension	Covered	N		N				
00932	Anesth amputation of penis	Covered	N		C			60.00	
00934	Anesth penis nodes removal	Covered	N		C			90.00	
00936	Anesth penis nodes removal	Covered	N		C			120.00	
00938	Anesth insert penis device	Not Covered			N				
00940	Anesth vaginal procedures	Covered	N		N				
00942	Anesth surg on vag/urethral	Covered	N		N				
00944	Anesth vaginal hysterectomy	Covered	N		C			90.00	
00948	Anesth repair of cervix	Covered	N		N				
00950	Anesth vaginal endoscopy	Covered	N		N				
00952	Anesth hysteroscope/graph	Covered	N		N				
01112	Anesth bone aspirate/bx	Covered	N		N				
01120	Anesth pelvis surgery	Covered	N		N				
01130	Anesth body cast procedure	Covered	N		N				
01140	Anesth amputation at pelvis	Covered	N		C			225.00	
01150	Anesth pelvic tumor surgery	Covered	N		C			120.00	
01160	Anesth pelvis procedure	Covered	N		N				
01170	Anesth pelvis surgery	Covered	N		N				
01173	Anesth fx repair pelvis	Covered	N		N				
01180	Anesth pelvis nerve removal	Covered	N		N				
01190	Anesth pelvis nerve removal	Covered	N		N				
01200	Anesth hip joint procedure	Covered	N		N				
01202	Anesth arthroscopy of hip	Covered	N		N				
01210	Anesth hip joint surgery	Covered	N		N				
01212	Anesth hip disarticulation	Covered	N		C			150.00	
01214	Anesth hip arthroplasty	Covered	N		C			120.00	
01215	Anesth revise hip repair	Covered	N		N				

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01220	Anesth procedure on femur	Covered	N		N				
01230	Anesth surgery of femur	Covered	N		N				
01232	Anesth amputation of femur	Covered	N		C			75.00	
01234	Anesth radical femur surg	Covered	N		C			120.00	
01250	Anesth upper leg surgery	Covered	N		N				
01260	Anesth upper leg veins surg	Covered	N		N				
01270	Anesth thigh arteries surg	Covered	N		N				
01272	Anesth femoral artery surg	Covered	N		C			60.00	
01274	Anesth femoral embolectomy	Covered	N		C			90.00	
01320	Anesth knee area surgery	Covered	N		N				
01340	Anesth knee area procedure	Covered	N		N				
01360	Anesth knee area surgery	Covered	N		N				
01380	Anesth knee joint procedure	Covered	N		N				
01382	Anesth dx knee arthroscopy	Covered	N		N				
01390	Anesth knee area procedure	Covered	N		N				
01392	Anesth knee area surgery	Covered	N		N				
01400	Anesth knee joint surgery	Covered	N		N				
01402	Anesth knee arthroplasty	Covered	N		C			105.00	
01404	Anesth amputation at knee	Covered	N		C			75.00	
01420	Anesth knee joint casting	Covered	N		N				
01430	Anesth knee veins surgery	Covered	N		N				
01432	Anesth knee vessel surg	Covered	N		N				
01440	Anesth knee arteries surg	Covered	N		N				
01442	Anesth knee artery surg	Covered	N		C			120.00	
01444	Anesth knee artery repair	Covered	N		C			120.00	
01462	Anesth lower leg procedure	Covered	N		N				
01464	Anesth ankle/ft arthroscopy	Covered	N		N				
01470	Anesth lower leg surgery	Covered	N		N				
01472	Anesth achilles tendon surg	Covered	N		N				
01474	Anesth lower leg surgery	Covered	N		N				
01480	Anesth lower leg bone surg	Covered	N		N				
01482	Anesth radical leg surgery	Covered	N		N				
01484	Anesth lower leg revision	Covered	N		N				
01486	Anesth ankle replacement	Covered	N		C			105.00	
01490	Anesth lower leg casting	Covered	N		N				
01500	Anesth leg arteries surg	Covered	N		N				
01502	Anesth lwr leg embolectomy	Covered	N		C			90.00	
01520	Anesth lower leg vein surg	Covered	N		N				
01522	Anesth lower leg vein surg	Covered	N		N				
01610	Anesth surgery of shoulder	Covered	N		N				
01620	Anesth shoulder procedure	Covered	N		N				
01622	Anes dx shoulder arthroscopy	Covered	N		N				

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01630	Anesth surgery of shoulder	Covered	N		N				
01634	Anesth shoulder joint amput	Covered	N		C			135.00	
01636	Anesth forequarter amput	Covered	N		C			225.00	
01638	Anesth shoulder replacement	Covered	N		C			150.00	
01650	Anesth shoulder artery surg	Covered	N		N				
01652	Anesth shoulder vessel surg	Covered	N		C			150.00	
01654	Anesth shoulder vessel surg	Covered	N		C			120.00	
01656	Anesth arm-leg vessel surg	Covered	N		C			150.00	
01670	Anesth shoulder vein surg	Covered	N		N				
01680	Anesth shoulder casting	Covered	N		N				
01682	Anesth airplane cast	Covered	N		N				
01710	Anesth elbow area surgery	Covered	N		N				
01712	Anesth uppr arm tendon surg	Covered	N		N				
01714	Anesth uppr arm tendon surg	Covered	N		N				
01716	Anesth biceps tendon repair	Covered	N		N				
01730	Anesth uppr arm procedure	Covered	N		N				
01732	Anesth dx elbow arthroscopy	Covered	N		N				
01740	Anesth upper arm surgery	Covered	N		N				
01742	Anesth humerus surgery	Covered	N		N				
01744	Anesth humerus repair	Covered	N		N				
01756	Anesth radical humerus surg	Covered	N		C			90.00	
01758	Anesth humeral lesion surg	Covered	N		N				
01760	Anesth elbow replacement	Covered	N		N				
01770	Anesth uppr arm artery surg	Covered	N		N				
01772	Anesth uppr arm embolectomy	Covered	N		N				
01780	Anesth upper arm vein surg	Covered	N		N				
01782	Anesth uppr arm vein repair	Covered	N		N				
01810	Anesth lower arm surgery	Covered	N		N				
01820	Anesth lower arm procedure	Covered	N		N				
01829	Anesth dx wrist arthroscopy	Covered	N		N				
01830	Anesth lower arm surgery	Covered	N		N				
01832	Anesth wrist replacement	Covered	N		N				
01840	Anesth lwr arm artery surg	Covered	N		N				
01842	Anesth lwr arm embolectomy	Covered	N		N				
01844	Anesth vascular shunt surg	Covered	N		N				
01850	Anesth lower arm vein surg	Covered	N		N				
01852	Anesth lwr arm vein repair	Covered	N		N				
01860	Anesth lower arm casting	Covered	N		N				
01916	Anesth dx arteriography	Covered	N		N				
01920	Anesth catheterize heart	Covered	N		N				
01922	Anesth cat or mri scan	Covered	N		N				
01924	Anes ther interven rad artrl	Covered	N		N				

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01925	Anes ther interven rad card	Covered	N		N				
01926	Anes tx interv rad hrt/cran	Covered	N		N				
01930	Anes ther interven rad vein	Covered	N		N				
01931	Anes ther interven rad tips	Covered	N		N				
01932	Anes tx interv rad th vein	Covered	N		N				
01933	Anes tx interv rad cran vein	Covered	N		N				
01935	Anesth perc img dx sp proc	Covered	N		N				
01936	Anesth perc img tx sp proc	Covered	N		N				
01951	Anesth burn less 4 percent	Covered	N		N				
01952	Anesth burn 4-9 percent	Covered	N		N				
01953	Anesth burn each 9 percent	Covered	N		N				
01958	Anesth antepartum manipul	Covered	N		N				
01960	Anesth vaginal delivery	Covered	N		N				
01961	Anesth cs delivery	Covered	N		N				
01962	Anesth emer hysterectomy	Covered	N		N				
01963	Anesth cs hysterectomy	Covered	N		N				
01965	Anesth inc/missed ab proc	Covered	N		N				
01966	Anesth induced ab procedure	Covered	N		N				
01967	Anesth/analg vag delivery	Not Covered			N				
01968	Anes/analg cs deliver add-on	Covered	N		N				
01969	Anesth/analg cs hyst add-on	Not Covered			N				
01990	Support for organ donor	Not Covered			C				
01991	Anesth nerve block/inj	Covered	N		N				
01992	Anesth n block/inj prone	Covered	N		N				
01996	Hosp manage cont drug admin	Not Covered			N				
01999	Unlisted anesth procedure	Covered	N		N				
10021	Fna w/o image	Covered	N	1	T	0016	3.8173		
10022	Fna w/image	Covered	N	1	T	0004	6.5703		
10030	Guide cathet fluid drainage	Covered	N	1	T	0007	11.6749		
10040	Acne surgery	Covered	N	2	Q1	0012	1.3279		
10060	Drainage of skin abscess	Covered	N	1	T	0006	2.1836		
10061	Drainage of skin abscess	Covered	N	2	T	0006	2.1836		
10080	Drainage of pilonidal cyst	Covered	N	1	T	0006	2.1836		
10081	Drainage of pilonidal cyst	Covered	N	1	T	0007	11.6749		
10120	Remove foreign body	Covered	N	2	T	0016	3.8173		
10121	Remove foreign body	Covered	N	2	T	0021	18.0849		
10140	Drainage of hematoma/fluid	Covered	N	1	T	0007	11.6749		
10160	Puncture drainage of lesion	Covered	N	2	T	0006	2.1836		
10180	Complex drainage wound	Covered	N	1	T	0008	22.0535		
11000	Debride infected skin	Covered	N	1	T	0016	3.8173		
11001	Debride infected skin add-on	Covered	N	1	N				
11004	Debride genitalia & perineum	Covered	N	1	C				\$533.09

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11005	Debride abdom wall	Covered	N	1	C				\$724.26
11006	Debride genit/per/abdom wall	Covered	N	1	C				\$664.91
11008	Remove mesh from abd wall	Covered	N	1	C				\$269.12
11010	Debride skin at fx site	Covered	N	1	T	0020	11.1440		
11011	Debride skin musc at fx site	Covered	N	1	T	0019	5.1037		
11012	Deb skin bone at fx site	Covered	N	1	T	0020	11.1440		
11042	Deb subq tissue 20 sq cm/<	Covered	N	1	T	0016	3.8173		
11043	Deb musc/fascia 20 sq cm/<	Covered	N	1	T	0016	3.8173		
11044	Deb bone 20 sq cm/<	Covered	N	1	T	0020	11.1440		
11045	Deb subq tissue add-on	Covered	N	1	N				
11046	Deb musc/fascia add-on	Covered	N	1	N				
11047	Deb bone add-on	Covered	N	1	N				
11055	Trim skin lesion	Covered	N	1	Q1	0012	1.3279		
11056	Trim skin lesions 2 to 4	Covered	N	1	T	0015	1.9702		
11057	Trim skin lesions over 4	Covered	N	1	T	0015	1.9702		
11100	Biopsy skin lesion	Covered	N	1	T	0015	1.9702		
11101	Biopsy skin add-on	Covered	N	1	N				
11200	Removal of skin tags <w/15	Covered	N	1	Q1	0012	1.3279		
11201	Remove skin tags add-on	Covered	N	1	N				
11300	Shave skin lesion 0.5 cm/<	Covered	N	8	T	0015	1.9702		
11301	Shave skin lesion 0.6-1.0 cm	Covered	N	8	T	0015	1.9702		
11302	Shave skin lesion 1.1-2.0 cm	Covered	N	8	T	0015	1.9702		
11303	Shave skin lesion >2.0 cm	Covered	N	5	T	0015	1.9702		
11305	Shave skin lesion 0.5 cm/<	Covered	N	8	Q1	0012	1.3279		
11306	Shave skin lesion 0.6-1.0 cm	Covered	N	8	T	0015	1.9702		
11307	Shave skin lesion 1.1-2.0 cm	Covered	N	8	T	0015	1.9702		
11308	Shave skin lesion >2.0 cm	Covered	N	5	T	0015	1.9702		
11310	Shave skin lesion 0.5 cm/<	Covered	N	8	T	0015	1.9702		
11311	Shave skin lesion 0.6-1.0 cm	Covered	N	8	T	0015	1.9702		
11312	Shave skin lesion 1.1-2.0 cm	Covered	N	8	T	0015	1.9702		
11313	Shave skin lesion >2.0 cm	Covered	N	5	T	0015	1.9702		
11400	Exc tr-ext b9+marg 0.5 cm<	Covered	N	15	T	0019	5.1037		
11401	Exc tr-ext b9+marg 0.6-1 cm	Covered	N	15	T	0019	5.1037		
11402	Exc tr-ext b9+marg 1.1-2 cm	Covered	N	15	T	0019	5.1037		
11403	Exc tr-ext b9+marg 2.1-3cm/<	Covered	N	15	T	0020	11.1440		
11404	Exc tr-ext b9+marg 3.1-4 cm	Covered	N	15	T	0021	18.0849		
11406	Exc tr-ext b9+marg >4.0 cm	Covered	N	1	T	0021	18.0849		
11420	Exc h-f-nk-sp b9+marg 0.5/<	Covered	N	15	T	0020	11.1440		
11421	Exc h-f-nk-sp b9+marg 0.6-1	Covered	N	15	T	0020	11.1440		
11422	Exc h-f-nk-sp b9+marg 1.1-2	Covered	N	15	T	0020	11.1440		
11423	Exc h-f-nk-sp b9+marg 2.1-3	Covered	N	15	T	0021	18.0849		
11424	Exc h-f-nk-sp b9+marg 3.1-4	Covered	N	15	T	0021	18.0849		

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11426	Exc h-f-nk-sp b9+marg >4 cm	Covered	N	15	T	0022	24.5953		
11440	Exc face-mm b9+marg 0.5 cm/<	Covered	N	15	T	0019	5.1037		
11441	Exc face-mm b9+marg 0.6-1 cm	Covered	N	15	T	0019	5.1037		
11442	Exc face-mm b9+marg 1.1-2 cm	Covered	N	15	T	0020	11.1440		
11443	Exc face-mm b9+marg 2.1-3 cm	Covered	N	15	T	0020	11.1440		
11444	Exc face-mm b9+marg 3.1-4 cm	Covered	N	15	T	0020	11.1440		
11446	Exc face-mm b9+marg >4 cm	Covered	N	15	T	0022	24.5953		
11450	Removal sweat gland lesion	Covered	N	1	T	0022	24.5953		
11451	Removal sweat gland lesion	Covered	N	2	T	0022	24.5953		
11462	Removal sweat gland lesion	Covered	N	1	T	0022	24.5953		
11463	Removal sweat gland lesion	Covered	N	1	T	0022	24.5953		
11470	Removal sweat gland lesion	Covered	N	1	T	0022	24.5953		
11471	Removal sweat gland lesion	Covered	N	1	T	0022	24.5953		
11600	Exc tr-ext mal+marg 0.5 cm/<	Covered	N	4	T	0020	11.1440		
11601	Exc tr-ext mal+marg 0.6-1 cm	Covered	N	4	T	0019	5.1037		
11602	Exc tr-ext mal+marg 1.1-2 cm	Covered	N	4	T	0019	5.1037		
11603	Exc tr-ext mal+marg 2.1-3 cm	Covered	N	4	T	0020	11.1440		
11604	Exc tr-ext mal+marg 3.1-4 cm	Covered	N	4	T	0020	11.1440		
11606	Exc tr-ext mal+marg >4 cm	Covered	N	1	T	0021	18.0849		
11620	Exc h-f-nk-sp mal+marg 0.5/<	Covered	N	4	T	0020	11.1440		
11621	Exc s/n/h/f/g mal+mrg 0.6-1	Covered	N	4	T	0020	11.1440		
11622	Exc s/n/h/f/g mal+mrg 1.1-2	Covered	N	4	T	0020	11.1440		
11623	Exc s/n/h/f/g mal+mrg 2.1-3	Covered	N	4	T	0020	11.1440		
11624	Exc s/n/h/f/g mal+mrg 3.1-4	Covered	N	4	T	0021	18.0849		
11626	Exc s/n/h/f/g mal+mrg >4 cm	Covered	N	1	T	0022	24.5953		
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	Covered	N	4	T	0020	11.1440		
11641	Exc f/e/e/n/l mal+mrg 0.6-1	Covered	N	4	T	0020	11.1440		
11642	Exc f/e/e/n/l mal+mrg 1.1-2	Covered	N	1	T	0020	11.1440		
11643	Exc f/e/e/n/l mal+mrg 2.1-3	Covered	N	1	T	0020	11.1440		
11644	Exc f/e/e/n/l mal+mrg 3.1-4	Covered	N	1	T	0021	18.0849		
11646	Exc f/e/e/n/l mal+mrg >4 cm	Covered	N	1	T	0022	24.5953		
11719	Trim nail(s) any number	Covered	N	1	Q1	0340	0.7061		
11720	Debride nail 1-5	Covered	N	1	Q1	0340	0.7061		
11721	Debride nail 6 or more	Covered	N	1	Q1	0340	0.7061		
11730	Removal of nail plate	Covered	N	1	T	0015	1.9702		
11732	Remove nail plate add-on	Covered	N	8	N				
11740	Drain blood from under nail	Covered	N	1	Q1	0340	0.7061		
11750	Removal of nail bed	Covered	N	1	T	0019	5.1037		
11752	Remove nail bed/tip	Covered	N	1	T	0022	24.5953		
11755	Biopsy nail unit	Covered	N	2	T	0019	5.1037		
11760	Repair of nail bed	Covered	N	1	T	0326	2.9651		
11762	Reconstruction of nail bed	Covered	N	1	T	0328	18.9748		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
11765	Excision of nail fold toe	Covered	N	5	T	0015	1.9702		
11770	Remove pilonidal cyst simple	Covered	N	1	T	0022	24.5953		
11771	Remove pilonidal cyst exten	Covered	N	1	T	0022	24.5953		
11772	Remove pilonidal cyst compl	Covered	N	1	T	0022	24.5953		
11900	Inject skin lesions </w 7	Covered	N	1	Q1	0012	1.3279		
11901	Inject skin lesions >7	Covered	N	1	Q1	0012	1.3279		
11920	Correct skin color 6.0 cm/<	Not Covered			T	0327	5.7989		
11921	Correct skn color 6.1-20.0cm	Covered	N	1	T	0327	5.7989		
11922	Correct skin color ea 20.0cm	Not Covered			N				
11950	Tx contour defects 1 cc/<	Covered	N	1	T	0327	5.7989		
11951	Tx contour defects 1.1-5.0cc	Covered	N	1	T	0327	5.7989		
11952	Tx contour defects 5.1-10cc	Covered	N	1	T	0327	5.7989		
11954	Tx contour defects >10.0 cc	Covered	N	1	T	0326	2.9651		
11960	Insert tissue expander(s)	Covered	N	2	T	0329	31.0293		
11970	Replace tissue expander	Covered	N	1	T	0051	50.7327		
11971	Remove tissue expander(s)	Covered	N	2	Q2	0022	24.5953		
11976	Remove contraceptive capsule	Covered	N	1	Q2	0019	5.1037		
11980	Implant hormone pellet(s)	Covered	N	1	Q1	0420	1.7762		
11981	Insert drug implant device	Covered	N	1	Q1	0420	1.7762		
11982	Remove drug implant device	Covered	N	1	Q1	0420	1.7762		
11983	Remove/insert drug implant	Covered	N	1	Q1	0420	1.7762		
12001	Rpr s/n/ax/gen/trnk 2.5cm/<	Covered	N	1	Q1	0012	1.3279		
12002	Rpr s/n/ax/gen/trnk2.6-7.5cm	Covered	N	1	Q1	0012	1.3279		
12004	Rpr s/n/ax/gen/trk7.6-12.5cm	Covered	N	1	Q1	0012	1.3279		
12005	Rpr s/n/a/gen/trk12.6-20.0cm	Covered	N	1	T	0015	1.9702		
12006	Rpr s/n/a/gen/trk20.1-30.0cm	Covered	N	1	T	0326	2.9651		
12007	Rpr s/n/ax/gen/trnk >30.0 cm	Covered	N	1	T	0015	1.9702		
12011	Rpr f/e/e/n/l/m 2.5 cm/<	Covered	N	1	Q1	0012	1.3279		
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm	Covered	N	1	Q1	0012	1.3279		
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm	Covered	N	1	Q1	0012	1.3279		
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm	Covered	N	1	T	0015	1.9702		
12016	Rpr fe/e/en/l/m 12.6-20.0 cm	Covered	N	1	T	0015	1.9702		
12017	Rpr fe/e/en/l/m 20.1-30.0 cm	Covered	N	1	T	0015	1.9702		
12018	Rpr f/e/e/n/l/m >30.0 cm	Covered	N	1	T	0015	1.9702		
12020	Closure of split wound	Covered	N	1	T	0327	5.7989		
12021	Closure of split wound	Covered	N	1	T	0326	2.9651		
12031	Intmd rpr s/a/t/ext 2.5 cm/<	Covered	N	1	T	0326	2.9651		
12032	Intmd rpr s/a/t/ext 2.6-7.5	Covered	N	1	T	0326	2.9651		
12034	Intmd rpr s/tr/ext 7.6-12.5	Covered	N	1	T	0326	2.9651		
12035	Intmd rpr s/a/t/ext 12.6-20	Covered	N	1	T	0327	5.7989		
12036	Intmd rpr s/a/t/ext 20.1-30	Covered	N	1	T	0327	5.7989		
12037	Intmd rpr s/tr/ext >30.0 cm	Covered	N	1	T	0327	5.7989		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
12041	Intmd rpr n-hf/genit 2.5cm/<	Covered	N	1	T	0326	2.9651		
12042	Intmd rpr n-hf/genit2.6-7.5	Covered	N	1	T	0326	2.9651		
12044	Intmd rpr n-hf/genit7.6-12.5	Covered	N	1	T	0326	2.9651		
12045	Intmd rpr n-hf/genit12.6-20	Covered	N	1	T	0326	2.9651		
12046	Intmd rpr n-hf/genit20.1-30	Covered	N	1	T	0326	2.9651		
12047	Intmd rpr n-hf/genit >30.0cm	Covered	N	1	T	0327	5.7989		
12051	Intmd rpr face/mm 2.5 cm/<	Covered	N	1	T	0326	2.9651		
12052	Intmd rpr face/mm 2.6-5.0 cm	Covered	N	1	T	0326	2.9651		
12053	Intmd rpr face/mm 5.1-7.5 cm	Covered	N	1	T	0326	2.9651		
12054	Intmd rpr face/mm 7.6-12.5cm	Covered	N	1	T	0326	2.9651		
12055	Intmd rpr face/mm 12.6-20 cm	Covered	N	1	T	0326	2.9651		
12056	Intmd rpr face/mm 20.1-30.0	Covered	N	1	T	0326	2.9651		
12057	Intmd rpr face/mm >30.0 cm	Covered	N	1	T	0326	2.9651		
13100	Cmplx rpr trunk 1.1-2.5 cm	Covered	N	1	T	0327	5.7989		
13101	Cmplx rpr trunk 2.6-7.5 cm	Covered	N	1	T	0327	5.7989		
13102	Cmplx rpr trunk addl 5cm/<	Covered	N	1	N				
13120	Cmplx rpr s/a/l 1.1-2.5 cm	Covered	N	1	T	0326	2.9651		
13121	Cmplx rpr s/a/l 2.6-7.5 cm	Covered	N	1	T	0327	5.7989		
13122	Cmplx rpr s/a/l addl 5 cm/>	Covered	N	1	N				
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	Covered	N	1	T	0326	2.9651		
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	Covered	N	1	T	0327	5.7989		
13133	Cmplx rpr f/c/c/m/n/ax/g/h/f	Covered	N	1	N				
13151	Cmplx rpr e/n/e/l 1.1-2.5 cm	Covered	N	1	T	0327	5.7989		
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	Covered	N	1	T	0327	5.7989		
13153	Cmplx rpr e/n/e/l addl 5cm/<	Covered	N	1	N				
13160	Late closure of wound	Covered	N	1	T	0328	18.9748		
14000	Tis trnfr trunk 10 sq cm/<	Covered	N	1	T	0328	18.9748		
14001	Tis trnfr trunk 10.1-30sqcm	Covered	N	1	T	0328	18.9748		
14020	Tis trnfr s/a/l 10 sq cm/<	Covered	N	1	T	0328	18.9748		
14021	Tis trnfr s/a/l 10.1-30 sqcm	Covered	N	1	T	0328	18.9748		
14040	Tis trnfr f/c/c/m/n/a/g/h/f	Covered	N	1	T	0328	18.9748		
14041	Tis trnfr f/c/c/m/n/a/g/h/f	Covered	N	1	T	0328	18.9748		
14060	Tis trnfr e/n/e/l 10 sq cm/<	Covered	N	1	T	0328	18.9748		
14061	Tis trnfr e/n/e/l10.1-30sqcm	Covered	N	1	T	0328	18.9748		
14301	Tis trnfr any 30.1-60 sq cm	Covered	N	1	T	0329	31.0293		
14302	Tis trnfr addl 30 sq cm/<	Covered	N	1	N				
14350	Filletted finger/toe flap	Covered	N	1	T	0328	18.9748		
15002	Wound prep trk/arm/leg	Covered	N	1	T	0327	5.7989		
15003	Wound prep addl 100 cm	Covered	N	1	N				
15004	Wound prep f/n/hf/g	Covered	N	1	T	0327	5.7989		
15005	Wnd prep f/n/hf/g addl cm	Covered	N	1	N				
15040	Harvest cultured skin graft	Covered	N	1	T	0327	5.7989		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
15050	Skin pinch graft	Covered	N	1	T	0327	5.7989		
15100	Skin spl t grft trnk/arm/leg	Covered	N	1	T	0329	31.0293		
15101	Skin spl t grft t/a/l add-on	Covered	N	8	N				
15110	Epidrm autogrft trnk/arm/leg	Covered	N	1	T	0327	5.7989		
15111	Epidrm autogrft t/a/l add-on	Covered	N	1	N				
15115	Epidrm a-grft face/nck/hf/g	Covered	N	1	T	0328	18.9748		
15116	Epidrm a-grft f/n/hf/g addl	Covered	N	1	N				
15120	Skn spl t a-grft fac/nck/hf/g	Covered	N	1	T	0329	31.0293		
15121	Skn spl t a-grft f/n/hf/g add	Covered	N	4	N				
15130	Derm autograft trnk/arm/leg	Covered	N	1	T	0329	31.0293		
15131	Derm autograft t/a/l add-on	Covered	N	1	N				
15135	Derm autograft face/nck/hf/g	Covered	N	1	T	0328	18.9748		
15136	Derm autograft f/n/hf/g add	Covered	N	1	N				
15150	Cult skin grft t/arm/leg	Covered	N	1	T	0328	18.9748		
15151	Cult skin grft t/a/l addl	Covered	N	1	N				
15152	Cult skin graft t/a/l +%	Covered	N	1	N				
15155	Cult skin graft f/n/hf/g	Covered	N	1	T	0329	31.0293		
15156	Cult skin grft f/n/hfg add	Covered	N	1	N				
15157	Cult epiderm grft f/n/hfg +%	Covered	N	1	N				
15200	Skin full graft trunk	Covered	N	1	T	0329	31.0293		
15201	Skin full graft trunk add-on	Covered	N	1	N				
15220	Skin full graft sclp/arm/leg	Covered	N	1	T	0328	18.9748		
15221	Skin full graft add-on	Covered	N	1	N				
15240	Skin full grft face/genit/hf	Covered	N	1	T	0328	18.9748		
15241	Skin full graft add-on	Covered	N	5	N				
15260	Skin full graft een & lips	Covered	N	1	T	0328	18.9748		
15261	Skin full graft add-on	Covered	N	5	N				
15271	Skin sub graft trnk/arm/leg	Covered	N	1	T	0328	18.9748		
15272	Skin sub graft t/a/l add-on	Covered	N	5	N				
15273	Skin sub grft t/arm/lg child	Covered	N	1	T	0329	31.0293		
15274	Skn sub grft t/a/l child add	Covered	N	5	N				
15275	Skin sub graft face/nk/hf/g	Covered	N	1	T	0328	18.9748		
15276	Skin sub graft f/n/hf/g addl	Covered	N	5	N				
15277	Skn sub grft f/n/hf/g child	Covered	N	1	T	0328	18.9748		
15278	Skn sub grft f/n/hf/g ch add	Covered	N	5	N				
15570	Skin pedicle flap trunk	Covered	N	1	T	0328	18.9748		
15572	Skin pedicle flap arms/legs	Covered	N	1	T	0328	18.9748		
15574	Pedcle fh/ch/ch/m/n/ax/g/h/f	Covered	N	1	T	0328	18.9748		
15576	Pedicle e/n/e/l/ntroral	Covered	N	1	T	0328	18.9748		
15600	Delay flap trunk	Covered	N	1	T	0329	31.0293		
15610	Delay flap arms/legs	Covered	N	1	T	0329	31.0293		
15620	Delay flap f/c/c/n/ax/g/h/f	Covered	N	1	T	0328	18.9748		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
15630	Delay flap eye/nos/ear/lip	Covered	N	1	T	0328	18.9748		
15650	Transfer skin pedicle flap	Covered	N	1	T	0328	18.9748		
15731	Forehead flap w/vasc pedicle	Covered	N	1	T	0329	31.0293		
15732	Muscle-skin graft head/neck	Covered	N	1	T	0328	18.9748		
15734	Muscle-skin graft trunk	Covered	N	1	T	0329	31.0293		
15736	Muscle-skin graft arm	Covered	N	1	T	0328	18.9748		
15738	Muscle-skin graft leg	Covered	N	1	T	0329	31.0293		
15740	Island pedicle flap graft	Covered	N	1	T	0328	18.9748		
15750	Neurovascular pedicle flap	Covered	N	1	T	0328	18.9748		
15756	Free myo/skin flap microvasc	Covered	N	1	C				\$2,183.35
15757	Free skin flap microvasc	Covered	N	1	C				\$2,185.82
15758	Free fascial flap microvasc	Covered	N	1	C				\$2,179.07
15760	Composite skin graft	Covered	N	1	T	0328	18.9748		
15770	Derma-fat-fascia graft	Covered	N	1	T	0329	31.0293		
15775	Hair trnspl 1-15 punch grfts	Not Covered			T	0326	2.9651		
15776	Hair trnspl >15 punch grafts	Not Covered			T	0326	2.9651		
15777	Acellular derm matrix implt	Covered	N	1	N				
15780	Dermabrasion total face	Covered	N	1	T	0022	24.5953		
15781	Dermabrasion segmental face	Covered	N	1	T	0020	11.1440		
15782	Dermabrasion other than face	Covered	N	1	T	0019	5.1037		
15783	Dermabrasion suprfl any site	Covered	N	1	T	0016	3.8173		
15786	Abrasion lesion single	Covered	N	1	Q1	0012	1.3279		
15787	Abrasion lesions add-on	Covered	N	1	N				
15788	Chemical peel face epiderm	Covered	N	1	Q1	0012	1.3279		
15789	Chemical peel face dermal	Covered	N	1	T	0015	1.9702		
15792	Chemical peel nonfacial	Covered	N	1	Q1	0012	1.3279		
15793	Chemical peel nonfacial	Covered	N	1	Q1	0012	1.3279		
15819	Plastic surgery neck	Covered	N	1	T	0328	18.9748		
15820	Revision of lower eyelid	Covered	N	1	T	0328	18.9748		
15821	Revision of lower eyelid	Covered	N	1	T	0328	18.9748		
15822	Revision of upper eyelid	Covered	N	1	T	0328	18.9748		
15823	Revision of upper eyelid	Covered	N	1	T	0328	18.9748		
15824	Removal of forehead wrinkles	Not Covered			T	0328	18.9748		
15825	Removal of neck wrinkles	Not Covered			T	0328	18.9748		
15826	Removal of brow wrinkles	Not Covered			T	0329	31.0293		
15828	Removal of face wrinkles	Not Covered			T	0329	31.0293		
15829	Removal of skin wrinkles	Not Covered			T	0329	31.0293		
15830	Exc skin abd	Covered	N	1	T	0030	55.9563		
15832	Excise excessive skin thigh	Covered	N	1	T	0022	24.5953		
15833	Excise excessive skin leg	Covered	N	1	T	0022	24.5953		
15834	Excise excessive skin hip	Covered	N	1	T	0022	24.5953		
15835	Excise excessive skin buttck	Covered	N	1	T	0022	24.5953		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
15836	Excise excessive skin arm	Covered	N	1	T	0021	18.0849		
15837	Excise excess skin arm/hand	Covered	N	1	T	0021	18.0849		
15838	Excise excess skin fat pad	Covered	N	1	T	0021	18.0849		
15839	Excise excess skin & tissue	Covered	N	1	T	0021	18.0849		
15840	Nerve palsy fascial graft	Covered	N	1	T	0329	31.0293		
15841	Nerve palsy muscle graft	Covered	N	1	T	0329	31.0293		
15842	Nerve palsy microsurg graft	Covered	N	1	T	0329	31.0293		
15845	Skin and muscle repair face	Covered	N	1	T	0329	31.0293		
15847	Exc skin abd add-on	Covered	N	1	N				
15850	Remove sutures same surgeon	Covered	N	1	T	0017	17.3610		
15851	Remove sutures diff surgeon	Covered	N	1	T	0017	17.3610		
15852	Dressing change not for burn	Covered	N	1	Q1	0420	1.7762		
15860	Test for blood flow in graft	Covered	N	1	Q1	0420	1.7762		
15876	Suction lipectomy head&neck	Not Covered			T	0329	31.0293		
15877	Suction lipectomy trunk	Not Covered			T	0329	31.0293		
15878	Suction lipectomy upr extrem	Not Covered			T	0329	31.0293		
15879	Suction lipectomy lwr extrem	Not Covered			T	0329	31.0293		
15920	Removal of tail bone ulcer	Covered	N	1	T	0020	11.1440		
15922	Removal of tail bone ulcer	Covered	N	1	T	0328	18.9748		
15931	Remove sacrum pressure sore	Covered	N	1	T	0022	24.5953		
15933	Remove sacrum pressure sore	Covered	N	1	T	0022	24.5953		
15934	Remove sacrum pressure sore	Covered	N	1	T	0329	31.0293		
15935	Remove sacrum pressure sore	Covered	N	1	T	0329	31.0293		
15936	Remove sacrum pressure sore	Covered	N	1	T	0328	18.9748		
15937	Remove sacrum pressure sore	Covered	N	1	T	0328	18.9748		
15940	Remove hip pressure sore	Covered	N	1	T	0022	24.5953		
15941	Remove hip pressure sore	Covered	N	1	T	0022	24.5953		
15944	Remove hip pressure sore	Covered	N	1	T	0328	18.9748		
15945	Remove hip pressure sore	Covered	N	1	T	0327	5.7989		
15946	Remove hip pressure sore	Covered	N	1	T	0329	31.0293		
15950	Remove thigh pressure sore	Covered	N	1	T	0022	24.5953		
15951	Remove thigh pressure sore	Covered	N	1	T	0022	24.5953		
15952	Remove thigh pressure sore	Covered	N	1	T	0329	31.0293		
15953	Remove thigh pressure sore	Covered	N	1	T	0329	31.0293		
15956	Remove thigh pressure sore	Covered	N	1	T	0328	18.9748		
15958	Remove thigh pressure sore	Covered	N	1	T	0329	31.0293		
15999	Removal of pressure sore	Covered	N	1	T	0019	5.1037		
16000	Initial treatment of burn(s)	Covered	N	1	Q1	0012	1.3279		
16020	Dress/debrid p-thick burn s	Covered	N	1	T	0015	1.9702		
16025	Dress/debrid p-thick burn m	Covered	N	1	T	0015	1.9702		
16030	Dress/debrid p-thick burn l	Covered	N	1	T	0016	3.8173		
16035	Incision of burn scab initi	Covered	N	1	T	0016	3.8173		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
16036	Escharotomy addl incision	Covered	N	5	C				\$80.61
17000	Destruct premlg lesion	Covered	N	1	T	0015	1.9702		
17003	Destruct premlg les 2-14	Covered	N	13	N				
17004	Destroy preml lesions 15/>	Covered	N	1	T	0016	3.8173		
17106	Destruction of skin lesions	Covered	N	1	T	0016	3.8173		
17107	Destruction of skin lesions	Covered	N	1	T	0016	3.8173		
17108	Destruction of skin lesions	Covered	N	1	T	0016	3.8173		
17110	Destruct b9 lesion 1-14	Covered	N	1	Q1	0012	1.3279		
17111	Destruct lesion 15 or more	Covered	N		T	0015	1.9702		
17250	Chemical cautery tissue	Covered	N	1	T	0015	1.9702		
17260	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17261	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17262	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17263	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17264	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17266	Destruction of skin lesions	Covered	N	4	T	0016	3.8173		
17270	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17271	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17272	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17273	Destruction of skin lesions	Covered	N	4	T	0016	3.8173		
17274	Destruction of skin lesions	Covered	N	4	T	0016	3.8173		
17276	Destruction of skin lesions	Covered	N	3	T	0016	3.8173		
17280	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17281	Destruction of skin lesions	Covered	N	4	T	0015	1.9702		
17282	Destruction of skin lesions	Covered	N	4	T	0016	3.8173		
17283	Destruction of skin lesions	Covered	N	4	T	0016	3.8173		
17284	Destruction of skin lesions	Covered	N	4	T	0016	3.8173		
17286	Destruction of skin lesions	Covered	N	4	T	0016	3.8173		
17311	Mohs 1 stage h/n/hf/g	Covered	N	1	T	0327	5.7989		
17312	Mohs addl stage	Covered	N	1	N				
17313	Mohs 1 stage t/a/l	Covered	N	1	T	0327	5.7989		
17314	Mohs addl stage t/a/l	Covered	N	1	N				
17315	Mohs surg addl block	Covered	N	1	N				
17340	Cryotherapy of skin	Covered	N	1	Q1	0340	0.7061		
17360	Skin peel therapy	Not Covered			T	0015	1.9702		
17380	Hair removal by electrolysis	Not Covered			T	0016	3.8173		
17999	Skin tissue procedure	Covered	N	1	Q1	0012	1.3279		
19000	Drainage of breast lesion	Covered	N	1	T	0004	6.5703		
19001	Drain breast lesion add-on	Covered	N	2	N				
19020	Incision of breast lesion	Covered	N	1	T	0008	22.0535		
19030	Injection for breast x-ray	Covered	N	2	N				
19081	Bx breast 1st lesion strtctc	Covered	N	1	T	0005	14.1916		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
19082	Bx breast add lesion strtctc	Covered	N	1	N				
19083	Bx breast 1st lesion us imag	Covered	N	1	T	0005	14.1916		
19084	Bx breast add lesion us imag	Covered	N	1	N				
19085	Bx breast 1st lesion mr imag	Covered	N	1	T	0005	14.1916		
19086	Bx breast add lesion mr imag	Covered	N	1	N				
19100	Bx breast percut w/o image	Covered	N	2	T	0004	6.5703		
19101	Biopsy of breast open	Covered	N	1	T	0028	29.2241		
19105	Cryosurg ablate fa each	Covered	N	1	T	0029	40.6181		
19110	Nipple exploration	Covered	N	1	T	0028	29.2241		
19112	Excise breast duct fistula	Covered	N	1	T	0028	29.2241		
19120	Removal of breast lesion	Covered	N	1	T	0028	29.2241		
19125	Excision breast lesion	Covered	N	1	T	0028	29.2241		
19126	Excision addl breast lesion	Covered	N	2	N				
19260	Removal of chest wall lesion	Covered	N	1	T	0021	18.0849		
19271	Revision of chest wall	Covered	N	1	C				\$1,176.57
19272	Extensive chest wall surgery	Covered	N	1	C				\$1,263.67
19281	Perq device breast 1st imag	Covered	N	1	Q1	0420	1.7762		
19282	Perq device breast ea imag	Covered	N	1	N				
19283	Perq dev breast 1st strtctc	Covered	N	1	Q1	0420	1.7762		
19284	Perq dev breast add strtctc	Covered	N	1	N				
19285	Perq dev breast 1st us imag	Covered	N	1	Q1	0420	1.7762		
19286	Perq dev breast add us imag	Covered	N	1	N				
19287	Perq dev breast 1st mr guide	Covered	N	1	Q1	0420	1.7762		
19288	Perq dev breast add mr guide	Covered	N	1	N				
19296	Place po breast cath for rad	Covered	N	1	J1	0648	100.6339		
19297	Place breast cath for rad	Covered	N	1	N				
19298	Place breast rad tube/caths	Covered	N	1	J1	0648	100.6339		
19300	Removal of breast tissue	Covered	N	1	T	0028	29.2241		
19301	Partial mastectomy	Covered	N	1	T	0028	29.2241		
19302	P-mastectomy w/in removal	Covered	N	1	T	0030	55.9563		
19303	Mast simple complete	Covered	N	1	T	0029	40.6181		
19304	Mast subq	Covered	N	1	T	0029	40.6181		
19305	Mast radical	Covered	N	1	C				\$865.93
19306	Mast rad urban type	Covered	N	1	C				\$899.54
19307	Mast mod rad	Covered	N	1	T	0030	55.9563		
19316	Suspension of breast	Covered	N	1	T	0029	40.6181		
19318	Reduction of large breast	Covered	N	1	T	0030	55.9563		
19324	Enlarge breast	Not Covered			T	0030	55.9563		
19325	Enlarge breast with implant	Not Covered			J1	0648	100.6339		
19328	Removal of breast implant	Covered	N	1	Q2	0029	40.6181		
19330	Removal of implant material	Covered	N	1	Q2	0029	40.6181		
19340	Immediate breast prosthesis	Covered	N	1	T	0030	55.9563		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
19342	Delayed breast prosthesis	Covered	N	1	J1	0648	100.6339		
19350	Breast reconstruction	Covered	N	1	T	0028	29.2241		
19355	Correct inverted nipple(s)	Not Covered			T	0029	40.6181		
19357	Breast reconstruction	Covered	N	1	J1	0648	100.6339		
19361	Breast reconstr w/lat flap	Covered	N	1	C				\$1,255.95
19364	Breast reconstruction	Covered	N	1	C				\$2,209.38
19366	Breast reconstruction	Covered	N	1	T	0029	40.6181		
19367	Breast reconstruction	Covered	N	1	C				\$1,553.11
19368	Breast reconstruction	Covered	N	1	C				\$1,849.38
19369	Breast reconstruction	Covered	N	1	C				\$1,751.26
19370	Surgery of breast capsule	Covered	N	1	T	0029	40.6181		
19371	Removal of breast capsule	Covered	N	1	T	0029	40.6181		
19380	Revise breast reconstruction	Covered	N	1	T	0030	55.9563		
19396	Design custom breast implant	Not Covered			T	0029	40.6181		
19499	Breast surgery procedure	Covered	N	1	T	0028	29.2241		
20005	I&d abscess subfascial	Covered	N	1	T	0020	11.1440		
20100	Explore wound neck	Covered	N	1	T	0252	8.7183		
20101	Explore wound chest	Covered	N	1	T	0328	18.9748		
20102	Explore wound abdomen	Covered	N	1	T	0328	18.9748		
20103	Explore wound extremity	Covered	N	1	T	0007	11.6749		
20150	Excise epiphyseal bar	Covered	N	1	T	0051	50.7327		
20200	Muscle biopsy	Covered	N	2	T	0021	18.0849		
20205	Deep muscle biopsy	Covered	N	2	T	0021	18.0849		
20206	Needle biopsy muscle	Covered	N	1	T	0005	14.1916		
20220	Bone biopsy trocar/needle	Covered	N	2	T	0020	11.1440		
20225	Bone biopsy trocar/needle	Covered	N	1	T	0021	18.0849		
20240	Bone biopsy excisional	Covered	N	1	T	0022	24.5953		
20245	Bone biopsy excisional	Covered	N	1	T	0022	24.5953		
20250	Open bone biopsy	Covered	N	1	T	0050	35.0819		
20251	Open bone biopsy	Covered	N	1	T	0050	35.0819		
20500	Injection of sinus tract	Covered	N	2	T	0252	8.7183		
20501	Inject sinus tract for x-ray	Covered	N	1	N				
20520	Removal of foreign body	Covered	N	1	T	0020	11.1440		
20525	Removal of foreign body	Covered	N	1	T	0022	24.5953		
20526	Ther injection carp tunnel	Covered	N	1	T	0204	2.8475		
20527	Inj dupuytren cord w/enzyme	Covered	N	1	T	0204	2.8475		
20550	Inj tendon sheath/ligament	Covered	N	4	T	0204	2.8475		
20551	Inj tendon origin/insertion	Covered	N	3	T	0204	2.8475		
20552	Inj trigger point 1/2 muscl	Covered	N	1	T	0204	2.8475		
20553	Inject trigger points 3/>	Covered	N	2	T	0204	2.8475		
20555	Place ndl musc/tis for rt	Covered	N	1	T	0050	35.0819		
20600	Drain/inj joint/bursa w/o us	Covered	N	5	T	0204	2.8475		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
20604	Drain/inj joint/bursa w/us	Covered	N	1	T	0204	2.8475		
20605	Drain/inj joint/bursa w/o us	Covered	N	2	T	0204	2.8475		
20606	Drain/inj joint/bursa w/us	Covered	N	1	T	0204	2.8475		
20610	Drain/inj joint/bursa w/o us	Covered	N	3	T	0204	2.8475		
20611	Drain/inj joint/bursa w/us	Covered	N	1	T	0204	2.8475		
20612	Aspirate/inj ganglion cyst	Covered	N	5	T	0204	2.8475		
20615	Treatment of bone cyst	Covered	N	1	T	0004	6.5703		
20650	Insert and remove bone pin	Covered	N	1	T	0050	35.0819		
20660	Apply rem fixation device	Covered	N	2	Q2	0139	9.6161		
20661	Application of head brace	Covered	N	1	C				\$354.93
20662	Application of pelvis brace	Covered	N	1	T	0049	22.3913		
20663	Application of thigh brace	Covered	N	2	T	0050	35.0819		
20664	Application of halo	Covered	N	1	C				\$505.88
20665	Removal of fixation device	Covered	N	1	Q1	0420	1.7762		
20670	Removal of support implant	Covered	N	2	Q2	0021	18.0849		
20680	Removal of support implant	Covered	N	1	Q2	0022	24.5953		
20690	Apply bone fixation device	Covered	N	1	T	0050	35.0819		
20692	Apply bone fixation device	Covered	N	1	T	0050	35.0819		
20693	Adjust bone fixation device	Covered	N	1	T	0050	35.0819		
20694	Remove bone fixation device	Covered	N	1	Q2	0049	22.3913		
20696	Comp multiplane ext fixation	Covered	N	1	T	0050	35.0819		
20697	Comp ext fixate strut change	Covered	N	1	T	0139	9.6161		
20802	Replantation arm complete	Not Covered			C				
20805	Replant forearm complete	Covered	N	1	C				\$3,267.97
20808	Replantation hand complete	Not Covered			C				
20816	Replantation digit complete	Covered	N	1	C				\$2,298.39
20822	Replantation digit complete	Covered	N	1	T	0054	29.7967		
20824	Replantation thumb complete	Covered	N	1	C				\$2,273.40
20827	Replantation thumb complete	Covered	N	1	C				\$1,982.99
20838	Replantation foot complete	Covered	N	1	C				\$2,622.60
20900	Removal of bone for graft	Covered	N	1	T	0050	35.0819		
20902	Removal of bone for graft	Covered	N	1	T	0050	35.0819		
20910	Remove cartilage for graft	Covered	N	1	T	0327	5.7989		
20912	Remove cartilage for graft	Covered	N	1	T	0329	31.0293		
20920	Removal of fascia for graft	Covered	N	1	T	0329	31.0293		
20922	Removal of fascia for graft	Covered	N	1	T	0329	31.0293		
20924	Removal of tendon for graft	Covered	N	2	T	0050	35.0819		
20926	Removal of tissue for graft	Covered	N	1	T	0329	31.0293		
20930	Sp bone agrft morsel add-on	Covered	N	1	N				
20931	Sp bone agrft struct add-on	Covered	N	1	N				
20936	Sp bone agrft local add-on	Covered	N	1	C				\$165.28
20937	Sp bone agrft morsel add-on	Covered	N	1	C				\$176.16

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
20938	Sp bone agrft struct add-on	Covered	N	1	C				\$192.37
20950	Fluid pressure muscle	Covered	N	1	T	0006	2.1836		
20955	Fibula bone graft microvasc	Covered	N	1	C				\$2,514.56
20956	Iliac bone graft microvasc	Covered	N	1	C				\$2,387.11
20957	Mt bone graft microvasc	Covered	N	1	C				\$2,321.30
20962	Other bone graft microvasc	Covered	N	2	C				\$2,357.69
20969	Bone/skin graft microvasc	Covered	N	1	C				\$2,806.40
20970	Bone/skin graft iliac crest	Covered	N	1	C				\$2,752.87
20972	Bone/skin graft metatarsal	Covered	N	1	T	0056	70.3645		
20973	Bone/skin graft great toe	Covered	N	1	T	0056	70.3645		
20974	Electrical bone stimulation	Covered	N	1	A				\$88.32
20975	Electrical bone stimulation	Covered	N	1	N				
20979	Us bone stimulation	Covered	N	1	Q1	0340	0.7061		
20982	Ablate bone tumor(s) perq	Covered	N	2	T	0051	50.7327		
20983	Ablate bone tumor(s) perq	Covered	N	1	T	0051	50.7327		
20985	Cptr-asst dir ms px	Covered	N	1	N				
20999	Musculoskeletal surgery	Covered	N	1	T	0049	22.3913		
21010	Incision of jaw joint	Covered	N	1	T	0256	50.2882		
21011	Exc face les sc <2 cm	Covered	N	1	T	0020	11.1440		
21012	Exc face les sbq 2 cm/>	Covered	N	1	T	0020	11.1440		
21013	Exc face tum deep < 2 cm	Covered	N	1	T	0020	11.1440		
21014	Exc face tum deep 2 cm/>	Covered	N	1	T	0020	11.1440		
21015	Resect face/scalp tum < 2 cm	Covered	N	1	T	0021	18.0849		
21016	Resect face/scalp tum 2 cm/>	Covered	N	1	T	0022	24.5953		
21025	Excision of bone lower jaw	Covered	N	1	T	0256	50.2882		
21026	Excision of facial bone(s)	Covered	N	1	T	0254	26.2386		
21029	Contour of face bone lesion	Covered	N	1	T	0254	26.2386		
21030	Excise max/zygoma b9 tumor	Covered	N	2	T	0254	26.2386		
21031	Remove exostosis mandible	Covered	N	1	T	0254	26.2386		
21032	Remove exostosis maxilla	Covered	N	1	T	0254	26.2386		
21034	Excise max/zygoma mal tumor	Covered	N	1	T	0256	50.2882		
21040	Excise mandible lesion	Covered	N	1	T	0254	26.2386		
21044	Removal of jaw bone lesion	Covered	N	1	T	0256	50.2882		
21045	Extensive jaw surgery	Covered	N	1	C				\$995.51
21046	Remove mandible cyst complex	Covered	N	1	T	0256	50.2882		
21047	Excise lwr jaw cyst w/repair	Covered	N	1	T	0256	50.2882		
21048	Remove maxilla cyst complex	Covered	N	1	T	0256	50.2882		
21049	Excis uppr jaw cyst w/repair	Covered	N	1	T	0256	50.2882		
21050	Removal of jaw joint	Covered	N	2	T	0256	50.2882		
21060	Remove jaw joint cartilage	Covered	N	2	T	0256	50.2882		
21070	Remove coronoid process	Covered	N	1	T	0256	50.2882		
21073	Mnpj of tmj w/anesth	Covered	N	1	T	0254	26.2386		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
21076	Prepare face/oral prosthesis	Covered	N	1	T	0254	26.2386		
21077	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21079	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21080	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21081	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21082	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21083	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21084	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21085	Prepare face/oral prosthesis	Covered	N	1	T	0252	8.7183		
21086	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21087	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21088	Prepare face/oral prosthesis	Covered	N	1	T	0256	50.2882		
21089	Prepare face/oral prosthesis	Covered	N	1	T	0250	1.7489		
21100	Maxillofacial fixation	Covered	N	1	T	0256	50.2882		
21110	Interdental fixation	Covered	N	1	Q2	0252	8.7183		
21116	Injection jaw joint x-ray	Covered	N	2	N				
21120	Reconstruction of chin	Covered	N	1	T	0256	50.2882		
21121	Reconstruction of chin	Covered	N	1	T	0254	26.2386		
21122	Reconstruction of chin	Covered	N	1	T	0254	26.2386		
21123	Reconstruction of chin	Covered	N	1	T	0254	26.2386		
21125	Augmentation lower jaw bone	Covered	N	1	T	0254	26.2386		
21127	Augmentation lower jaw bone	Covered	N	1	T	0256	50.2882		
21137	Reduction of forehead	Covered	N	1	T	0254	26.2386		
21138	Reduction of forehead	Covered	N	1	T	0256	50.2882		
21139	Reduction of forehead	Covered	N	1	T	0256	50.2882		
21141	Lefort i-1 piece w/o graft	Covered	N	1	C				\$1,090.54
21142	Lefort i-2 piece w/o graft	Covered	N	1	C				\$1,154.58
21143	Lefort i-3/> piece w/o graft	Covered	N	1	C				\$1,149.60
21145	Lefort i-1 piece w/ graft	Covered	N	1	C				\$1,150.38
21146	Lefort i-2 piece w/ graft	Covered	N	1	C				\$1,193.11
21147	Lefort i-3/> piece w/ graft	Not Covered			C				
21150	Lefort ii anterior intrusion	Covered	N	1	T	0256	50.2882		
21151	Lefort ii w/bone grafts	Covered	N	1	C				\$1,707.71
21154	Lefort iii w/o lefort i	Covered	N	1	C				\$1,787.93
21155	Lefort iii w/ lefort i	Covered	N	1	C				\$1,997.34
21159	Lefort iii w/fhdw/o lefort i	Covered	N	1	C				\$2,502.06
21160	Lefort iii w/fhd w/ lefort i	Covered	N	1	C				\$2,660.47
21172	Reconstruct orbit/forehead	Covered	N	1	T	0256	50.2882		
21175	Reconstruct orbit/forehead	Covered	N	1	T	0256	50.2882		
21179	Reconstruct entire forehead	Covered	N	1	C				\$1,376.72
21180	Reconstruct entire forehead	Covered	N	1	C				\$1,540.82
21181	Contour cranial bone lesion	Covered	N	1	T	0256	50.2882		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
21182	Reconstruct cranial bone	Covered	N	1	C				\$1,946.76
21183	Reconstruct cranial bone	Covered	N	1	C				\$2,098.46
21184	Reconstruct cranial bone	Covered	N	1	C				\$2,355.97
21188	Reconstruction of midface	Covered	N	1	C				\$1,353.87
21193	Reconst lwr jaw w/o graft	Covered	N	1	T	0256	50.2882		
21194	Reconst lwr jaw w/graft	Covered	N	1	C				\$1,167.90
21195	Reconst lwr jaw w/o fixation	Covered	N	1	T	0256	50.2882		
21196	Reconst lwr jaw w/fixation	Covered	N	1	C				\$1,133.02
21198	Reconstr lwr jaw segment	Covered	N	1	T	0254	26.2386		
21199	Reconstr lwr jaw w/advance	Covered	N		T	0256	50.2882		
21206	Reconstruct upper jaw bone	Covered	N	1	T	0256	50.2882		
21208	Augmentation of facial bones	Covered	N	1	T	0256	50.2882		
21209	Reduction of facial bones	Covered	N	1	T	0256	50.2882		
21210	Face bone graft	Covered	N	1	T	0256	50.2882		
21215	Lower jaw bone graft	Covered	N	1	T	0256	50.2882		
21230	Rib cartilage graft	Covered	N	1	T	0256	50.2882		
21235	Ear cartilage graft	Covered	N	1	T	0253	17.0798		
21240	Reconstruction of jaw joint	Covered	N	1	T	0256	50.2882		
21242	Reconstruction of jaw joint	Covered	N	1	T	0256	50.2882		
21243	Reconstruction of jaw joint	Covered	N	1	T	0256	50.2882		
21244	Reconstruction of lower jaw	Covered	N	1	T	0256	50.2882		
21245	Reconstruction of jaw	Covered	N	1	T	0256	50.2882		
21246	Reconstruction of jaw	Covered	N	1	T	0256	50.2882		
21247	Reconstruct lower jaw bone	Covered	N	1	C				\$1,515.25
21248	Reconstruction of jaw	Covered	N	1	T	0256	50.2882		
21249	Reconstruction of jaw	Covered	N	1	T	0256	50.2882		
21255	Reconstruct lower jaw bone	Covered	N	1	C				\$1,099.82
21256	Reconstruction of orbit	Covered	N	1	T	0256	50.2882		
21260	Revise eye sockets	Covered	N	1	T	0256	50.2882		
21261	Revise eye sockets	Covered	N	1	T	0256	50.2882		
21263	Revise eye sockets	Covered	N	1	T	0256	50.2882		
21267	Revise eye sockets	Covered	N	1	T	0256	50.2882		
21268	Revise eye sockets	Covered	N	1	C				\$1,458.80
21270	Augmentation cheek bone	Covered	N	1	T	0256	50.2882		
21275	Revision orbitofacial bones	Covered	N	1	T	0256	50.2882		
21280	Revision of eyelid	Covered	N	1	T	0256	50.2882		
21282	Revision of eyelid	Covered	N	1	T	0253	17.0798		
21295	Revision of jaw muscle/bone	Covered	N	1	T	0252	8.7183		
21296	Revision of jaw muscle/bone	Covered	N	1	T	0254	26.2386		
21299	Cranio/maxillofacial surgery	Covered	N	1	T	0250	1.7489		
21310	Closed tx nose fx w/o manj	Covered	N	1	T	0250	1.7489		
21315	Closed tx nose fx w/o stablj	Covered	N	1	T	0253	17.0798		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
21320	Closed tx nose fx w/ stablj	Covered	N	1	T	0253	17.0798		
21325	Open tx nose fx uncomplicatd	Covered	N	1	T	0254	26.2386		
21330	Open tx nose fx w/skele fixj	Covered	N	1	T	0254	26.2386		
21335	Open tx nose & septal fx	Covered	N	1	T	0254	26.2386		
21336	Open tx septal fx w/wo stabj	Covered	N	1	T	0062	27.5390		
21337	Closed tx septal&nose fx	Covered	N	1	T	0253	17.0798		
21338	Open nasoethmoid fx w/o fixj	Covered	N	1	T	0256	50.2882		
21339	Open nasoethmoid fx w/ fixj	Covered	N	1	T	0254	26.2386		
21340	Perq tx nasoethmoid fx	Covered	N	1	T	0256	50.2882		
21343	Open tx dprsd front sinus fx	Covered	N	1	C				\$789.26
21344	Open tx compl front sinus fx	Covered	N	1	C				\$1,100.68
21345	Closed tx nose/jaw fx	Covered	N	1	T	0254	26.2386		
21346	Opn tx nasomax fx w/fixj	Covered	N	1	T	0256	50.2882		
21347	Opn tx nasomax fx multiple	Covered	N	1	C				\$792.78
21348	Opn tx nasomax fx w/graft	Covered	N	1	C				\$975.36
21355	Perq tx malar fracture	Covered	N	2	T	0256	50.2882		
21356	Opn tx dprsd zygomatic arch	Covered	N	1	T	0254	26.2386		
21360	Opn tx dprsd malar fracture	Covered	N	2	T	0256	50.2882		
21365	Opn tx complx malar fx	Covered	N	1	T	0256	50.2882		
21366	Opn tx complx malar w/grft	Covered	N	1	C				\$1,051.11
21385	Opn tx orbit fx transantral	Covered	N	1	T	0256	50.2882		
21386	Opn tx orbit fx periorbital	Covered	N	1	T	0256	50.2882		
21387	Opn tx orbit fx combined	Covered	N	1	T	0256	50.2882		
21390	Opn tx orbit periorbtl implt	Covered	N	1	T	0256	50.2882		
21395	Opn tx orbit periorbt w/grft	Covered	N	1	T	0256	50.2882		
21400	Closed tx orbit w/o manipulj	Covered	N	1	T	0252	8.7183		
21401	Closed tx orbit w/manipulj	Covered	N	1	T	0252	8.7183		
21406	Opn tx orbit fx w/o implant	Covered	N	1	T	0256	50.2882		
21407	Opn tx orbit fx w/implant	Covered	N	1	T	0256	50.2882		
21408	Opn tx orbit fx w/bone grft	Covered	N	1	T	0256	50.2882		
21421	Treat mouth roof fracture	Covered	N	1	T	0256	50.2882		
21422	Treat mouth roof fracture	Covered	N	1	C				\$574.33
21423	Treat mouth roof fracture	Covered	N	1	C				\$673.04
21431	Treat craniofacial fracture	Covered	N	1	C				\$452.93
21432	Treat craniofacial fracture	Covered	N	1	C				\$560.43
21433	Treat craniofacial fracture	Covered	N	1	C				\$1,502.19
21435	Treat craniofacial fracture	Covered	N	1	C				\$1,063.91
21436	Treat craniofacial fracture	Covered	N	1	C				\$1,558.32
21440	Treat dental ridge fracture	Covered	N	1	T	0254	26.2386		
21445	Treat dental ridge fracture	Covered	N	1	T	0256	50.2882		
21450	Treat lower jaw fracture	Covered	N	1	T	0251	4.8979		
21451	Treat lower jaw fracture	Covered	N	1	T	0253	17.0798		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
21452	Treat lower jaw fracture	Covered	N	1	T	0253	17.0798		
21453	Treat lower jaw fracture	Covered	N	1	T	0256	50.2882		
21454	Treat lower jaw fracture	Covered	N	1	T	0256	50.2882		
21461	Treat lower jaw fracture	Covered	N	1	T	0256	50.2882		
21462	Treat lower jaw fracture	Covered	N	1	T	0256	50.2882		
21465	Treat lower jaw fracture	Covered	N	1	T	0256	50.2882		
21470	Treat lower jaw fracture	Covered	N	1	T	0256	50.2882		
21480	Reset dislocated jaw	Covered	N	1	T	0250	1.7489		
21485	Reset dislocated jaw	Covered	N	1	T	0254	26.2386		
21490	Repair dislocated jaw	Covered	N	1	T	0256	50.2882		
21495	Treat hyoid bone fracture	Covered	N	1	T	0253	17.0798		
21497	Interdental wiring	Covered	N	1	T	0252	8.7183		
21499	Head surgery procedure	Covered	N	1	T	0250	1.7489		
21501	Drain neck/chest lesion	Covered	N	1	T	0008	22.0535		
21502	Drain chest lesion	Covered	N	1	T	0049	22.3913		
21510	Drainage of bone lesion	Covered	N	1	C				\$402.80
21550	Biopsy of neck/chest	Covered	N	1	T	0021	18.0849		
21552	Exc neck les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
21554	Exc neck tum deep 5 cm/>	Covered	N	1	T	0022	24.5953		
21555	Exc neck les sc < 3 cm	Covered	N	1	T	0021	18.0849		
21556	Exc neck tum deep < 5 cm	Covered	N	1	T	0022	24.5953		
21557	Resect neck thorax tumor<5cm	Covered	N	1	T	0021	18.0849		
21558	Resect neck tumor 5 cm/>	Covered	N	1	T	0022	24.5953		
21600	Partial removal of rib	Covered	N	1	T	0050	35.0819		
21610	Partial removal of rib	Covered	N	1	T	0050	35.0819		
21615	Removal of rib	Covered	N	1	C				\$702.58
21616	Removal of rib and nerves	Covered	N	1	C				\$783.97
21620	Partial removal of sternum	Covered	N	1	C				\$516.50
21627	Sternal debridement	Covered	N	1	C				\$591.41
21630	Extensive sternum surgery	Covered	N	1	C				\$1,096.26
21632	Extensive sternum surgery	Covered	N	1	C				\$1,138.79
21685	Hyoid myotomy & suspension	Covered	N		T	0254	26.2386		
21700	Revision of neck muscle	Covered	N	1	T	0049	22.3913		
21705	Revision of neck muscle/rib	Covered	N	1	C				\$561.98
21720	Revision of neck muscle	Covered	N	1	T	0049	22.3913		
21725	Revision of neck muscle	Covered	N	1	T	0006	2.1836		
21740	Reconstruction of sternum	Covered	N	1	C				\$1,045.38
21742	Repair stern/nuss w/o scope	Covered	N	1	T	0051	50.7327		
21743	Repair sternum/nuss w/scope	Covered	N	1	T	0051	50.7327		
21750	Repair of sternum separation	Covered	N	1	C				\$756.81
21805	Treatment of rib fracture	Covered	N	1	T	0062	27.5390		
21811	Optx of rib fx w/fixj scope	Covered	N	1	T	0062	27.5390		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
21812	Treatment of rib fracture	Covered	N	1	T	0062	27.5390		
21813	Treatment of rib fracture	Covered	N	1	T	0062	27.5390		
21820	Treat sternum fracture	Covered	N	1	T	0129	2.2797		
21825	Treat sternum fracture	Covered	N	1	C				\$605.33
21899	Neck/chest surgery procedure	Covered	N	1	T	0250	1.7489		
21920	Biopsy soft tissue of back	Covered	N	1	T	0020	11.1440		
21925	Biopsy soft tissue of back	Covered	N	1	T	0022	24.5953		
21930	Exc back les sc < 3 cm	Covered	N	1	T	0021	18.0849		
21931	Exc back les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
21932	Exc back tum deep < 5 cm	Covered	N	1	T	0021	18.0849		
21933	Exc back tum deep 5 cm/>	Covered	N	1	T	0022	24.5953		
21935	Resect back tum < 5 cm	Covered	N	1	T	0021	18.0849		
21936	Resect back tum 5 cm/>	Covered	N	1	T	0022	24.5953		
22010	I&d p-spine c/t/cerv-thor	Covered	N	1	C				\$402.80
22015	I&d abscess p-spine l/s/l	Covered	N	1	C				\$402.80
22100	Remove part of neck vertebra	Covered	N	1	T	0208	55.4537		
22101	Remove part thorax vertebra	Covered	N	1	T	0208	55.4537		
22102	Remove part lumbar vertebra	Covered	N	1	T	0208	55.4537		
22103	Remove extra spine segment	Covered	N	3	N				
22110	Remove part of neck vertebra	Covered	N	1	C				\$827.31
22112	Remove part thorax vertebra	Covered	N	1	C				\$819.85
22114	Remove part lumbar vertebra	Covered	N	1	C				\$800.94
22116	Remove extra spine segment	Covered	N	3	C				\$146.69
22206	Incis spine 3 column thorac	Covered	N	1	C				\$1,708.71
22207	Incis spine 3 column lumbar	Covered	N	1	C				\$1,687.63
22208	Incis spine 3 column adl seg	Covered	N	1	C				\$428.48
22210	Incis 1 vertebral seg cerv	Covered	N	1	C				\$1,421.35
22212	Incis 1 vertebral seg thorac	Covered	N	1	C				\$1,258.09
22214	Incis 1 vertebral seg lumbar	Covered	N	1	C				\$1,239.01
22216	Incis addl spine segment	Covered	N	3	C				\$370.21
22220	Incis w/dissectomy cervical	Covered	N	1	C				\$1,350.85
22222	Incis w/dissectomy thoracic	Covered	N	1	C				\$1,225.28
22224	Incis w/dissectomy lumbar	Covered	N	1	C				\$1,305.59
22226	Revise extra spine segment	Covered	N	1	C				\$368.00
22305	Closed tx spine process fx	Covered	N	1	T	0129	2.2797		
22310	Closed tx vert fx w/o manj	Covered	N	1	T	0138	2.8828		
22315	Closed tx vert fx w/manj	Covered	N	1	T	0431	17.6908		
22318	Treat odontoid fx w/o graft	Covered	N	1	C				\$1,311.10
22319	Treat odontoid fx w/graft	Covered	N		C				\$1,480.69
22325	Treat spine fracture	Covered	N	1	C				\$1,060.81
22326	Treat neck spine fracture	Covered	N	1	C				\$1,278.66
22327	Treat thorax spine fracture	Covered	N	1	C				\$1,245.81

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
22328	Treat each add spine fx	Covered	N	1	C				\$293.28
22505	Manipulation of spine	Covered	N	1	T	0045	15.5135		
22510	Perq cervicothoracic inject	Covered	N	1	T	0050	35.0819		
22511	Perq lumbosacral injection	Covered	N	1	T	0050	35.0819		
22512	Vertebroplasty addl inject	Covered	N	1	N				
22513	Perq vertebral augmentation	Covered	N	1	T	0052	85.2438		
22514	Perq vertebral augmentation	Covered	N	1	T	0052	85.2438		
22515	Perq vertebral augmentation	Covered	N	1	N				
22526	Idet single level	Not Covered			E				
22527	Idet 1 or more levels	Not Covered			E				
22532	Lat thorax spine fusion	Covered	N	1	C				\$1,353.79
22533	Lat lumbar spine fusion	Covered	N	1	C				\$1,269.08
22534	Lat thor/lumb addl seg	Covered	N		C				\$319.44
22548	Neck spine fusion	Covered	N	1	C				\$1,694.25
22551	Neck spine fuse&remov bel c2	Covered	N	1	J1	0425	137.8399		
22552	Addl neck spine fusion	Covered	N	1	C				\$348.44
22554	Neck spine fusion	Covered	N	1	J1	0425	137.8399		
22556	Thorax spine fusion	Covered	N	1	C				\$1,541.42
22558	Lumbar spine fusion	Covered	N	1	C				\$1,434.90
22585	Additional spinal fusion	Covered	N	1	C				\$354.61
22586	Prescrl fuse w/ instr l5-s1	Covered	N	1	C				\$1,318.88
22590	Spine & skull spinal fusion	Covered	N	1	C				\$1,415.10
22595	Neck spinal fusion	Covered	N	1	C				\$1,352.73
22600	Neck spine fusion	Covered	N	1	C				\$1,133.28
22610	Thorax spine fusion	Covered	N	1	C				\$1,118.85
22612	Lumbar spine fusion	Covered	N	1	J1	0425	137.8399		
22614	Spine fusion extra segment	Covered	N	1	N				
22630	Lumbar spine fusion	Covered	N	1	C				\$1,373.76
22632	Spine fusion extra segment	Covered	N	1	C				\$331.69
22633	Lumbar spine fusion combined	Covered	N	1	C				\$1,586.14
22634	Spine fusion extra segment	Covered	N	1	C				\$426.60
22800	Post fusion </6 vert seg	Covered	N	1	C				\$1,249.49
22802	Post fusion 7-12 vert seg	Covered	N	1	C				\$1,983.65
22804	Post fusion 13/> vert seg	Covered	N	1	C				\$2,227.68
22808	Ant fusion 2-3 vert seg	Covered	N	1	C				\$1,619.22
22810	Ant fusion 4-7 vert seg	Covered	N	1	C				\$1,778.28
22812	Ant fusion 8/> vert seg	Covered	N	1	C				\$2,018.05
22818	Kyphectomy 1-2 segments	Covered	N	1	C				\$2,028.25
22819	Kyphectomy 3 or more	Covered	N	1	C				\$2,231.23
22830	Exploration of spinal fusion	Covered	N	1	C				\$769.61
22840	Insert spine fixation device	Covered	N	1	C				\$711.21
22841	Insert spine fixation device	Covered	N	1	C				By Report

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
22842	Insert spine fixation device	Covered	N	1	C				\$705.98
22843	Insert spine fixation device	Covered	N	1	C				\$775.64
22844	Insert spine fixation device	Covered	N	1	C				\$965.49
22845	Insert spine fixation device	Covered	N	1	C				\$689.95
22846	Insert spine fixation device	Covered	N	1	C				\$750.04
22847	Insert spine fixation device	Covered	N	1	C				\$812.42
22848	Insert pelv fixation device	Covered	N	1	C				\$398.29
22849	Reinsert spinal fixation	Covered	N	1	C				\$1,120.03
22850	Remove spine fixation device	Covered	N	1	C				\$654.55
22851	Apply spine prosth device	Covered	N	1	N				
22852	Remove spine fixation device	Covered	N	1	C				\$641.12
22855	Remove spine fixation device	Covered	N	1	C				\$895.00
22856	Cerv artific diskectomy	Covered	N	1	J1	0425	137.8399		
22857	Lumbar artif diskectomy	Not Covered			C				
22858	Second level cer diskectomy	Not Covered			C				
22861	Revise cerv artific disc	Not Covered			C				
22862	Revise lumbar artif disc	Not Covered			C				
22864	Remove cerv artific disc	Not Covered			C				
22865	Remove lumb artif disc	Covered	N	1	C				\$1,741.74
22899	Spine surgery procedure	Covered	N	4	T	0050	35.0819		
22900	Exc abdl tum deep < 5 cm	Covered	N	1	T	0022	24.5953		
22901	Exc abdl tum deep 5 cm/>	Covered	N	1	T	0022	24.5953		
22902	Exc abd les sc < 3 cm	Covered	N	1	T	0021	18.0849		
22903	Exc abd les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
22904	Radical resect abd tumor<5cm	Covered	N	1	T	0021	18.0849		
22905	Rad resect abd tumor 5 cm/>	Covered	N	1	T	0022	24.5953		
22999	Abdomen surgery procedure	Covered	N	1	T	0049	22.3913		
23000	Removal of calcium deposits	Covered	N	1	T	0021	18.0849		
23020	Release shoulder joint	Covered	N	1	T	0050	35.0819		
23030	Drain shoulder lesion	Covered	N	1	T	0008	22.0535		
23031	Drain shoulder bursa	Covered	N	1	T	0008	22.0535		
23035	Drain shoulder bone lesion	Covered	N	1	T	0049	22.3913		
23040	Exploratory shoulder surgery	Covered	N	1	T	0050	35.0819		
23044	Exploratory shoulder surgery	Covered	N	1	T	0050	35.0819		
23065	Biopsy shoulder tissues	Covered	N	1	T	0020	11.1440		
23066	Biopsy shoulder tissues	Covered	N	1	T	0022	24.5953		
23071	Exc shoulder les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
23073	Exc shoulder tum deep 5 cm/>	Covered	N	1	T	0022	24.5953		
23075	Exc shoulder les sc < 3 cm	Covered	N	1	T	0021	18.0849		
23076	Exc shoulder tum deep < 5 cm	Covered	N	1	T	0021	18.0849		
23077	Resect shoulder tumor < 5 cm	Covered	N	1	T	0021	18.0849		
23078	Resect shoulder tumor 5 cm/>	Covered	N	1	T	0022	24.5953		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
23100	Biopsy of shoulder joint	Covered	N	1	T	0049	22.3913		
23101	Shoulder joint surgery	Covered	N	1	T	0050	35.0819		
23105	Remove shoulder joint lining	Covered	N	1	T	0050	35.0819		
23106	Incision of collarbone joint	Covered	N	1	T	0050	35.0819		
23107	Explore treat shoulder joint	Covered	N	1	T	0050	35.0819		
23120	Partial removal collar bone	Covered	N	1	T	0050	35.0819		
23125	Removal of collar bone	Covered	N	1	T	0050	35.0819		
23130	Remove shoulder bone part	Covered	N	1	T	0051	50.7327		
23140	Removal of bone lesion	Covered	N	1	T	0049	22.3913		
23145	Removal of bone lesion	Covered	N	1	T	0050	35.0819		
23146	Removal of bone lesion	Covered	N	1	T	0050	35.0819		
23150	Removal of humerus lesion	Covered	N	1	T	0050	35.0819		
23155	Removal of humerus lesion	Covered	N	1	T	0050	35.0819		
23156	Removal of humerus lesion	Covered	N	1	T	0050	35.0819		
23170	Remove collar bone lesion	Covered	N	1	T	0050	35.0819		
23172	Remove shoulder blade lesion	Covered	N	1	T	0050	35.0819		
23174	Remove humerus lesion	Covered	N	1	T	0050	35.0819		
23180	Remove collar bone lesion	Covered	N	1	T	0050	35.0819		
23182	Remove shoulder blade lesion	Covered	N	1	T	0050	35.0819		
23184	Remove humerus lesion	Covered	N	1	T	0050	35.0819		
23190	Partial removal of scapula	Covered	N	1	T	0050	35.0819		
23195	Removal of head of humerus	Covered	N	1	T	0050	35.0819		
23200	Resect clavicle tumor	Covered	N	1	C				\$824.68
23210	Resect scapula tumor	Covered	N	1	C				\$825.57
23220	Resect prox humerus tumor	Covered	N	1	C				\$984.32
23330	Remove shoulder foreign body	Covered	N	1	T	0020	11.1440		
23333	Remove shoulder fb deep	Covered	N	1	T	0020	11.1440		
23334	Shoulder prosthesis removal	Covered	N	1	T	0022	24.5953		
23335	Shoulder prosthesis removal	Covered	N	1	C				\$1,142.40
23350	Injection for shoulder x-ray	Covered	N	2	N				
23395	Muscle transfer shoulder/arm	Covered	N	1	T	0051	50.7327		
23397	Muscle transfers	Covered	N	1	T	0051	50.7327		
23400	Fixation of shoulder blade	Covered	N	1	T	0050	35.0819		
23405	Incision of tendon & muscle	Covered	N	1	T	0050	35.0819		
23406	Incise tendon(s) & muscle(s)	Covered	N	1	T	0050	35.0819		
23410	Repair rotator cuff acute	Covered	N	1	T	0051	50.7327		
23412	Repair rotator cuff chronic	Covered	N	1	T	0051	50.7327		
23415	Release of shoulder ligament	Covered	N	1	T	0051	50.7327		
23420	Repair of shoulder	Covered	N	1	T	0051	50.7327		
23430	Repair biceps tendon	Covered	N	1	T	0051	50.7327		
23440	Remove/transplant tendon	Covered	N	1	T	0050	35.0819		
23450	Repair shoulder capsule	Covered	N	1	T	0052	85.2438		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
23455	Repair shoulder capsule	Covered	N	1	T	0052	85.2438		
23460	Repair shoulder capsule	Covered	N	1	T	0052	85.2438		
23462	Repair shoulder capsule	Covered	N	1	T	0051	50.7327		
23465	Repair shoulder capsule	Covered	N	1	T	0051	50.7327		
23466	Repair shoulder capsule	Covered	N	1	T	0051	50.7327		
23470	Reconstruct shoulder joint	Covered	N	1	J1	0425	137.8399		
23472	Reconstruct shoulder joint	Covered	N	1	C				\$1,181.49
23473	Revis reconst shoulder joint	Covered	N	1	T	0047	45.3575		
23474	Revis reconst shoulder joint	Covered	N	1	C				\$1,535.02
23480	Revision of collar bone	Covered	N	1	T	0051	50.7327		
23485	Revision of collar bone	Covered	N	1	T	0052	85.2438		
23490	Reinforce clavicle	Covered	N	1	T	0052	85.2438		
23491	Reinforce shoulder bones	Covered	N	1	T	0052	85.2438		
23500	Treat clavicle fracture	Covered	N	1	T	0129	2.2797		
23505	Treat clavicle fracture	Covered	N	1	T	0139	9.6161		
23515	Treat clavicle fracture	Covered	N	1	T	0064	75.0875		
23520	Treat clavicle dislocation	Covered	N	1	T	0431	17.6908		
23525	Treat clavicle dislocation	Covered	N	1	T	0138	2.8828		
23530	Treat clavicle dislocation	Covered	N	1	T	0063	57.0073		
23532	Treat clavicle dislocation	Covered	N	1	T	0062	27.5390		
23540	Treat clavicle dislocation	Covered	N	1	T	0138	2.8828		
23545	Treat clavicle dislocation	Covered	N	1	T	0138	2.8828		
23550	Treat clavicle dislocation	Covered	N	1	T	0063	57.0073		
23552	Treat clavicle dislocation	Covered	N	1	T	0063	57.0073		
23570	Treat shoulder blade fx	Covered	N	1	T	0129	2.2797		
23575	Treat shoulder blade fx	Covered	N	1	T	0138	2.8828		
23585	Treat scapula fracture	Covered	N	1	T	0064	75.0875		
23600	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
23605	Treat humerus fracture	Covered	N	1	T	0049	22.3913		
23615	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
23616	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
23620	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
23625	Treat humerus fracture	Covered	N	1	T	0431	17.6908		
23630	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
23650	Treat shoulder dislocation	Covered	N	1	T	0138	2.8828		
23655	Treat shoulder dislocation	Covered	N	1	T	0045	15.5135		
23660	Treat shoulder dislocation	Covered	N	1	T	0063	57.0073		
23665	Treat dislocation/fracture	Covered	N	1	T	0139	9.6161		
23670	Treat dislocation/fracture	Covered	N	1	T	0064	75.0875		
23675	Treat dislocation/fracture	Covered	N	1	T	0138	2.8828		
23680	Treat dislocation/fracture	Covered	N	1	T	0063	57.0073		
23700	Fixation of shoulder	Covered	N	2	T	0045	15.5135		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
23800	Fusion of shoulder joint	Covered	N	1	T	0052	85.2438		
23802	Fusion of shoulder joint	Covered	N	1	T	0052	85.2438		
23900	Amputation of arm & girdle	Covered	N	1	C				\$1,181.15
23920	Amputation at shoulder joint	Covered	N	1	C				\$979.20
23921	Amputation follow-up surgery	Covered	N	1	T	0329	31.0293		
23929	Shoulder surgery procedure	Covered	N	1	T	0129	2.2797		
23930	Drainage of arm lesion	Covered	N	1	T	0008	22.0535		
23931	Drainage of arm bursa	Covered	N	1	T	0007	11.6749		
23935	Drain arm/elbow bone lesion	Covered	N	1	T	0049	22.3913		
24000	Exploratory elbow surgery	Covered	N	1	T	0050	35.0819		
24006	Release elbow joint	Covered	N	1	T	0050	35.0819		
24065	Biopsy arm/elbow soft tissue	Covered	N	1	T	0021	18.0849		
24066	Biopsy arm/elbow soft tissue	Covered	N	1	T	0021	18.0849		
24071	Exc arm/elbow les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
24073	Ex arm/elbow tum deep 5 cm/>	Covered	N	1	T	0022	24.5953		
24075	Exc arm/elbow les sc < 3 cm	Covered	N	2	T	0021	18.0849		
24076	Ex arm/elbow tum deep < 5 cm	Covered	N	1	T	0021	18.0849		
24077	Resect arm/elbow tum < 5 cm	Covered	N	1	T	0021	18.0849		
24079	Resect arm/elbow tum 5 cm/>	Covered	N	1	T	0022	24.5953		
24100	Biopsy elbow joint lining	Covered	N	1	T	0049	22.3913		
24101	Explore/treat elbow joint	Covered	N	1	T	0050	35.0819		
24102	Remove elbow joint lining	Covered	N	1	T	0050	35.0819		
24105	Removal of elbow bursa	Covered	N	2	T	0049	22.3913		
24110	Remove humerus lesion	Covered	N	1	T	0049	22.3913		
24115	Remove/graft bone lesion	Covered	N	1	T	0050	35.0819		
24116	Remove/graft bone lesion	Covered	N	1	T	0050	35.0819		
24120	Remove elbow lesion	Covered	N	1	T	0049	22.3913		
24125	Remove/graft bone lesion	Covered	N	1	T	0050	35.0819		
24126	Remove/graft bone lesion	Covered	N	1	T	0050	35.0819		
24130	Removal of head of radius	Covered	N	1	T	0050	35.0819		
24134	Removal of arm bone lesion	Covered	N	1	T	0050	35.0819		
24136	Remove radius bone lesion	Covered	N	1	T	0050	35.0819		
24138	Remove elbow bone lesion	Covered	N	1	T	0050	35.0819		
24140	Partial removal of arm bone	Covered	N	1	T	0050	35.0819		
24145	Partial removal of radius	Covered	N	1	T	0050	35.0819		
24147	Partial removal of elbow	Covered	N	1	T	0050	35.0819		
24149	Radical resection of elbow	Covered	N	1	T	0050	35.0819		
24150	Resect distal humerus tumor	Covered	N	1	T	0051	50.7327		
24152	Resect radius tumor	Covered	N	1	T	0051	50.7327		
24155	Removal of elbow joint	Covered	N	1	T	0050	35.0819		
24160	Remove elbow joint implant	Covered	N	2	Q2	0050	35.0819		
24164	Remove radius head implant	Covered	N	1	Q2	0050	35.0819		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
24200	Removal of arm foreign body	Covered	N	1	T	0020	11.1440		
24201	Removal of arm foreign body	Covered	N	1	T	0021	18.0849		
24220	Injection for elbow x-ray	Covered	N	2	N				
24300	Manipulate elbow w/anesth	Covered	N		T	0045	15.5135		
24301	Muscle/tendon transfer	Covered	N	1	T	0050	35.0819		
24305	Arm tendon lengthening	Covered	N	1	T	0050	35.0819		
24310	Revision of arm tendon	Covered	N	1	T	0049	22.3913		
24320	Repair of arm tendon	Covered	N	1	T	0050	35.0819		
24330	Revision of arm muscles	Covered	N	1	T	0052	85.2438		
24331	Revision of arm muscles	Covered	N	1	T	0051	50.7327		
24332	Tenolysis triceps	Covered	N	1	T	0050	35.0819		
24340	Repair of biceps tendon	Covered	N	1	T	0051	50.7327		
24341	Repair arm tendon/muscle	Covered	N	1	T	0051	50.7327		
24342	Repair of ruptured tendon	Covered	N	1	T	0051	50.7327		
24343	Repr elbow lat ligmnt w/tiss	Covered	N	1	T	0050	35.0819		
24344	Reconstruct elbow lat ligmnt	Covered	N	1	T	0051	50.7327		
24345	Repr elbw med ligmnt w/tissu	Covered	N	1	T	0050	35.0819		
24346	Reconstruct elbow med ligmnt	Covered	N	1	T	0051	50.7327		
24357	Repair elbow perc	Covered	N	1	T	0050	35.0819		
24358	Repair elbow w/deb open	Covered	N	1	T	0050	35.0819		
24359	Repair elbow deb/attch open	Covered	N	1	T	0050	35.0819		
24360	Reconstruct elbow joint	Covered	N	1	T	0047	45.3575		
24361	Reconstruct elbow joint	Covered	N	1	J1	0425	137.8399		
24362	Reconstruct elbow joint	Covered	N	1	T	0047	45.3575		
24363	Replace elbow joint	Covered	N	1	J1	0425	137.8399		
24365	Reconstruct head of radius	Covered	N	1	J1	0425	137.8399		
24366	Reconstruct head of radius	Covered	N	1	J1	0425	137.8399		
24370	Revise reconst elbow joint	Covered	N	1	J1	0425	137.8399		
24371	Revise reconst elbow joint	Covered	N	1	J1	0425	137.8399		
24400	Revision of humerus	Covered	N	1	T	0051	50.7327		
24410	Revision of humerus	Covered	N	1	T	0051	50.7327		
24420	Revision of humerus	Covered	N	1	T	0051	50.7327		
24430	Repair of humerus	Covered	N	1	T	0052	85.2438		
24435	Repair humerus with graft	Covered	N	1	J1	0425	137.8399		
24470	Revision of elbow joint	Covered	N	1	T	0051	50.7327		
24495	Decompression of forearm	Covered	N	1	T	0050	35.0819		
24498	Reinforce humerus	Covered	N	1	J1	0425	137.8399		
24500	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
24505	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
24515	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
24516	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
24530	Treat humerus fracture	Covered	N	1	T	0138	2.8828		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
24535	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
24538	Treat humerus fracture	Covered	N	1	T	0062	27.5390		
24545	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
24546	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
24560	Treat humerus fracture	Covered	N	1	T	0129	2.2797		
24565	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
24566	Treat humerus fracture	Covered	N	1	T	0062	27.5390		
24575	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
24576	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
24577	Treat humerus fracture	Covered	N	1	T	0138	2.8828		
24579	Treat humerus fracture	Covered	N	1	T	0064	75.0875		
24582	Treat humerus fracture	Covered	N	1	T	0062	27.5390		
24586	Treat elbow fracture	Covered	N	1	T	0064	75.0875		
24587	Treat elbow fracture	Covered	N	1	T	0064	75.0875		
24600	Treat elbow dislocation	Covered	N	1	T	0138	2.8828		
24605	Treat elbow dislocation	Covered	N	1	T	0045	15.5135		
24615	Treat elbow dislocation	Covered	N	1	T	0064	75.0875		
24620	Treat elbow fracture	Covered	N	1	T	0431	17.6908		
24635	Treat elbow fracture	Covered	N	1	T	0064	75.0875		
24640	Treat elbow dislocation	Covered	N	1	T	0138	2.8828		
24650	Treat radius fracture	Covered	N	1	T	0138	2.8828		
24655	Treat radius fracture	Covered	N	1	T	0138	2.8828		
24665	Treat radius fracture	Covered	N	1	T	0063	57.0073		
24666	Treat radius fracture	Covered	N	1	T	0064	75.0875		
24670	Treat ulnar fracture	Covered	N	1	T	0129	2.2797		
24675	Treat ulnar fracture	Covered	N	1	T	0138	2.8828		
24685	Treat ulnar fracture	Covered	N	1	T	0063	57.0073		
24800	Fusion of elbow joint	Covered	N	1	T	0051	50.7327		
24802	Fusion/graft of elbow joint	Covered	N	1	T	0052	85.2438		
24900	Amputation of upper arm	Covered	N	1	C				\$646.41
24920	Amputation of upper arm	Covered	N	1	C				\$640.87
24925	Amputation follow-up surgery	Covered	N	1	T	0049	22.3913		
24930	Amputation follow-up surgery	Covered	N	1	C				\$698.86
24931	Amputate upper arm & implant	Covered	N	1	C				\$802.03
24935	Revision of amputation	Covered	N	1	T	0052	85.2438		
24940	Revision of upper arm	Covered	N	1	C				\$773.11
24999	Upper arm/elbow surgery	Covered	N	1	T	0129	2.2797		
25000	Incision of tendon sheath	Covered	N	2	T	0049	22.3913		
25001	Incise flexor carpi radialis	Covered	N	2	T	0049	22.3913		
25020	Decompress forearm 1 space	Covered	N	1	T	0050	35.0819		
25023	Decompress forearm 1 space	Covered	N	1	T	0050	35.0819		
25024	Decompress forearm 2 spaces	Covered	N	1	T	0050	35.0819		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
25025	Decompress forearm 2 spaces	Covered	N	1	T	0050	35.0819		
25028	Drainage of forearm lesion	Covered	N	1	T	0049	22.3913		
25031	Drainage of forearm bursa	Covered	N	1	T	0049	22.3913		
25035	Treat forearm bone lesion	Covered	N	1	T	0049	22.3913		
25040	Explore/treat wrist joint	Covered	N	1	T	0050	35.0819		
25065	Biopsy forearm soft tissues	Covered	N	1	T	0020	11.1440		
25066	Biopsy forearm soft tissues	Covered	N	1	T	0022	24.5953		
25071	Exc forearm les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
25073	Exc forearm tum deep 3 cm/>	Covered	N	1	T	0022	24.5953		
25075	Exc forearm les sc < 3 cm	Covered	N	2	T	0021	18.0849		
25076	Exc forearm tum deep < 3 cm	Covered	N	1	T	0021	18.0849		
25077	Resect forearm/wrist tum<3cm	Covered	N	1	T	0021	18.0849		
25078	Resect forearm/wrist tum 3cm>	Covered	N	1	T	0022	24.5953		
25085	Incision of wrist capsule	Covered	N	1	T	0049	22.3913		
25100	Biopsy of wrist joint	Covered	N	1	T	0049	22.3913		
25101	Explore/treat wrist joint	Covered	N	1	T	0050	35.0819		
25105	Remove wrist joint lining	Covered	N	1	T	0050	35.0819		
25107	Remove wrist joint cartilage	Covered	N	1	T	0050	35.0819		
25109	Excise tendon forearm/wrist	Covered	N	1	T	0049	22.3913		
25110	Remove wrist tendon lesion	Covered	N	1	T	0049	22.3913		
25111	Remove wrist tendon lesion	Covered	N	1	T	0049	22.3913		
25112	Reremove wrist tendon lesion	Covered	N	1	T	0049	22.3913		
25115	Remove wrist/forearm lesion	Covered	N	1	T	0049	22.3913		
25116	Remove wrist/forearm lesion	Covered	N	1	T	0049	22.3913		
25118	Excise wrist tendon sheath	Covered	N	1	T	0050	35.0819		
25119	Partial removal of ulna	Covered	N	1	T	0050	35.0819		
25120	Removal of forearm lesion	Covered	N	1	T	0050	35.0819		
25125	Remove/graft forearm lesion	Covered	N	1	T	0050	35.0819		
25126	Remove/graft forearm lesion	Covered	N	1	T	0050	35.0819		
25130	Removal of wrist lesion	Covered	N	1	T	0050	35.0819		
25135	Remove & graft wrist lesion	Covered	N	1	T	0050	35.0819		
25136	Remove & graft wrist lesion	Covered	N	1	T	0050	35.0819		
25145	Remove forearm bone lesion	Covered	N	1	T	0050	35.0819		
25150	Partial removal of ulna	Covered	N	1	T	0050	35.0819		
25151	Partial removal of radius	Covered	N	1	T	0050	35.0819		
25170	Resect radius/ulnar tumor	Covered	N	1	T	0050	35.0819		
25210	Removal of wrist bone	Covered	N	1	T	0050	35.0819		
25215	Removal of wrist bones	Covered	N	1	T	0050	35.0819		
25230	Partial removal of radius	Covered	N	1	T	0050	35.0819		
25240	Partial removal of ulna	Covered	N	1	T	0050	35.0819		
25246	Injection for wrist x-ray	Covered	N	2	N				
25248	Remove forearm foreign body	Covered	N	1	T	0049	22.3913		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
25250	Removal of wrist prosthesis	Covered	N	1	Q2	0050	35.0819		
25251	Removal of wrist prosthesis	Covered	N	1	Q2	0050	35.0819		
25259	Manipulate wrist w/anesthes	Covered	N	1	T	0431	17.6908		
25260	Repair forearm tendon/muscle	Covered	N	1	T	0050	35.0819		
25263	Repair forearm tendon/muscle	Covered	N	1	T	0050	35.0819		
25265	Repair forearm tendon/muscle	Not Covered			T	0050	35.0819		
25270	Repair forearm tendon/muscle	Covered	N	3	T	0050	35.0819		
25272	Repair forearm tendon/muscle	Covered	N	5	T	0050	35.0819		
25274	Repair forearm tendon/muscle	Covered	N	1	T	0050	35.0819		
25275	Repair forearm tendon sheath	Covered	N	1	T	0050	35.0819		
25280	Revise wrist/forearm tendon	Covered	N	1	T	0050	35.0819		
25290	Incise wrist/forearm tendon	Covered	N	1	T	0050	35.0819		
25295	Release wrist/forearm tendon	Covered	N	1	T	0049	22.3913		
25300	Fusion of tendons at wrist	Covered	N	1	T	0050	35.0819		
25301	Fusion of tendons at wrist	Covered	N	1	T	0050	35.0819		
25310	Transplant forearm tendon	Covered	N	1	T	0050	35.0819		
25312	Transplant forearm tendon	Covered	N	1	T	0051	50.7327		
25315	Revise palsy hand tendon(s)	Covered	N	1	T	0050	35.0819		
25316	Revise palsy hand tendon(s)	Not Covered			T	0052	85.2438		
25320	Repair/revise wrist joint	Covered	N	1	T	0051	50.7327		
25332	Revise wrist joint	Covered	N	1	T	0047	45.3575		
25335	Realignment of hand	Covered	N	1	T	0051	50.7327		
25337	Reconstruct ulna/radioulnar	Covered	N	1	T	0051	50.7327		
25350	Revision of radius	Covered	N	1	T	0051	50.7327		
25355	Revision of radius	Covered	N	1	T	0051	50.7327		
25360	Revision of ulna	Covered	N	1	T	0051	50.7327		
25365	Revise radius & ulna	Covered	N	1	T	0051	50.7327		
25370	Revise radius or ulna	Covered	N	1	T	0051	50.7327		
25375	Revise radius & ulna	Covered	N	1	T	0051	50.7327		
25390	Shorten radius or ulna	Covered	N	1	T	0051	50.7327		
25391	Lengthen radius or ulna	Covered	N	1	T	0051	50.7327		
25392	Shorten radius & ulna	Covered	N	1	T	0050	35.0819		
25393	Lengthen radius & ulna	Covered	N	1	T	0051	50.7327		
25394	Repair carpal bone shorten	Covered	N	1	T	0051	50.7327		
25400	Repair radius or ulna	Covered	N	1	T	0052	85.2438		
25405	Repair/graft radius or ulna	Covered	N	1	T	0052	85.2438		
25415	Repair radius & ulna	Covered	N	1	T	0052	85.2438		
25420	Repair/graft radius & ulna	Covered	N	1	T	0052	85.2438		
25425	Repair/graft radius or ulna	Covered	N	1	T	0051	50.7327		
25426	Repair/graft radius & ulna	Covered	N	1	T	0051	50.7327		
25430	Vasc graft into carpal bone	Covered	N	1	T	0051	50.7327		
25431	Repair nonunion carpal bone	Covered	N	1	T	0051	50.7327		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
25440	Repair/graft wrist bone	Covered	N	1	T	0051	50.7327		
25441	Reconstruct wrist joint	Covered	N	1	J1	0425	137.8399		
25442	Reconstruct wrist joint	Covered	N	1	J1	0425	137.8399		
25443	Reconstruct wrist joint	Covered	N	1	T	0047	45.3575		
25444	Reconstruct wrist joint	Covered	N	1	J1	0425	137.8399		
25445	Reconstruct wrist joint	Covered	N	1	T	0047	45.3575		
25446	Wrist replacement	Covered	N	1	J1	0425	137.8399		
25447	Repair wrist joints	Covered	N	1	T	0047	45.3575		
25449	Remove wrist joint implant	Covered	N	1	T	0047	45.3575		
25450	Revision of wrist joint	Covered	N	1	T	0051	50.7327		
25455	Revision of wrist joint	Covered	N	1	T	0051	50.7327		
25490	Reinforce radius	Covered	N	1	T	0051	50.7327		
25491	Reinforce ulna	Covered	N	1	T	0051	50.7327		
25492	Reinforce radius and ulna	Covered	N	1	T	0051	50.7327		
25500	Treat fracture of radius	Covered	N	2	T	0129	2.2797		
25505	Treat fracture of radius	Covered	N	2	T	0139	9.6161		
25515	Treat fracture of radius	Covered	N	1	T	0063	57.0073		
25520	Treat fracture of radius	Covered	N	1	T	0138	2.8828		
25525	Treat fracture of radius	Covered	N	1	T	0063	57.0073		
25526	Treat fracture of radius	Covered	N	1	T	0063	57.0073		
25530	Treat fracture of ulna	Covered	N	1	T	0129	2.2797		
25535	Treat fracture of ulna	Covered	N	1	T	0138	2.8828		
25545	Treat fracture of ulna	Covered	N	1	T	0063	57.0073		
25560	Treat fracture radius & ulna	Covered	N	2	T	0129	2.2797		
25565	Treat fracture radius & ulna	Covered	N	1	T	0138	2.8828		
25574	Treat fracture radius & ulna	Covered	N	1	T	0064	75.0875		
25575	Treat fracture radius/ulna	Covered	N	1	T	0064	75.0875		
25600	Treat fracture radius/ulna	Covered	N	1	T	0138	2.8828		
25605	Treat fracture radius/ulna	Covered	N	1	T	0139	9.6161		
25606	Treat fx distal radial	Covered	N	1	T	0062	27.5390		
25607	Treat fx rad extra-articul	Covered	N	1	T	0064	75.0875		
25608	Treat fx rad intra-articul	Covered	N	1	T	0064	75.0875		
25609	Treat fx radial 3+ frag	Covered	N	1	T	0064	75.0875		
25622	Treat wrist bone fracture	Covered	N	1	T	0138	2.8828		
25624	Treat wrist bone fracture	Covered	N	1	T	0139	9.6161		
25628	Treat wrist bone fracture	Covered	N	1	T	0063	57.0073		
25630	Treat wrist bone fracture	Covered	N	2	T	0138	2.8828		
25635	Treat wrist bone fracture	Covered	N	1	T	0138	2.8828		
25645	Treat wrist bone fracture	Covered	N	1	T	0063	57.0073		
25650	Treat wrist bone fracture	Covered	N	1	T	0138	2.8828		
25651	Pin ulnar styloid fracture	Covered	N	1	T	0062	27.5390		
25652	Treat fracture ulnar styloid	Covered	N	1	T	0063	57.0073		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
25660	Treat wrist dislocation	Covered	N	1	T	0138	2.8828		
25670	Treat wrist dislocation	Covered	N	1	T	0062	27.5390		
25671	Pin radioulnar dislocation	Covered	N	1	T	0062	27.5390		
25675	Treat wrist dislocation	Covered	N	1	T	0138	2.8828		
25676	Treat wrist dislocation	Covered	N	1	T	0062	27.5390		
25680	Treat wrist fracture	Covered	N	1	T	0129	2.2797		
25685	Treat wrist fracture	Covered	N	1	T	0062	27.5390		
25690	Treat wrist dislocation	Covered	N	1	T	0431	17.6908		
25695	Treat wrist dislocation	Covered	N	1	T	0062	27.5390		
25800	Fusion of wrist joint	Covered	N	1	T	0052	85.2438		
25805	Fusion/graft of wrist joint	Covered	N	1	T	0052	85.2438		
25810	Fusion/graft of wrist joint	Covered	N	1	T	0052	85.2438		
25820	Fusion of hand bones	Covered	N	1	T	0051	50.7327		
25825	Fuse hand bones with graft	Covered	N	1	T	0052	85.2438		
25830	Fusion radioulnar jnt/ulna	Covered	N	1	T	0051	50.7327		
25900	Amputation of forearm	Covered	N	1	C				\$654.54
25905	Amputation of forearm	Covered	N	1	C				\$675.78
25907	Amputation follow-up surgery	Covered	N	1	T	0049	22.3913		
25909	Amputation follow-up surgery	Covered	N	1	T	0049	22.3913		
25915	Amputation of forearm	Covered	N	1	C				\$1,146.69
25920	Amputate hand at wrist	Covered	N	1	C				\$580.46
25922	Amputate hand at wrist	Covered	N	1	T	0049	22.3913		
25924	Amputation follow-up surgery	Covered	N	1	C				\$580.24
25927	Amputation of hand	Covered	N	1	C				\$624.17
25929	Amputation follow-up surgery	Covered	N	1	T	0328	18.9748		
25931	Amputation follow-up surgery	Covered	N	1	T	0049	22.3913		
25999	Forearm or wrist surgery	Covered	N	1	T	0129	2.2797		
26010	Drainage of finger abscess	Covered	N	1	T	0006	2.1836		
26011	Drainage of finger abscess	Covered	N	1	T	0007	11.6749		
26020	Drain hand tendon sheath	Covered	N	1	T	0053	16.5603		
26025	Drainage of palm bursa	Covered	N	1	T	0053	16.5603		
26030	Drainage of palm bursas	Covered	N	1	T	0053	16.5603		
26034	Treat hand bone lesion	Covered	N	1	T	0053	16.5603		
26035	Decompress fingers/hand	Covered	N	1	T	0053	16.5603		
26037	Decompress fingers/hand	Covered	N	2	T	0053	16.5603		
26040	Release palm contracture	Covered	N	2	T	0053	16.5603		
26045	Release palm contracture	Covered	N	2	T	0054	29.7967		
26055	Incise finger tendon sheath	Covered	N	1	T	0053	16.5603		
26060	Incision of finger tendon	Covered	N	1	T	0053	16.5603		
26070	Explore/treat hand joint	Covered	N	1	T	0053	16.5603		
26075	Explore/treat finger joint	Covered	N	1	T	0053	16.5603		
26080	Explore/treat finger joint	Covered	N	1	T	0053	16.5603		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
26100	Biopsy hand joint lining	Covered	N	1	T	0053	16.5603		
26105	Biopsy finger joint lining	Covered	N	1	T	0053	16.5603		
26110	Biopsy finger joint lining	Covered	N	2	T	0053	16.5603		
26111	Exc hand les sc 1.5 cm/>	Covered	N	1	T	0022	24.5953		
26113	Exc hand tum deep 1.5 cm/>	Covered	N	1	T	0022	24.5953		
26115	Exc hand les sc < 1.5 cm	Covered	N	1	T	0021	18.0849		
26116	Exc hand tum deep < 1.5 cm	Covered	N	1	T	0021	18.0849		
26117	Rad resect hand tumor < 3 cm	Covered	N	1	T	0021	18.0849		
26118	Rad resect hand tumor 3 cm/>	Covered	N	1	T	0022	24.5953		
26121	Release palm contracture	Covered	N	1	T	0054	29.7967		
26123	Release palm contracture	Covered	N	1	T	0054	29.7967		
26125	Release palm contracture	Covered	N	1	N				
26130	Remove wrist joint lining	Covered	N	1	T	0053	16.5603		
26135	Revise finger joint each	Covered	N	5	T	0054	29.7967		
26140	Revise finger joint each	Covered	N	5	T	0053	16.5603		
26145	Tendon excision palm/finger	Covered	N	5	T	0053	16.5603		
26160	Remove tendon sheath lesion	Covered	N	4	T	0053	16.5603		
26170	Removal of palm tendon each	Covered	N	1	T	0053	16.5603		
26180	Removal of finger tendon	Covered	N	1	T	0053	16.5603		
26185	Remove finger bone	Covered	N	1	T	0053	16.5603		
26200	Remove hand bone lesion	Covered	N	1	T	0053	16.5603		
26205	Remove/graft bone lesion	Covered	N	1	T	0054	29.7967		
26210	Removal of finger lesion	Covered	N	1	T	0053	16.5603		
26215	Remove/graft finger lesion	Covered	N	1	T	0053	16.5603		
26230	Partial removal of hand bone	Covered	N	1	T	0053	16.5603		
26235	Partial removal finger bone	Covered	N	1	T	0053	16.5603		
26236	Partial removal finger bone	Covered	N	1	T	0053	16.5603		
26250	Extensive hand surgery	Covered	N	1	T	0053	16.5603		
26260	Resect prox finger tumor	Covered	N	1	T	0053	16.5603		
26262	Resect distal finger tumor	Covered	N	1	T	0053	16.5603		
26320	Removal of implant from hand	Covered	N	1	Q2	0021	18.0849		
26340	Manipulate finger w/anesth	Covered	N	1	T	0138	2.8828		
26341	Manipulat palm cord post inj	Covered	N	2	T	0138	2.8828		
26350	Repair finger/hand tendon	Covered	N	6	T	0054	29.7967		
26352	Repair/graft hand tendon	Covered	N	1	T	0054	29.7967		
26356	Repair finger/hand tendon	Covered	N	1	T	0054	29.7967		
26357	Repair finger/hand tendon	Covered	N	2	T	0054	29.7967		
26358	Repair/graft hand tendon	Covered	N	2	T	0054	29.7967		
26370	Repair finger/hand tendon	Covered	N	1	T	0054	29.7967		
26372	Repair/graft hand tendon	Covered	N	1	T	0054	29.7967		
26373	Repair finger/hand tendon	Covered	N	1	T	0054	29.7967		
26390	Revise hand/finger tendon	Covered	N	1	T	0054	29.7967		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
26392	Repair/graft hand tendon	Covered	N	1	T	0054	29.7967		
26410	Repair hand tendon	Covered	N	1	T	0053	16.5603		
26412	Repair/graft hand tendon	Covered	N	1	T	0054	29.7967		
26415	Excision hand/finger tendon	Covered	N	1	T	0054	29.7967		
26416	Graft hand or finger tendon	Covered	N	1	T	0054	29.7967		
26418	Repair finger tendon	Covered	N	1	T	0053	16.5603		
26420	Repair/graft finger tendon	Covered	N	1	T	0054	29.7967		
26426	Repair finger/hand tendon	Covered	N	1	T	0054	29.7967		
26428	Repair/graft finger tendon	Covered	N	1	T	0054	29.7967		
26432	Repair finger tendon	Covered	N	1	T	0053	16.5603		
26433	Repair finger tendon	Covered	N	1	T	0053	16.5603		
26434	Repair/graft finger tendon	Covered	N	1	T	0054	29.7967		
26437	Realignment of tendons	Covered	N	1	T	0053	16.5603		
26440	Release palm/finger tendon	Covered	N	1	T	0053	16.5603		
26442	Release palm & finger tendon	Covered	N	1	T	0054	29.7967		
26445	Release hand/finger tendon	Covered	N	1	T	0053	16.5603		
26449	Release forearm/hand tendon	Covered	N	1	T	0054	29.7967		
26450	Incision of palm tendon	Covered	N	1	T	0053	16.5603		
26455	Incision of finger tendon	Covered	N	1	T	0053	16.5603		
26460	Incise hand/finger tendon	Covered	N	1	T	0053	16.5603		
26471	Fusion of finger tendons	Covered	N	1	T	0053	16.5603		
26474	Fusion of finger tendons	Covered	N	1	T	0053	16.5603		
26476	Tendon lengthening	Covered	N	1	T	0053	16.5603		
26477	Tendon shortening	Covered	N	1	T	0053	16.5603		
26478	Lengthening of hand tendon	Covered	N	1	T	0053	16.5603		
26479	Shortening of hand tendon	Covered	N	1	T	0053	16.5603		
26480	Transplant hand tendon	Covered	N	1	T	0054	29.7967		
26483	Transplant/graft hand tendon	Covered	N	1	T	0054	29.7967		
26485	Transplant palm tendon	Covered	N	1	T	0054	29.7967		
26489	Transplant/graft palm tendon	Covered	N	1	T	0054	29.7967		
26490	Revise thumb tendon	Covered	N	1	T	0054	29.7967		
26492	Tendon transfer with graft	Covered	N	1	T	0054	29.7967		
26494	Hand tendon/muscle transfer	Covered	N	1	T	0054	29.7967		
26496	Revise thumb tendon	Covered	N	1	T	0054	29.7967		
26497	Finger tendon transfer	Covered	N	1	T	0054	29.7967		
26498	Finger tendon transfer	Covered	N	1	T	0054	29.7967		
26499	Revision of finger	Covered	N	4	T	0054	29.7967		
26500	Hand tendon reconstruction	Covered	N	1	T	0053	16.5603		
26502	Hand tendon reconstruction	Covered	N	1	T	0054	29.7967		
26508	Release thumb contracture	Covered	N	1	T	0053	16.5603		
26510	Thumb tendon transfer	Covered	N	1	T	0054	29.7967		
26516	Fusion of knuckle joint	Covered	N	1	T	0054	29.7967		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
26517	Fusion of knuckle joints	Covered	N	1	T	0054	29.7967		
26518	Fusion of knuckle joints	Covered	N	1	T	0054	29.7967		
26520	Release knuckle contracture	Covered	N	8	T	0053	16.5603		
26525	Release finger contracture	Covered	N	8	T	0053	16.5603		
26530	Revise knuckle joint	Covered	N	8	T	0047	45.3575		
26531	Revise knuckle with implant	Covered	N	8	T	0047	45.3575		
26535	Revise finger joint	Covered	N	8	T	0047	45.3575		
26536	Revise/implant finger joint	Covered	N	1	T	0047	45.3575		
26540	Repair hand joint	Covered	N	8	T	0053	16.5603		
26541	Repair hand joint with graft	Covered	N	8	T	0054	29.7967		
26542	Repair hand joint with graft	Covered	N	8	T	0053	16.5603		
26545	Reconstruct finger joint	Covered	N	8	T	0054	29.7967		
26546	Repair nonunion hand	Covered	N	1	T	0054	29.7967		
26548	Reconstruct finger joint	Covered	N	8	T	0054	29.7967		
26550	Construct thumb replacement	Covered	N	1	T	0054	29.7967		
26551	Great toe-hand transfer	Covered	N	1	C				\$2,941.60
26553	Single transfer toe-hand	Covered	N	1	C				\$2,916.94
26554	Double transfer toe-hand	Covered	N	1	C				\$3,434.73
26555	Positional change of finger	Covered	N	1	T	0054	29.7967		
26556	Toe joint transfer	Covered	N	1	C				\$3,019.55
26560	Repair of web finger	Covered	N	1	T	0053	16.5603		
26561	Repair of web finger	Covered	N	1	T	0054	29.7967		
26562	Repair of web finger	Covered	N	1	T	0054	29.7967		
26565	Correct metacarpal flaw	Covered	N	1	T	0054	29.7967		
26567	Correct finger deformity	Covered	N	1	T	0054	29.7967		
26568	Lengthen metacarpal/finger	Covered	N	1	T	0054	29.7967		
26580	Repair hand deformity	Covered	N	1	T	0053	16.5603		
26587	Reconstruct extra finger	Covered	N	1	T	0053	16.5603		
26590	Repair finger deformity	Covered	N	1	T	0053	16.5603		
26591	Repair muscles of hand	Covered	N	2	T	0054	29.7967		
26593	Release muscles of hand	Covered	N	2	T	0053	16.5603		
26596	Excision constricting tissue	Covered	N	1	T	0053	16.5603		
26600	Treat metacarpal fracture	Covered	N	4	T	0138	2.8828		
26605	Treat metacarpal fracture	Covered	N	2	T	0138	2.8828		
26607	Treat metacarpal fracture	Covered	N	2	T	0431	17.6908		
26608	Treat metacarpal fracture	Covered	N	3	T	0062	27.5390		
26615	Treat metacarpal fracture	Covered	N	1	T	0063	57.0073		
26641	Treat thumb dislocation	Covered	N	1	T	0138	2.8828		
26645	Treat thumb fracture	Covered	N	2	T	0138	2.8828		
26650	Treat thumb fracture	Covered	N	1	T	0062	27.5390		
26665	Treat thumb fracture	Covered	N	1	T	0063	57.0073		
26670	Treat hand dislocation	Covered	N	1	T	0129	2.2797		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
26675	Treat hand dislocation	Covered	N	2	T	0138	2.8828		
26676	Pin hand dislocation	Covered	N	1	T	0062	27.5390		
26685	Treat hand dislocation	Covered	N	1	T	0062	27.5390		
26686	Treat hand dislocation	Covered	N	1	T	0064	75.0875		
26700	Treat knuckle dislocation	Covered	N	1	T	0138	2.8828		
26705	Treat knuckle dislocation	Covered	N	1	T	0138	2.8828		
26706	Pin knuckle dislocation	Covered	N	1	T	0431	17.6908		
26715	Treat knuckle dislocation	Covered	N	1	T	0062	27.5390		
26720	Treat finger fracture each	Covered	N	5	T	0129	2.2797		
26725	Treat finger fracture each	Covered	N	5	T	0138	2.8828		
26727	Treat finger fracture each	Covered	N	5	T	0062	27.5390		
26735	Treat finger fracture each	Covered	N	1	T	0062	27.5390		
26740	Treat finger fracture each	Covered	N	3	T	0138	2.8828		
26742	Treat finger fracture each	Covered	N	4	T	0138	2.8828		
26746	Treat finger fracture each	Covered	N	1	T	0062	27.5390		
26750	Treat finger fracture each	Covered	N	5	T	0129	2.2797		
26755	Treat finger fracture each	Covered	N	5	T	0138	2.8828		
26756	Pin finger fracture each	Covered	N	5	T	0062	27.5390		
26765	Treat finger fracture each	Covered	N	1	T	0062	27.5390		
26770	Treat finger dislocation	Covered	N	1	T	0129	2.2797		
26775	Treat finger dislocation	Covered	N	1	S	0058	3.0104		
26776	Pin finger dislocation	Covered	N	1	T	0062	27.5390		
26785	Treat finger dislocation	Covered	N	1	T	0062	27.5390		
26820	Thumb fusion with graft	Covered	N	1	T	0054	29.7967		
26841	Fusion of thumb	Covered	N	1	T	0054	29.7967		
26842	Thumb fusion with graft	Covered	N	1	T	0054	29.7967		
26843	Fusion of hand joint	Covered	N	1	T	0054	29.7967		
26844	Fusion/graft of hand joint	Covered	N	1	T	0054	29.7967		
26850	Fusion of knuckle	Covered	N	1	T	0054	29.7967		
26852	Fusion of knuckle with graft	Covered	N	1	T	0054	29.7967		
26860	Fusion of finger joint	Covered	N	1	T	0054	29.7967		
26861	Fusion of finger jnt add-on	Covered	N	1	N				
26862	Fusion/graft of finger joint	Covered	N	1	T	0054	29.7967		
26863	Fuse/graft added joint	Covered	N	1	N				
26910	Amputate metacarpal bone	Covered	N	1	T	0054	29.7967		
26951	Amputation of finger/thumb	Covered	N	1	T	0053	16.5603		
26952	Amputation of finger/thumb	Covered	N	1	T	0053	16.5603		
26989	Hand/finger surgery	Covered	N	1	T	0129	2.2797		
26990	Drainage of pelvis lesion	Covered	N	1	T	0049	22.3913		
26991	Drainage of pelvis bursa	Covered	N	1	T	0049	22.3913		
26992	Drainage of bone lesion	Covered	N	1	C				\$863.14
27000	Incision of hip tendon	Covered	N	1	T	0049	22.3913		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27001	Incision of hip tendon	Covered	N	1	T	0050	35.0819		
27003	Incision of hip tendon	Covered	N	1	T	0050	35.0819		
27005	Incision of hip tendon	Covered	N	1	C				\$564.96
27006	Incision of hip tendons	Covered	N	1	T	0050	35.0819		
27025	Incision of hip/thigh fascia	Covered	N	1	C				\$676.98
27027	Buttock fasciotomy	Covered	N	1	T	0050	35.0819		
27030	Drainage of hip joint	Covered	N	1	C				\$864.87
27033	Exploration of hip joint	Covered	N	1	T	0051	50.7327		
27035	Denervation of hip joint	Covered	N	1	T	0050	35.0819		
27036	Excision of hip joint/muscle	Covered	N	1	C				\$884.90
27040	Biopsy of soft tissues	Covered	N	1	T	0020	11.1440		
27041	Biopsy of soft tissues	Covered	N	1	T	0020	11.1440		
27043	Exc hip pelvis les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
27045	Exc hip/pelv tum deep 5 cm/>	Covered	N	1	T	0022	24.5953		
27047	Exc hip/pelvis les sc < 3 cm	Covered	N	1	T	0021	18.0849		
27048	Exc hip/pelv tum deep < 5 cm	Covered	N	1	T	0021	18.0849		
27049	Resect hip/pelv tum < 5 cm	Covered	N	1	T	0021	18.0849		
27050	Biopsy of sacroiliac joint	Covered	N	1	T	0049	22.3913		
27052	Biopsy of hip joint	Covered	N	1	T	0049	22.3913		
27054	Removal of hip joint lining	Covered	N	1	C				\$633.63
27057	Buttock fasciotomy w/dbrdmt	Covered	N	1	T	0049	22.3913		
27059	Resect hip/pelv tum 5 cm/>	Covered	N	1	T	0022	24.5953		
27060	Removal of ischial bursa	Covered	N	1	T	0049	22.3913		
27062	Remove femur lesion/bursa	Covered	N	1	T	0049	22.3913		
27065	Remove hip bone les super	Covered	N	1	T	0049	22.3913		
27066	Remove hip bone les deep	Covered	N	1	T	0050	35.0819		
27067	Remove/graft hip bone lesion	Covered	N	1	T	0050	35.0819		
27070	Part remove hip bone super	Covered	N	1	C				\$781.68
27071	Part removal hip bone deep	Covered	N	1	C				\$835.61
27075	Resect hip tumor	Covered	N	1	C				\$1,120.02
27076	Resect hip tum incl acetabul	Covered	N	1	C				\$1,403.23
27077	Resect hip tum w/innom bone	Covered	N	1	C				\$1,489.51
27078	Rsect hip tum incl femur	Covered	N	1	C				\$877.25
27080	Removal of tail bone	Covered	N	1	T	0050	35.0819		
27086	Remove hip foreign body	Covered	N	1	T	0020	11.1440		
27087	Remove hip foreign body	Covered	N	1	T	0049	22.3913		
27090	Removal of hip prosthesis	Covered	N	1	C				\$738.97
27091	Removal of hip prosthesis	Covered	N	1	C				\$1,432.23
27093	Injection for hip x-ray	Covered	N	1	N				
27095	Injection for hip x-ray	Covered	N	2	N				
27096	Inject sacroiliac joint	Not Covered			B				
27097	Revision of hip tendon	Covered	N	1	T	0050	35.0819		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27098	Transfer tendon to pelvis	Covered	N	1	T	0050	35.0819		
27100	Transfer of abdominal muscle	Covered	N	1	T	0051	50.7327		
27105	Transfer of spinal muscle	Covered	N	1	T	0051	50.7327		
27110	Transfer of iliopsoas muscle	Covered	N	1	T	0051	50.7327		
27111	Transfer of iliopsoas muscle	Covered	N	1	T	0051	50.7327		
27120	Reconstruction of hip socket	Covered	N	1	C				\$1,207.80
27122	Reconstruction of hip socket	Covered	N	1	C				\$1,057.35
27125	Partial hip replacement	Covered	N	1	C				\$1,031.79
27130	Total hip arthroplasty	Covered	N	1	C				\$1,394.47
27132	Total hip arthroplasty	Covered	N	1	C				\$1,602.08
27134	Revise hip joint replacement	Covered	N	1	C				\$1,939.47
27137	Revise hip joint replacement	Covered	N	1	C				\$1,464.32
27138	Revise hip joint replacement	Covered	N	1	C				\$1,524.44
27140	Transplant femur ridge	Covered	N	1	C				\$822.53
27146	Incision of hip bone	Covered	N	1	C				\$1,080.93
27147	Revision of hip bone	Covered	N	1	C				\$1,315.94
27151	Incision of hip bones	Covered	N	1	C				\$1,309.90
27156	Revision of hip bones	Covered	N	1	C				\$1,522.65
27158	Revision of pelvis	Covered	N	1	C				\$1,199.46
27161	Incision of neck of femur	Covered	N	1	C				\$1,087.75
27165	Incision/fixation of femur	Covered	N	1	C				\$1,184.51
27170	Repair/graft femur head/neck	Covered	N	1	C				\$1,094.23
27175	Treat slipped epiphysis	Covered	N	1	C				\$441.28
27176	Treat slipped epiphysis	Covered	N	1	C				\$773.01
27177	Treat slipped epiphysis	Covered	N	1	C				\$948.54
27178	Treat slipped epiphysis	Covered	N	1	C				\$770.99
27179	Revise head/neck of femur	Covered	N	1	T	0052	85.2438		
27181	Treat slipped epiphysis	Covered	N	1	C				\$912.08
27185	Revision of femur epiphysis	Covered	N	1	C				\$513.31
27187	Reinforce hip bones	Covered	N	1	C				\$962.95
27193	Treat pelvic ring fracture	Covered	N	1	T	0138	2.8828		
27194	Treat pelvic ring fracture	Covered	N	1	T	0139	9.6161		
27200	Treat tail bone fracture	Covered	N	1	T	0129	2.2797		
27202	Treat tail bone fracture	Covered	N	1	T	0063	57.0073		
27215	Treat pelvic fracture(s)	Covered	N	1	E				\$717.88
27216	Treat pelvic ring fracture	Covered	N	1	E				\$822.68
27217	Treat pelvic ring fracture	Covered	N	1	E				\$967.23
27218	Treat pelvic ring fracture	Covered	N	1	E				\$1,188.55
27220	Treat hip socket fracture	Covered	N	1	T	0129	2.2797		
27222	Treat hip socket fracture	Covered	N	1	C				\$736.01
27226	Treat hip wall fracture	Covered	N	1	C				\$1,019.93
27227	Treat hip fracture(s)	Covered	N	1	C				\$1,483.02

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27228	Treat hip fracture(s)	Covered	N	1	C				\$1,657.92
27230	Treat thigh fracture	Covered	N	1	T	0138	2.8828		
27232	Treat thigh fracture	Covered	N	1	C				\$690.33
27235	Treat thigh fracture	Covered	N	1	T	0050	35.0819		
27236	Treat thigh fracture	Covered	N	1	C				\$1,069.61
27238	Treat thigh fracture	Covered	N	1	T	0138	2.8828		
27240	Treat thigh fracture	Covered	N	1	C				\$786.85
27244	Treat thigh fracture	Covered	N	1	C				\$1,074.39
27245	Treat thigh fracture	Covered	N	1	C				\$1,276.46
27246	Treat thigh fracture	Covered	N	1	T	0138	2.8828		
27248	Treat thigh fracture	Covered	N	1	C				\$737.47
27250	Treat hip dislocation	Covered	N	1	T	0138	2.8828		
27252	Treat hip dislocation	Covered	N	1	T	0139	9.6161		
27253	Treat hip dislocation	Covered	N	1	C				\$875.02
27254	Treat hip dislocation	Covered	N	1	C				\$1,116.48
27256	Treat hip dislocation	Covered	N	1	T	0129	2.2797		
27257	Treat hip dislocation	Covered	N	1	T	0139	9.6161		
27258	Treat hip dislocation	Covered	N	1	C				\$1,021.23
27259	Treat hip dislocation	Covered	N	1	C				\$1,360.95
27265	Treat hip dislocation	Covered	N	1	T	0138	2.8828		
27266	Treat hip dislocation	Covered	N	1	T	0045	15.5135		
27267	Cltx thigh fx	Covered	N	1	T	0431	17.6908		
27268	Cltx thigh fx w/mnpj	Covered	N	1	C				\$373.17
27269	Optx thigh fx	Covered	N	1	C				\$888.45
27275	Manipulation of hip joint	Covered	N	1	T	0045	15.5135		
27279	Arthrodesis sacroiliac joint	Covered	N	1	J1	0425	137.8399		
27280	Fusion of sacroiliac joint	Covered	N	1	C				\$888.46
27282	Fusion of pubic bones	Covered	N	1	C				\$748.90
27284	Fusion of hip joint	Covered	N	1	C				\$1,082.93
27286	Fusion of hip joint	Covered	N	1	C				\$1,131.68
27290	Amputation of leg at hip	Covered	N	1	C				\$1,562.30
27295	Amputation of leg at hip	Covered	N	1	C				\$1,201.71
27299	Pelvis/hip joint surgery	Covered	N	1	T	0129	2.2797		
27301	Drain thigh/knee lesion	Covered	N	1	T	0008	22.0535		
27303	Drainage of bone lesion	Covered	N	1	C				\$616.02
27305	Incise thigh tendon & fascia	Covered	N	1	T	0049	22.3913		
27306	Incision of thigh tendon	Covered	N	1	T	0049	22.3913		
27307	Incision of thigh tendons	Covered	N	1	T	0050	35.0819		
27310	Exploration of knee joint	Covered	N	1	T	0050	35.0819		
27323	Biopsy thigh soft tissues	Covered	N	1	T	0020	11.1440		
27324	Biopsy thigh soft tissues	Covered	N	1	T	0022	24.5953		
27325	Neurectomy hamstring	Covered	N	1	T	0220	18.6600		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27326	Neurectomy popliteal	Covered	N	1	T	0220	18.6600		
27327	Exc thigh/knee les sc < 3 cm	Covered	N	1	T	0022	24.5953		
27328	Exc thigh/knee tum deep <5cm	Covered	N	1	T	0021	18.0849		
27329	Resect thigh/knee tum < 5 cm	Covered	N	1	T	0021	18.0849		
27330	Biopsy knee joint lining	Covered	N	1	T	0050	35.0819		
27331	Explore/treat knee joint	Covered	N	1	T	0050	35.0819		
27332	Removal of knee cartilage	Covered	N	1	T	0050	35.0819		
27333	Removal of knee cartilage	Covered	N	1	T	0050	35.0819		
27334	Remove knee joint lining	Covered	N	1	T	0050	35.0819		
27335	Remove knee joint lining	Covered	N	1	T	0050	35.0819		
27337	Exc thigh/knee les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
27339	Exc thigh/knee tum dep 5cm/>	Covered	N	1	T	0022	24.5953		
27340	Removal of kneecap bursa	Covered	N	1	T	0049	22.3913		
27345	Removal of knee cyst	Covered	N	1	T	0049	22.3913		
27347	Remove knee cyst	Covered	N	1	T	0049	22.3913		
27350	Removal of kneecap	Covered	N	1	T	0050	35.0819		
27355	Remove femur lesion	Covered	N	1	T	0050	35.0819		
27356	Remove femur lesion/graft	Covered	N	1	T	0050	35.0819		
27357	Remove femur lesion/graft	Covered	N	1	T	0050	35.0819		
27358	Remove femur lesion/fixation	Covered	N	1	N				
27360	Partial removal leg bone(s)	Covered	N	1	T	0050	35.0819		
27364	Resect thigh/knee tum 5 cm/>	Covered	N	1	T	0022	24.5953		
27365	Resect femur/knee tumor	Covered	N	1	C				\$1,071.03
27370	Injection for knee x-ray	Covered	N	1	N				
27372	Removal of foreign body	Covered	N	1	T	0022	24.5953		
27380	Repair of kneecap tendon	Covered	N	1	T	0050	35.0819		
27381	Repair/graft kneecap tendon	Covered	N	1	T	0050	35.0819		
27385	Repair of thigh muscle	Covered	N	1	T	0050	35.0819		
27386	Repair/graft of thigh muscle	Covered	N	1	T	0050	35.0819		
27390	Incision of thigh tendon	Covered	N	1	T	0049	22.3913		
27391	Incision of thigh tendons	Covered	N	1	T	0049	22.3913		
27392	Incision of thigh tendons	Covered	N	1	T	0050	35.0819		
27393	Lengthening of thigh tendon	Covered	N	1	T	0050	35.0819		
27394	Lengthening of thigh tendons	Covered	N	1	T	0050	35.0819		
27395	Lengthening of thigh tendons	Covered	N	1	T	0051	50.7327		
27396	Transplant of thigh tendon	Covered	N	1	T	0050	35.0819		
27397	Transplants of thigh tendons	Covered	N	1	T	0051	50.7327		
27400	Revise thigh muscles/tendons	Covered	N	1	T	0051	50.7327		
27403	Repair of knee cartilage	Covered	N	1	T	0050	35.0819		
27405	Repair of knee ligament	Covered	N	1	T	0051	50.7327		
27407	Repair of knee ligament	Covered	N	1	T	0052	85.2438		
27409	Repair of knee ligaments	Covered	N	1	T	0051	50.7327		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27412	Autochondrocyte implant knee	Covered	N	1	J1	0425	137.8399		
27415	Osteochondral knee allograft	Covered	N	1	J1	0425	137.8399		
27416	Osteochondral knee autograft	Covered	R	1	T	0051	50.7327		
27418	Repair degenerated kneecap	Covered	N	1	T	0051	50.7327		
27420	Revision of unstable kneecap	Covered	N	1	T	0051	50.7327		
27422	Revision of unstable kneecap	Covered	N	1	T	0051	50.7327		
27424	Revision/removal of kneecap	Covered	N	1	T	0051	50.7327		
27425	Lat retinacular release open	Covered	N	1	T	0050	35.0819		
27427	Reconstruction knee	Covered	N	1	T	0052	85.2438		
27428	Reconstruction knee	Covered	N	1	J1	0425	137.8399		
27429	Reconstruction knee	Covered	N	1	T	0052	85.2438		
27430	Revision of thigh muscles	Covered	N	1	T	0051	50.7327		
27435	Incision of knee joint	Covered	N	1	T	0050	35.0819		
27437	Revise kneecap	Covered	N	1	T	0047	45.3575		
27438	Revise kneecap with implant	Covered	N	1	J1	0425	137.8399		
27440	Revision of knee joint	Covered	N	1	J1	0425	137.8399		
27441	Revision of knee joint	Covered	N	1	T	0047	45.3575		
27442	Revision of knee joint	Covered	N	1	J1	0425	137.8399		
27443	Revision of knee joint	Covered	N	1	J1	0425	137.8399		
27445	Revision of knee joint	Covered	N	1	C				\$1,217.94
27446	Revision of knee joint	Covered	N	1	J1	0425	137.8399		
27447	Total knee arthroplasty	Covered	N	1	C				\$1,475.63
27448	Incision of thigh	Covered	N	1	C				\$796.45
27450	Incision of thigh	Covered	N	1	C				\$986.28
27454	Realignment of thigh bone	Covered	N	1	C				\$1,148.96
27455	Realignment of knee	Covered	N	1	C				\$871.73
27457	Realignment of knee	Covered	N	1	C				\$910.29
27465	Shortening of thigh bone	Covered	N	1	C				\$943.14
27466	Lengthening of thigh bone	Covered	N	1	C				\$1,085.76
27468	Shorten/lengthen thighs	Covered	N	1	C				\$1,217.03
27470	Repair of thigh	Covered	N	1	C				\$1,129.41
27472	Repair/graft of thigh	Covered	N	1	C				\$1,252.49
27475	Surgery to stop leg growth	Covered	N	1	T	0050	35.0819		
27477	Surgery to stop leg growth	Covered	N	1	C				\$705.74
27479	Surgery to stop leg growth	Covered	N	1	T	0050	35.0819		
27485	Surgery to stop leg growth	Covered	N	1	C				\$600.15
27486	Revise/replace knee joint	Covered	N	1	C				\$1,332.57
27487	Revise/replace knee joint	Covered	N	1	C				\$1,723.14
27488	Removal of knee prosthesis	Covered	N	1	C				\$1,082.38
27495	Reinforce thigh	Covered	N	1	C				\$1,110.68
27496	Decompression of thigh/knee	Covered	N	1	T	0050	35.0819		
27497	Decompression of thigh/knee	Covered	N	1	T	0049	22.3913		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27498	Decompression of thigh/knee	Covered	N	1	T	0050	35.0819		
27499	Decompression of thigh/knee	Covered	N	1	T	0050	35.0819		
27500	Treatment of thigh fracture	Covered	N	1	T	0138	2.8828		
27501	Treatment of thigh fracture	Covered	N	1	T	0138	2.8828		
27502	Treatment of thigh fracture	Covered	N	1	T	0431	17.6908		
27503	Treatment of thigh fracture	Covered	N	1	T	0138	2.8828		
27506	Treatment of thigh fracture	Covered	N	1	C				\$1,146.77
27507	Treatment of thigh fracture	Covered	N	1	C				\$976.00
27508	Treatment of thigh fracture	Covered	N	1	T	0138	2.8828		
27509	Treatment of thigh fracture	Covered	N	1	T	0062	27.5390		
27510	Treatment of thigh fracture	Covered	N	1	T	0138	2.8828		
27511	Treatment of thigh fracture	Covered	N	1	C				\$963.69
27513	Treatment of thigh fracture	Covered	N	1	C				\$1,177.69
27514	Treatment of thigh fracture	Covered	N	1	C				\$1,136.47
27516	Treat thigh fx growth plate	Covered	N	1	T	0129	2.2797		
27517	Treat thigh fx growth plate	Covered	N	1	T	0138	2.8828		
27519	Treat thigh fx growth plate	Covered	N	1	C				\$988.16
27520	Treat kneecap fracture	Covered	N	1	T	0138	2.8828		
27524	Treat kneecap fracture	Covered	N	1	T	0063	57.0073		
27530	Treat knee fracture	Covered	N	1	T	0138	2.8828		
27532	Treat knee fracture	Covered	N	1	T	0431	17.6908		
27535	Treat knee fracture	Covered	N	1	C				\$808.60
27536	Treat knee fracture	Covered	N	1	C				\$967.81
27538	Treat knee fracture(s)	Covered	N	1	T	0138	2.8828		
27540	Treat knee fracture	Covered	N	1	C				\$834.29
27550	Treat knee dislocation	Covered	N	1	T	0138	2.8828		
27552	Treat knee dislocation	Covered	N	1	T	0045	15.5135		
27556	Treat knee dislocation	Covered	N	1	C				\$966.83
27557	Treat knee dislocation	Covered	N	1	C				\$1,114.57
27558	Treat knee dislocation	Covered	N	1	C				\$1,152.60
27560	Treat kneecap dislocation	Covered	N	1	T	0129	2.2797		
27562	Treat kneecap dislocation	Covered	N	1	T	0139	9.6161		
27566	Treat kneecap dislocation	Covered	N	1	T	0063	57.0073		
27570	Fixation of knee joint	Covered	N	1	T	0045	15.5135		
27580	Fusion of knee	Covered	N	1	C				\$1,240.34
27590	Amputate leg at thigh	Covered	N	1	C				\$797.46
27591	Amputate leg at thigh	Covered	N	1	C				\$888.75
27592	Amputate leg at thigh	Covered	N	1	C				\$685.63
27594	Amputation follow-up surgery	Covered	N	1	T	0049	22.3913		
27596	Amputation follow-up surgery	Covered	N	1	C				\$701.04
27598	Amputate lower leg at knee	Covered	N	1	C				\$734.13
27599	Leg surgery procedure	Covered	N	1	T	0129	2.2797		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27600	Decompression of lower leg	Covered	N	1	T	0049	22.3913		
27601	Decompression of lower leg	Covered	N	1	T	0049	22.3913		
27602	Decompression of lower leg	Covered	N	1	T	0050	35.0819		
27603	Drain lower leg lesion	Covered	N	1	T	0008	22.0535		
27604	Drain lower leg bursa	Covered	N	1	T	0050	35.0819		
27605	Incision of achilles tendon	Covered	N	2	T	0055	23.5061		
27606	Incision of achilles tendon	Covered	N	1	T	0049	22.3913		
27607	Treat lower leg bone lesion	Covered	N	1	T	0049	22.3913		
27610	Explore/treat ankle joint	Covered	N	1	T	0050	35.0819		
27612	Exploration of ankle joint	Covered	N	1	T	0050	35.0819		
27613	Biopsy lower leg soft tissue	Covered	N	1	T	0020	11.1440		
27614	Biopsy lower leg soft tissue	Covered	N	1	T	0022	24.5953		
27615	Resect leg/ankle tum < 5 cm	Covered	N	1	T	0021	18.0849		
27616	Resect leg/ankle tum 5 cm/>	Covered	N	1	T	0022	24.5953		
27618	Exc leg/ankle tum < 3 cm	Covered	N	1	T	0021	18.0849		
27619	Exc leg/ankle tum deep <5 cm	Covered	N	1	T	0021	18.0849		
27620	Explore/treat ankle joint	Covered	N	1	T	0050	35.0819		
27625	Remove ankle joint lining	Covered	N	1	T	0050	35.0819		
27626	Remove ankle joint lining	Covered	N	1	T	0050	35.0819		
27630	Removal of tendon lesion	Covered	N	1	T	0049	22.3913		
27632	Exc leg/ankle les sc 3 cm/>	Covered	N	1	T	0022	24.5953		
27634	Exc leg/ankle tum dep 5 cm/>	Covered	N	1	T	0022	24.5953		
27635	Remove lower leg bone lesion	Covered	N	1	T	0050	35.0819		
27637	Remove/graft leg bone lesion	Covered	N	1	T	0050	35.0819		
27638	Remove/graft leg bone lesion	Covered	N	1	T	0050	35.0819		
27640	Partial removal of tibia	Covered	N	1	T	0050	35.0819		
27641	Partial removal of fibula	Covered	N	1	T	0050	35.0819		
27645	Resect tibia tumor	Covered	N	1	C				\$979.80
27646	Resect fibula tumor	Covered	N	1	C				\$911.78
27647	Resect talus/calcaneus tum	Covered	N	1	T	0050	35.0819		
27648	Injection for ankle x-ray	Covered	N	1	N				
27650	Repair achilles tendon	Covered	N	1	T	0051	50.7327		
27652	Repair/graft achilles tendon	Covered	N	1	T	0051	50.7327		
27654	Repair of achilles tendon	Covered	N	1	T	0051	50.7327		
27656	Repair leg fascia defect	Covered	N	1	T	0049	22.3913		
27658	Repair of leg tendon each	Covered	N	1	T	0049	22.3913		
27659	Repair of leg tendon each	Covered	N	1	T	0049	22.3913		
27664	Repair of leg tendon each	Covered	N	1	T	0050	35.0819		
27665	Repair of leg tendon each	Covered	N	1	T	0050	35.0819		
27675	Repair lower leg tendons	Covered	N	1	T	0049	22.3913		
27676	Repair lower leg tendons	Covered	N	1	T	0050	35.0819		
27680	Release of lower leg tendon	Covered	N	1	T	0050	35.0819		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27681	Release of lower leg tendons	Covered	N	1	T	0050	35.0819		
27685	Revision of lower leg tendon	Covered	N	1	T	0050	35.0819		
27686	Revise lower leg tendons	Covered	N	1	T	0050	35.0819		
27687	Revision of calf tendon	Covered	N	1	T	0050	35.0819		
27690	Revise lower leg tendon	Covered	N	1	T	0051	50.7327		
27691	Revise lower leg tendon	Covered	N	1	T	0051	50.7327		
27692	Revise additional leg tendon	Covered	N	1	N				
27695	Repair of ankle ligament	Covered	N	1	T	0050	35.0819		
27696	Repair of ankle ligaments	Covered	N	1	T	0050	35.0819		
27698	Repair of ankle ligament	Covered	N	1	T	0050	35.0819		
27700	Revision of ankle joint	Covered	N	1	T	0047	45.3575		
27702	Reconstruct ankle joint	Covered	N	1	C				\$961.13
27703	Reconstruction ankle joint	Covered	N	1	C				\$1,011.47
27704	Removal of ankle implant	Covered	N	1	Q2	0049	22.3913		
27705	Incision of tibia	Covered	N	1	T	0051	50.7327		
27707	Incision of fibula	Covered	N	1	T	0050	35.0819		
27709	Incision of tibia & fibula	Covered	N	1	T	0050	35.0819		
27712	Realignment of lower leg	Covered	N	1	C				\$925.27
27715	Revision of lower leg	Covered	N	1	C				\$968.08
27720	Repair of tibia	Covered	N	1	T	0063	57.0073		
27722	Repair/graft of tibia	Covered	N	1	T	0064	75.0875		
27724	Repair/graft of tibia	Covered	N	1	C				\$1,054.80
27725	Repair of lower leg	Covered	N	1	C				\$990.12
27726	Repair fibula nonunion	Covered	N	1	T	0063	57.0073		
27727	Repair of lower leg	Covered	N	1	C				\$887.02
27730	Repair of tibia epiphysis	Covered	N	1	T	0050	35.0819		
27732	Repair of fibula epiphysis	Covered	N	1	T	0050	35.0819		
27734	Repair lower leg epiphyses	Covered	N	1	T	0050	35.0819		
27740	Repair of leg epiphyses	Covered	N	1	T	0050	35.0819		
27742	Repair of leg epiphyses	Covered	N	1	T	0051	50.7327		
27745	Reinforce tibia	Covered	N	1	J1	0425	137.8399		
27750	Treatment of tibia fracture	Covered	N	1	T	0138	2.8828		
27752	Treatment of tibia fracture	Covered	N	1	T	0431	17.6908		
27756	Treatment of tibia fracture	Covered	N	1	T	0062	27.5390		
27758	Treatment of tibia fracture	Covered	N	1	T	0063	57.0073		
27759	Treatment of tibia fracture	Covered	N	1	T	0064	75.0875		
27760	Cltx medial ankle fx	Covered	N	1	T	0138	2.8828		
27762	Cltx med ankle fx w/mnpj	Covered	N	1	T	0431	17.6908		
27766	Optx medial ankle fx	Covered	N	1	T	0063	57.0073		
27767	Cltx post ankle fx	Covered	N	1	T	0129	2.2797		
27768	Cltx post ankle fx w/mnpj	Covered	N	1	T	0129	2.2797		
27769	Optx post ankle fx	Covered	N	1	T	0063	57.0073		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
27780	Treatment of fibula fracture	Covered	N	1	T	0138	2.8828		
27781	Treatment of fibula fracture	Covered	N	1	T	0139	9.6161		
27784	Treatment of fibula fracture	Covered	N	1	T	0063	57.0073		
27786	Treatment of ankle fracture	Covered	N	1	T	0138	2.8828		
27788	Treatment of ankle fracture	Covered	N	1	T	0138	2.8828		
27792	Treatment of ankle fracture	Covered	N	1	T	0063	57.0073		
27808	Treatment of ankle fracture	Covered	N	1	T	0138	2.8828		
27810	Treatment of ankle fracture	Covered	N	1	T	0139	9.6161		
27814	Treatment of ankle fracture	Covered	N	1	T	0063	57.0073		
27816	Treatment of ankle fracture	Covered	N	1	T	0138	2.8828		
27818	Treatment of ankle fracture	Covered	N	1	T	0139	9.6161		
27822	Treatment of ankle fracture	Covered	N	1	T	0063	57.0073		
27823	Treatment of ankle fracture	Covered	N	1	T	0064	75.0875		
27824	Treat lower leg fracture	Covered	N	1	T	0138	2.8828		
27825	Treat lower leg fracture	Covered	N	1	T	0431	17.6908		
27826	Treat lower leg fracture	Covered	N	1	T	0063	57.0073		
27827	Treat lower leg fracture	Covered	N	1	T	0064	75.0875		
27828	Treat lower leg fracture	Covered	N	1	T	0064	75.0875		
27829	Treat lower leg joint	Covered	N	1	T	0063	57.0073		
27830	Treat lower leg dislocation	Covered	N	1	T	0129	2.2797		
27831	Treat lower leg dislocation	Covered	N	1	T	0139	9.6161		
27832	Treat lower leg dislocation	Covered	N	1	T	0063	57.0073		
27840	Treat ankle dislocation	Covered	N	1	T	0138	2.8828		
27842	Treat ankle dislocation	Covered	N	1	T	0045	15.5135		
27846	Treat ankle dislocation	Covered	N	1	T	0063	57.0073		
27848	Treat ankle dislocation	Covered	N	1	T	0063	57.0073		
27860	Fixation of ankle joint	Covered	N	1	T	0045	15.5135		
27870	Fusion of ankle joint open	Covered	N	1	T	0052	85.2438		
27871	Fusion of tibiofibular joint	Covered	N	1	T	0052	85.2438		
27880	Amputation of lower leg	Covered	N	1	C				\$765.00
27881	Amputation of lower leg	Covered	N	1	C				\$842.99
27882	Amputation of lower leg	Covered	N	1	C				\$641.21
27884	Amputation follow-up surgery	Covered	N	1	T	0049	22.3913		
27886	Amputation follow-up surgery	Covered	N	1	C				\$628.15
27888	Amputation of foot at ankle	Covered	N	1	C				\$684.85
27889	Amputation of foot at ankle	Covered	N	1	T	0050	35.0819		
27892	Decompression of leg	Covered	N	1	T	0050	35.0819		
27893	Decompression of leg	Covered	N	1	T	0050	35.0819		
27894	Decompression of leg	Covered	N	1	T	0050	35.0819		
27899	Leg/ankle surgery procedure	Covered	N	1	T	0129	2.2797		
28001	Drainage of bursa of foot	Covered	N	1	T	0007	11.6749		
28002	Treatment of foot infection	Covered	N	1	T	0049	22.3913		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
28003	Treatment of foot infection	Covered	N	1	T	0049	22.3913		
28005	Treat foot bone lesion	Covered	N	1	T	0055	23.5061		
28008	Incision of foot fascia	Covered	N	1	T	0055	23.5061		
28010	Incision of toe tendon	Covered	N	1	T	0055	23.5061		
28011	Incision of toe tendons	Covered	N	1	T	0055	23.5061		
28020	Exploration of foot joint	Covered	N	1	T	0055	23.5061		
28022	Exploration of foot joint	Covered	N	1	T	0055	23.5061		
28024	Exploration of toe joint	Covered	N	1	T	0055	23.5061		
28035	Decompression of tibia nerve	Covered	N	1	T	0220	18.6600		
28039	Exc foot/toe tum sc 1.5 cm/>	Covered	N	1	T	0022	24.5953		
28041	Exc foot/toe tum dep 1.5cm/>	Covered	N	1	T	0022	24.5953		
28043	Exc foot/toe tum sc < 1.5 cm	Covered	N	1	T	0021	18.0849		
28045	Exc foot/toe tum deep <1.5cm	Covered	N	1	T	0021	18.0849		
28046	Resect foot/toe tumor < 3 cm	Covered	N	1	T	0021	18.0849		
28047	Resect foot/toe tumor 3 cm/>	Covered	N	1	T	0022	24.5953		
28050	Biopsy of foot joint lining	Covered	N	1	T	0055	23.5061		
28052	Biopsy of foot joint lining	Covered	N	1	T	0055	23.5061		
28054	Biopsy of toe joint lining	Covered	N	1	T	0055	23.5061		
28055	Neurectomy foot	Covered	N	1	T	0220	18.6600		
28060	Partial removal foot fascia	Covered	N	1	T	0055	23.5061		
28062	Removal of foot fascia	Covered	N	1	T	0055	23.5061		
28070	Removal of foot joint lining	Covered	N	1	T	0055	23.5061		
28072	Removal of foot joint lining	Covered	N	1	T	0055	23.5061		
28080	Removal of foot lesion	Covered	N	1	T	0055	23.5061		
28086	Excise foot tendon sheath	Covered	N	1	T	0055	23.5061		
28088	Excise foot tendon sheath	Covered	N	1	T	0055	23.5061		
28090	Removal of foot lesion	Covered	N	1	T	0055	23.5061		
28092	Removal of toe lesions	Covered	N	1	T	0055	23.5061		
28100	Removal of ankle/heel lesion	Covered	N	1	T	0055	23.5061		
28102	Remove/graft foot lesion	Covered	N	1	T	0056	70.3645		
28103	Remove/graft foot lesion	Covered	N	1	T	0056	70.3645		
28104	Removal of foot lesion	Covered	N	1	T	0055	23.5061		
28106	Remove/graft foot lesion	Covered	N	1	T	0056	70.3645		
28107	Remove/graft foot lesion	Covered	N	1	T	0056	70.3645		
28108	Removal of toe lesions	Covered	N	1	T	0055	23.5061		
28110	Part removal of metatarsal	Covered	N	2	T	0055	23.5061		
28111	Part removal of metatarsal	Covered	N	1	T	0055	23.5061		
28112	Part removal of metatarsal	Covered	N	1	T	0055	23.5061		
28113	Part removal of metatarsal	Covered	N	1	T	0055	23.5061		
28114	Removal of metatarsal heads	Covered	N	1	T	0055	23.5061		
28116	Revision of foot	Covered	N	1	T	0055	23.5061		
28118	Removal of heel bone	Covered	N	1	T	0055	23.5061		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
28119	Removal of heel spur	Covered	N	1	T	0055	23.5061		
28120	Part removal of ankle/heel	Covered	N	1	T	0055	23.5061		
28122	Partial removal of foot bone	Covered	N	1	T	0055	23.5061		
28124	Partial removal of toe	Covered	N	1	T	0055	23.5061		
28126	Partial removal of toe	Covered	N	8	T	0055	23.5061		
28130	Removal of ankle bone	Covered	N	1	T	0055	23.5061		
28140	Removal of metatarsal	Covered	N	1	T	0055	23.5061		
28150	Removal of toe	Covered	N	8	T	0055	23.5061		
28153	Partial removal of toe	Covered	N	1	T	0055	23.5061		
28160	Partial removal of toe	Covered	N	8	T	0055	23.5061		
28171	Resect tarsal tumor	Covered	N	1	T	0055	23.5061		
28173	Resect metatarsal tumor	Covered	N	1	T	0055	23.5061		
28175	Resect phalanx of toe tumor	Covered	N	1	T	0055	23.5061		
28190	Removal of foot foreign body	Covered	N	1	T	0020	11.1440		
28192	Removal of foot foreign body	Covered	N	1	T	0021	18.0849		
28193	Removal of foot foreign body	Covered	N	1	T	0020	11.1440		
28200	Repair of foot tendon	Covered	N	1	T	0055	23.5061		
28202	Repair/graft of foot tendon	Covered	N	1	T	0055	23.5061		
28208	Repair of foot tendon	Covered	N	4	T	0055	23.5061		
28210	Repair/graft of foot tendon	Covered	N	1	T	0056	70.3645		
28220	Release of foot tendon	Covered	N	1	T	0055	23.5061		
28222	Release of foot tendons	Covered	N	1	T	0055	23.5061		
28225	Release of foot tendon	Covered	N	1	T	0055	23.5061		
28226	Release of foot tendons	Covered	N	1	T	0055	23.5061		
28230	Incision of foot tendon(s)	Covered	N	1	T	0055	23.5061		
28232	Incision of toe tendon	Covered	N	1	T	0055	23.5061		
28234	Incision of foot tendon	Covered	N	1	T	0055	23.5061		
28238	Revision of foot tendon	Covered	N	1	T	0056	70.3645		
28240	Release of big toe	Covered	N	2	T	0055	23.5061		
28250	Revision of foot fascia	Covered	N	1	T	0055	23.5061		
28260	Release of midfoot joint	Covered	N	1	T	0055	23.5061		
28261	Revision of foot tendon	Covered	N	1	T	0055	23.5061		
28262	Revision of foot and ankle	Covered	N	1	T	0055	23.5061		
28264	Release of midfoot joint	Covered	N	1	T	0056	70.3645		
28270	Release of foot contracture	Covered	N	5	T	0055	23.5061		
28272	Release of toe joint each	Covered	N	1	T	0055	23.5061		
28280	Fusion of toes	Covered	N	1	T	0055	23.5061		
28285	Repair of hammertoe	Covered	N	1	T	0055	23.5061		
28286	Repair of hammertoe	Covered	N	1	T	0055	23.5061		
28288	Partial removal of foot bone	Covered	N	1	T	0055	23.5061		
28289	Repair hallux rigidus	Covered	N	2	T	0055	23.5061		
28290	Correction of bunion	Covered	N	1	T	0057	36.0840		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
28292	Correction of bunion	Covered	N	1	T	0057	36.0840		
28293	Correction of bunion	Covered	N	1	T	0057	36.0840		
28294	Correction of bunion	Covered	N	1	T	0057	36.0840		
28296	Correction of bunion	Covered	N	1	T	0057	36.0840		
28297	Correction of bunion	Covered	N	1	T	0057	36.0840		
28298	Correction of bunion	Covered	N	1	T	0057	36.0840		
28299	Correction of bunion	Covered	N	1	T	0057	36.0840		
28300	Incision of heel bone	Covered	N	1	T	0056	70.3645		
28302	Incision of ankle bone	Covered	N	1	T	0055	23.5061		
28304	Incision of midfoot bones	Covered	N	1	T	0056	70.3645		
28305	Incise/graft midfoot bones	Covered	N	1	T	0056	70.3645		
28306	Incision of metatarsal	Covered	N	1	T	0055	23.5061		
28307	Incision of metatarsal	Covered	N	1	T	0055	23.5061		
28308	Incision of metatarsal	Covered	N	1	T	0055	23.5061		
28309	Incision of metatarsals	Covered	N	1	T	0056	70.3645		
28310	Revision of big toe	Covered	N	1	T	0055	23.5061		
28312	Revision of toe	Covered	N	1	T	0055	23.5061		
28313	Repair deformity of toe	Covered	N	1	T	0055	23.5061		
28315	Removal of sesamoid bone	Covered	N	1	T	0055	23.5061		
28320	Repair of foot bones	Covered	N	1	T	0056	70.3645		
28322	Repair of metatarsals	Covered	N	1	T	0055	23.5061		
28340	Resect enlarged toe tissue	Covered	N	1	T	0055	23.5061		
28341	Resect enlarged toe	Covered	N	1	T	0055	23.5061		
28344	Repair extra toe(s)	Covered	N	1	T	0055	23.5061		
28345	Repair webbed toe(s)	Covered	N	1	T	0055	23.5061		
28360	Reconstruct cleft foot	Covered	N	2	T	0056	70.3645		
28400	Treatment of heel fracture	Covered	N	1	T	0138	2.8828		
28405	Treatment of heel fracture	Covered	N	1	T	0139	9.6161		
28406	Treatment of heel fracture	Covered	N	1	T	0062	27.5390		
28415	Treat heel fracture	Covered	N	1	T	0064	75.0875		
28420	Treat/graft heel fracture	Covered	N	1	T	0063	57.0073		
28430	Treatment of ankle fracture	Covered	N	1	T	0129	2.2797		
28435	Treatment of ankle fracture	Covered	N	1	T	0431	17.6908		
28436	Treatment of ankle fracture	Covered	N	1	T	0062	27.5390		
28445	Treat ankle fracture	Covered	N	1	T	0063	57.0073		
28446	Osteochondral talus autograft	Covered	R	1	T	0056	70.3645		
28450	Treat midfoot fracture each	Covered	N	2	T	0129	2.2797		
28455	Treat midfoot fracture each	Covered	N	1	T	0129	2.2797		
28456	Treat midfoot fracture	Covered	N	1	T	0062	27.5390		
28465	Treat midfoot fracture each	Covered	N	1	T	0063	57.0073		
28470	Treat metatarsal fracture	Covered	N	5	T	0138	2.8828		
28475	Treat metatarsal fracture	Covered	N	5	T	0138	2.8828		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
28476	Treat metatarsal fracture	Covered	N	1	T	0062	27.5390		
28485	Treat metatarsal fracture	Covered	N	1	T	0063	57.0073		
28490	Treat big toe fracture	Covered	N	1	T	0129	2.2797		
28495	Treat big toe fracture	Covered	N	1	T	0138	2.8828		
28496	Treat big toe fracture	Covered	N	1	T	0062	27.5390		
28505	Treat big toe fracture	Covered	N	1	T	0062	27.5390		
28510	Treatment of toe fracture	Covered	N	2	T	0129	2.2797		
28515	Treatment of toe fracture	Covered	N	1	T	0138	2.8828		
28525	Treat toe fracture	Covered	N	2	T	0062	27.5390		
28530	Treat sesamoid bone fracture	Covered	N	1	T	0129	2.2797		
28531	Treat sesamoid bone fracture	Covered	N	2	T	0062	27.5390		
28540	Treat foot dislocation	Covered	N	1	T	0129	2.2797		
28545	Treat foot dislocation	Covered	N	1	T	0062	27.5390		
28546	Treat foot dislocation	Covered	N	1	T	0062	27.5390		
28555	Repair foot dislocation	Covered	N	1	T	0063	57.0073		
28570	Treat foot dislocation	Covered	N	1	T	0138	2.8828		
28575	Treat foot dislocation	Covered	N	1	T	0431	17.6908		
28576	Treat foot dislocation	Covered	N	3	T	0062	27.5390		
28585	Repair foot dislocation	Covered	N	1	T	0062	27.5390		
28600	Treat foot dislocation	Covered	N	1	T	0129	2.2797		
28605	Treat foot dislocation	Covered	N	1	T	0129	2.2797		
28606	Treat foot dislocation	Covered	N	1	T	0062	27.5390		
28615	Repair foot dislocation	Covered	N	1	T	0063	57.0073		
28630	Treat toe dislocation	Covered	N	1	T	0138	2.8828		
28635	Treat toe dislocation	Covered	N	1	T	0431	17.6908		
28636	Treat toe dislocation	Covered	N	3	T	0062	27.5390		
28645	Repair toe dislocation	Covered	N	1	T	0062	27.5390		
28660	Treat toe dislocation	Covered	N	1	T	0129	2.2797		
28665	Treat toe dislocation	Covered	N	1	S	0058	3.0104		
28666	Treat toe dislocation	Covered	N	3	T	0062	27.5390		
28675	Repair of toe dislocation	Covered	N	1	T	0062	27.5390		
28705	Fusion of foot bones	Covered	N	1	T	0056	70.3645		
28715	Fusion of foot bones	Covered	N	1	J1	0425	137.8399		
28725	Fusion of foot bones	Covered	N	1	T	0056	70.3645		
28730	Fusion of foot bones	Covered	N	1	T	0056	70.3645		
28735	Fusion of foot bones	Covered	N	1	T	0056	70.3645		
28737	Revision of foot bones	Covered	N	1	T	0056	70.3645		
28740	Fusion of foot bones	Covered	N	1	T	0056	70.3645		
28750	Fusion of big toe joint	Covered	N	1	T	0056	70.3645		
28755	Fusion of big toe joint	Covered	N	1	T	0055	23.5061		
28760	Fusion of big toe joint	Covered	N	1	T	0056	70.3645		
28800	Amputation of midfoot	Covered	N	1	C				\$551.02

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
28805	Amputation thru metatarsal	Covered	N	1	T	0055	23.5061		
28810	Amputation toe & metatarsal	Covered	N	1	T	0055	23.5061		
28820	Amputation of toe	Covered	N	1	T	0055	23.5061		
28825	Partial amputation of toe	Covered	N	1	T	0055	23.5061		
28890	Hi enrgy eswt plantar fascia	Covered	N	1	T	0050	35.0819		
28899	Foot/toes surgery procedure	Covered	N	1	T	0129	2.2797		
29000	Application of body cast	Covered	N	1	S	0058	3.0104		
29010	Application of body cast	Covered	N	1	S	0058	3.0104		
29015	Application of body cast	Covered	N	1	S	0058	3.0104		
29035	Application of body cast	Covered	N	1	S	0058	3.0104		
29040	Application of body cast	Covered	N	1	S	0058	3.0104		
29044	Application of body cast	Covered	N	1	S	0059	1.7240		
29046	Application of body cast	Covered	N	1	S	0058	3.0104		
29049	Application of figure eight	Covered	N	1	S	0058	3.0104		
29055	Application of shoulder cast	Covered	N	1	S	0058	3.0104		
29058	Application of shoulder cast	Covered	N	1	S	0058	3.0104		
29065	Application of long arm cast	Covered	N	1	S	0058	3.0104		
29075	Application of forearm cast	Covered	N	2	S	0058	3.0104		
29085	Apply hand/wrist cast	Covered	N	1	S	0058	3.0104		
29086	Apply finger cast	Covered	N	1	S	0059	1.7240		
29105	Apply long arm splint	Covered	N	2	S	0059	1.7240		
29125	Apply forearm splint	Covered	N	2	Q1	0420	1.7762		
29126	Apply forearm splint	Covered	N	2	Q1	0340	0.7061		
29130	Application of finger splint	Covered	N	1	Q1	0340	0.7061		
29131	Application of finger splint	Covered	N	2	Q1	0340	0.7061		
29200	Strapping of chest	Covered	N	1	S	0059	1.7240		
29240	Strapping of shoulder	Covered	N	1	Q1	0340	0.7061		
29260	Strapping of elbow or wrist	Covered	N	1	Q1	0340	0.7061		
29280	Strapping of hand or finger	Covered	N	1	Q1	0340	0.7061		
29305	Application of hip cast	Covered	N	1	S	0058	3.0104		
29325	Application of hip casts	Covered	N	1	S	0058	3.0104		
29345	Application of long leg cast	Covered	N	2	S	0058	3.0104		
29355	Application of long leg cast	Covered	N	1	S	0058	3.0104		
29358	Apply long leg cast brace	Covered	N	1	S	0058	3.0104		
29365	Application of long leg cast	Covered	N	2	S	0058	3.0104		
29405	Apply short leg cast	Covered	N	2	S	0058	3.0104		
29425	Apply short leg cast	Covered	N	2	S	0058	3.0104		
29435	Apply short leg cast	Covered	N	1	S	0058	3.0104		
29440	Addition of walker to cast	Covered	N	1	S	0059	1.7240		
29445	Apply rigid leg cast	Covered	N	1	S	0058	3.0104		
29450	Application of leg cast	Covered	N	2	S	0058	3.0104		
29505	Application long leg splint	Covered	N	1	S	0059	1.7240		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
29515	Application lower leg splint	Covered	N	2	S	0059	1.7240		
29520	Strapping of hip	Covered	N	1	Q1	0340	0.7061		
29530	Strapping of knee	Covered	N	2	Q1	0340	0.7061		
29540	Strapping of ankle and/or ft	Covered	N	2	S	0059	1.7240		
29550	Strapping of toes	Covered	N	2	Q1	0340	0.7061		
29580	Application of paste boot	Covered	N	2	S	0059	1.7240		
29581	Apply multlay comprs lwr leg	Covered	N	1	S	0059	1.7240		
29582	Apply multlay comprs upr leg	Covered	N	2	S	0059	1.7240		
29583	Apply multlay comprs upr arm	Covered	N	2	S	0059	1.7240		
29584	Appl multlay comprs arm/hand	Covered	N	2	S	0059	1.7240		
29700	Removal/revision of cast	Covered	N	1	S	0059	1.7240		
29705	Removal/revision of cast	Covered	N	2	S	0058	3.0104		
29710	Removal/revision of cast	Covered	N	1	S	0058	3.0104		
29720	Repair of body cast	Covered	N	1	S	0059	1.7240		
29730	Windowing of cast	Covered	N	1	S	0059	1.7240		
29740	Wedging of cast	Covered	N	1	S	0059	1.7240		
29750	Wedging of clubfoot cast	Covered	N	1	S	0058	3.0104		
29799	Casting/strapping procedure	Covered	N	1	S	0059	1.7240		
29800	Jaw arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29804	Jaw arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29805	Shoulder arthroscopy dx	Covered	N	1	T	0041	29.0075		
29806	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29807	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29819	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29820	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29821	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29822	Shoulder arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29823	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29824	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29825	Shoulder arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29826	Shoulder arthroscopy/surgery	Covered	N	1	N				
29827	Arthroscop rotator cuff repr	Covered	N	1	T	0042	58.5867		
29828	Arthroscopy biceps tenodesis	Covered	N	1	T	0042	58.5867		
29830	Elbow arthroscopy	Covered	N	1	T	0042	58.5867		
29834	Elbow arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29835	Elbow arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29836	Elbow arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29837	Elbow arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29838	Elbow arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29840	Wrist arthroscopy	Covered	N	1	T	0041	29.0075		
29843	Wrist arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29844	Wrist arthroscopy/surgery	Covered	N	1	T	0041	29.0075		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
29845	Wrist arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29846	Wrist arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29847	Wrist arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29848	Wrist endoscopy/surgery	Covered	N	1	T	0041	29.0075		
29850	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29851	Knee arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29855	Tibial arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29856	Tibial arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29860	Hip arthroscopy dx	Covered	N	1	T	0042	58.5867		
29861	Hip arthro w/fb removal	Covered	N	1	T	0042	58.5867		
29862	Hip arthro w/debridement	Covered	N	1	T	0042	58.5867		
29863	Hip arthro w/synovectomy	Covered	N	1	T	0042	58.5867		
29866	Autgrft implnt knee w/scope	Covered	N	1	T	0042	58.5867		
29867	Allgrft implnt knee w/scope	Covered	N	1	T	0042	58.5867		
29868	Meniscal trnspl knee w/scpe	Covered	N	1	T	0042	58.5867		
29870	Knee arthroscopy dx	Covered	N	1	T	0041	29.0075		
29871	Knee arthroscopy/drainage	Covered	N	1	T	0041	29.0075		
29873	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29874	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29875	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29876	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29877	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29879	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29880	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29881	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29882	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29883	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29884	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29885	Knee arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29886	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29887	Knee arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29888	Knee arthroscopy/surgery	Covered	N	1	T	0052	85.2438		
29889	Knee arthroscopy/surgery	Covered	N	1	T	0052	85.2438		
29891	Ankle arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29892	Ankle arthroscopy/surgery	Covered	N	1	T	0051	50.7327		
29893	Scope plantar fasciotomy	Covered	N	1	T	0055	23.5061		
29894	Ankle arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29895	Ankle arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29897	Ankle arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29898	Ankle arthroscopy/surgery	Covered	N	1	T	0041	29.0075		
29899	Ankle arthroscopy/surgery	Covered	N	1	T	0042	58.5867		
29900	Mcp joint arthroscopy dx	Covered	N	1	T	0041	29.0075		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
29901	Mcp joint arthroscopy surg	Covered	N	1	T	0042	58.5867		
29902	Mcp joint arthroscopy surg	Covered	N	1	T	0041	29.0075		
29904	Subtalar arthro w/fb rmvl	Covered	N	1	T	0041	29.0075		
29905	Subtalar arthro w/exc	Covered	N	1	T	0041	29.0075		
29906	Subtalar arthro w/deb	Covered	N	1	T	0041	29.0075		
29907	Subtalar arthro w/fusion	Covered	N	1	T	0042	58.5867		
29914	Hip arthro w/femorooplasty	Covered	N	1	T	0042	58.5867		
29915	Hip arthro acetabuloplasty	Covered	N	1	T	0042	58.5867		
29916	Hip arthro w/labral repair	Covered	N	1	T	0042	58.5867		
29999	Arthroscopy of joint	Covered	N		T	0041	29.0075		
30000	Drainage of nose lesion	Covered	N	1	T	0250	1.7489		
30020	Drainage of nose lesion	Covered	N	1	T	0251	4.8979		
30100	Intranasal biopsy	Covered	N	1	T	0252	8.7183		
30110	Removal of nose polyp(s)	Covered	N	1	T	0252	8.7183		
30115	Removal of nose polyp(s)	Covered	N	1	T	0254	26.2386		
30117	Removal of intranasal lesion	Covered	N	1	T	0253	17.0798		
30118	Removal of intranasal lesion	Covered	N	1	T	0254	26.2386		
30120	Revision of nose	Covered	N	1	T	0254	26.2386		
30124	Removal of nose lesion	Covered	N	1	T	0254	26.2386		
30125	Removal of nose lesion	Covered	N	1	T	0256	50.2882		
30130	Excise inferior turbinate	Covered	N	2	T	0254	26.2386		
30140	Resect inferior turbinate	Covered	N	2	T	0254	26.2386		
30150	Partial removal of nose	Covered	N	1	T	0256	50.2882		
30160	Removal of nose	Covered	N	1	T	0256	50.2882		
30200	Injection treatment of nose	Covered	N	1	T	0252	8.7183		
30210	Nasal sinus therapy	Covered	N	1	T	0252	8.7183		
30220	Insert nasal septal button	Covered	N	1	T	0253	17.0798		
30300	Remove nasal foreign body	Covered	N	1	Q1	0420	1.7762		
30310	Remove nasal foreign body	Covered	N	1	T	0253	17.0798		
30320	Remove nasal foreign body	Covered	N	1	T	0254	26.2386		
30400	Reconstruction of nose	Covered	N	1	T	0254	26.2386		
30410	Reconstruction of nose	Covered	N	1	T	0256	50.2882		
30420	Reconstruction of nose	Covered	N	1	T	0256	50.2882		
30430	Revision of nose	Covered	N	1	T	0254	26.2386		
30435	Revision of nose	Covered	N	1	T	0256	50.2882		
30450	Revision of nose	Covered	N	1	T	0256	50.2882		
30460	Revision of nose	Covered	N	1	T	0256	50.2882		
30462	Revision of nose	Covered	N	1	T	0256	50.2882		
30465	Repair nasal stenosis	Covered	N		T	0256	50.2882		
30520	Repair of nasal septum	Covered	N	1	T	0254	26.2386		
30540	Repair nasal defect	Covered	N	1	T	0256	50.2882		
30545	Repair nasal defect	Covered	N	1	T	0256	50.2882		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
30560	Release of nasal adhesions	Covered	N	1	T	0251	4.8979		
30580	Repair upper jaw fistula	Covered	N	1	T	0256	50.2882		
30600	Repair mouth/nose fistula	Covered	N	1	T	0256	50.2882		
30620	Intranasal reconstruction	Covered	N	1	T	0256	50.2882		
30630	Repair nasal septum defect	Covered	N	1	T	0254	26.2386		
30801	Ablate inf turbinate superf	Covered	N	1	T	0252	8.7183		
30802	Ablate inf turbinate submuc	Covered	N	1	T	0253	17.0798		
30901	Control of nosebleed	Covered	N	1	Q1	0420	1.7762		
30903	Control of nosebleed	Covered	N	1	T	0250	1.7489		
30905	Control of nosebleed	Covered	N	2	T	0250	1.7489		
30906	Repeat control of nosebleed	Covered	N	2	T	0250	1.7489		
30915	Ligation nasal sinus artery	Covered	N	1	T	0219	29.2791		
30920	Ligation upper jaw artery	Covered	N	1	T	0219	29.2791		
30930	Ther fx nasal inf turbinate	Covered	N	1	T	0254	26.2386		
30999	Nasal surgery procedure	Covered	N	1	T	0250	1.7489		
31000	Irrigation maxillary sinus	Covered	N	2	T	0251	4.8979		
31002	Irrigation sphenoid sinus	Covered	N	1	T	0252	8.7183		
31020	Exploration maxillary sinus	Covered	N	2	T	0254	26.2386		
31030	Exploration maxillary sinus	Covered	N	1	T	0256	50.2882		
31032	Explore sinus remove polyps	Covered	N	1	T	0256	50.2882		
31040	Exploration behind upper jaw	Covered	N	1	T	0254	26.2386		
31050	Exploration sphenoid sinus	Covered	N	1	T	0256	50.2882		
31051	Sphenoid sinus surgery	Covered	N	1	T	0256	50.2882		
31070	Exploration of frontal sinus	Covered	N	1	T	0256	50.2882		
31075	Exploration of frontal sinus	Covered	N	1	T	0256	50.2882		
31080	Removal of frontal sinus	Covered	N	1	T	0256	50.2882		
31081	Removal of frontal sinus	Covered	N	1	T	0256	50.2882		
31084	Removal of frontal sinus	Covered	N	1	T	0256	50.2882		
31085	Removal of frontal sinus	Covered	N	1	T	0256	50.2882		
31086	Removal of frontal sinus	Covered	N	1	T	0256	50.2882		
31087	Removal of frontal sinus	Covered	N	1	T	0256	50.2882		
31090	Exploration of sinuses	Covered	N	1	T	0256	50.2882		
31200	Removal of ethmoid sinus	Covered	N	1	T	0256	50.2882		
31201	Removal of ethmoid sinus	Covered	N	1	T	0254	26.2386		
31205	Removal of ethmoid sinus	Covered	N	1	T	0254	26.2386		
31225	Removal of upper jaw	Covered	N	1	C				\$1,273.16
31230	Removal of upper jaw	Covered	N	1	C				\$1,443.02
31231	Nasal endoscopy dx	Covered	N	1	T	0071	2.0314		
31233	Nasal/sinus endoscopy dx	Covered	N	1	T	0072	5.2094		
31235	Nasal/sinus endoscopy dx	Covered	N	1	T	0073	16.9813		
31237	Nasal/sinus endoscopy surg	Covered	N	1	T	0073	16.9813		
31238	Nasal/sinus endoscopy surg	Covered	N	1	T	0073	16.9813		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
31239	Nasal/sinus endoscopy surg	Covered	N	1	T	0074	27.1023		
31240	Nasal/sinus endoscopy surg	Covered	N	1	T	0074	27.1023		
31254	Revision of ethmoid sinus	Covered	N	1	T	0074	27.1023		
31255	Removal of ethmoid sinus	Covered	N	1	T	0075	41.4000		
31256	Exploration maxillary sinus	Covered	N	1	T	0074	27.1023		
31267	Endoscopy maxillary sinus	Covered	N	1	T	0074	27.1023		
31276	Sinus endoscopy surgical	Covered	N	1	T	0075	41.4000		
31287	Nasal/sinus endoscopy surg	Covered	N	1	T	0075	41.4000		
31288	Nasal/sinus endoscopy surg	Covered	N	1	T	0075	41.4000		
31290	Nasal/sinus endoscopy surg	Covered	N	1	C				\$1,106.76
31291	Nasal/sinus endoscopy surg	Covered	N	1	C				\$1,170.92
31292	Nasal/sinus endoscopy surg	Covered	N	1	T	0075	41.4000		
31293	Nasal/sinus endoscopy surg	Covered	N	1	T	0075	41.4000		
31294	Nasal/sinus endoscopy surg	Covered	N	1	T	0075	41.4000		
31295	Sinus endo w/balloon dil	Covered	N	1	T	0075	41.4000		
31296	Sinus endo w/balloon dil	Covered	N	1	T	0075	41.4000		
31297	Sinus endo w/balloon dil	Covered	N	1	T	0074	27.1023		
31299	Sinus surgery procedure	Covered	N	1	T	0250	1.7489		
31300	Removal of larynx lesion	Covered	N	1	T	0254	26.2386		
31320	Diagnostic incision larynx	Covered	N	1	T	0256	50.2882		
31360	Removal of larynx	Covered	N	1	C				\$1,229.68
31365	Removal of larynx	Covered	N	1	C				\$1,690.19
31367	Partial removal of larynx	Covered	N	1	C				\$1,447.35
31368	Partial removal of larynx	Covered	N	1	C				\$1,872.05
31370	Partial removal of larynx	Covered	N	1	C				\$1,429.50
31375	Partial removal of larynx	Covered	N	1	C				\$1,303.26
31380	Partial removal of larynx	Covered	N	1	C				\$1,348.41
31382	Partial removal of larynx	Covered	N	1	C				\$1,377.98
31390	Removal of larynx & pharynx	Covered	N	1	C				\$1,898.62
31395	Reconstruct larynx & pharynx	Covered	N	1	C				\$2,216.73
31400	Revision of larynx	Covered	N	1	T	0256	50.2882		
31420	Removal of epiglottis	Covered	N	1	T	0256	50.2882		
31500	Insert emergency airway	Covered	N	1	T	0250	1.7489		
31502	Change of windpipe airway	Covered	N	1	T	0250	1.7489		
31505	Diagnostic laryngoscopy	Covered	N	1	T	0071	2.0314		
31510	Laryngoscopy with biopsy	Covered	N	1	T	0073	16.9813		
31511	Remove foreign body larynx	Covered	N	1	T	0071	2.0314		
31512	Removal of larynx lesion	Covered	N	1	T	0074	27.1023		
31513	Injection into vocal cord	Covered	N	1	T	0072	5.2094		
31515	Laryngoscopy for aspiration	Covered	N	1	T	0073	16.9813		
31520	Dx laryngoscopy newborn	Covered	N	1	T	0072	5.2094		
31525	Dx laryngoscopy excl nb	Covered	N	1	T	0073	16.9813		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
31526	Dx laryngoscopy w/oper scope	Covered	N	1	T	0073	16.9813		
31527	Laryngoscopy for treatment	Covered	N	1	T	0074	27.1023		
31528	Laryngoscopy and dilation	Covered	N	1	T	0074	27.1023		
31529	Laryngoscopy and dilation	Covered	N	1	T	0074	27.1023		
31530	Laryngoscopy w/fb removal	Covered	N	1	T	0073	16.9813		
31531	Laryngoscopy w/fb & op scope	Covered	N	1	T	0073	16.9813		
31535	Laryngoscopy w/biopsy	Covered	N	1	T	0074	27.1023		
31536	Laryngoscopy w/bx & op scope	Covered	N	1	T	0074	27.1023		
31540	Laryngoscopy w/exc of tumor	Covered	N	1	T	0074	27.1023		
31541	Larynsco w/tumr exc + scope	Covered	N	1	T	0074	27.1023		
31545	Remove vc lesion w/scope	Covered	N	1	T	0074	27.1023		
31546	Remove vc lesion scope/graft	Covered	N	1	T	0075	41.4000		
31560	Laryngosco w/arytenoidectom	Covered	N	1	T	0075	41.4000		
31561	Larynsco remve cart + scop	Covered	N	1	T	0074	27.1023		
31570	Laryngoscope w/vc inj	Covered	N	1	T	0073	16.9813		
31571	Laryngosco w/vc inj + scope	Covered	N	1	T	0074	27.1023		
31575	Diagnostic laryngoscopy	Covered	N	1	T	0071	2.0314		
31576	Laryngoscopy with biopsy	Covered	N	1	T	0073	16.9813		
31577	Remove foreign body larynx	Covered	N	1	T	0072	5.2094		
31578	Removal of larynx lesion	Covered	N	1	T	0073	16.9813		
31579	Diagnostic laryngoscopy	Covered	N	1	T	0072	5.2094		
31580	Revision of larynx	Covered	N	1	T	0256	50.2882		
31582	Revision of larynx	Covered	N	1	T	0256	50.2882		
31584	Treat larynx fracture	Covered	N	1	C				\$1,223.90
31587	Revision of larynx	Covered	N	1	C				\$767.43
31588	Revision of larynx	Covered	N	1	T	0256	50.2882		
31590	Reinnervate larynx	Covered	N	1	T	0256	50.2882		
31595	Larynx nerve surgery	Covered	N	1	T	0256	50.2882		
31599	Larynx surgery procedure	Covered	N	1	T	0250	1.7489		
31600	Incision of windpipe	Covered	N	1	T	0254	26.2386		
31601	Incision of windpipe	Covered	N	1	T	0254	26.2386		
31603	Incision of windpipe	Covered	N	1	T	0252	8.7183		
31605	Incision of windpipe	Covered	N	1	T	0252	8.7183		
31610	Incision of windpipe	Covered	N	1	T	0256	50.2882		
31611	Surgery/speech prosthesis	Covered	N	1	T	0254	26.2386		
31612	Puncture/clear windpipe	Covered	N	1	T	0256	50.2882		
31613	Repair windpipe opening	Covered	N	1	T	0254	26.2386		
31614	Repair windpipe opening	Covered	N	1	T	0256	50.2882		
31615	Visualization of windpipe	Covered	N	1	T	0252	8.7183		
31620	Endobronchial us add-on	Covered	N	1	N				
31622	Dx bronchoscope/wash	Covered	N	1	T	0076	14.2251		
31623	Dx bronchoscope/brush	Covered	N	1	T	0076	14.2251		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
31624	Dx bronchoscope/lavage	Covered	N	1	T	0076	14.2251		
31625	Bronchoscopy w/biopsy(s)	Covered	N	1	T	0076	14.2251		
31626	Bronchoscopy w/markers	Covered	N	1	T	0415	30.4203		
31627	Navigational bronchoscopy	Covered	N	1	N				
31628	Bronchoscopy/lung bx each	Covered	N	1	T	0076	14.2251		
31629	Bronchoscopy/needle bx each	Covered	N	1	T	0415	30.4203		
31630	Bronchoscopy dilate/fx repr	Covered	N	1	T	0415	30.4203		
31631	Bronchoscopy dilate w/stent	Covered	N	1	T	0415	30.4203		
31632	Bronchoscopy/lung bx addl	Covered	N		N				
31633	Bronchoscopy/needle bx addl	Covered	N		N				
31634	Bronch w/balloon occlusion	Covered	N	1	T	0415	30.4203		
31635	Bronchoscopy w/fb removal	Covered	N	1	T	0076	14.2251		
31636	Bronchoscopy bronch stents	Covered	N	1	T	0415	30.4203		
31637	Bronchoscopy stent add-on	Covered	N	1	N				
31638	Bronchoscopy revise stent	Covered	N	1	T	0415	30.4203		
31640	Bronchoscopy w/tumor excise	Covered	N	1	T	0415	30.4203		
31641	Bronchoscopy treat blockage	Covered	N	1	T	0415	30.4203		
31643	Diag bronchoscope/catheter	Covered	N	1	T	0076	14.2251		
31645	Bronchoscopy clear airways	Covered	N	1	T	0076	14.2251		
31646	Bronchoscopy reclear airway	Covered	N	1	T	0076	14.2251		
31647	Bronchial valve init insert	Covered	N	1	T	0415	30.4203		
31648	Bronchial valve remov init	Covered	N	1	T	0415	30.4203		
31649	Bronchial valve remov addl	Covered	N	1	Q2	0076	14.2251		
31651	Bronchial valve addl insert	Covered	N	1	N				
31660	Bronch thermoplasty 1 lobe	Covered	N	1	T	0415	30.4203		
31661	Bronch thermoplasty 2/> lobes	Covered	N	1	T	0415	30.4203		
31717	Bronchial brush biopsy	Covered	N	1	T	0072	5.2094		
31720	Clearance of airways	Covered	N	1	Q1	0077	2.2195		
31725	Clearance of airways	Covered	N	1	C				\$105.55
31730	Intro windpipe wire/tube	Covered	N	1	T	0072	5.2094		
31750	Repair of windpipe	Covered	N	1	T	0256	50.2882		
31755	Repair of windpipe	Covered	N	1	T	0256	50.2882		
31760	Repair of windpipe	Covered	N	1	C				\$1,250.25
31766	Reconstruction of windpipe	Covered	N	1	C				\$1,746.88
31770	Repair/graft of bronchus	Covered	N	1	C				\$1,373.64
31775	Reconstruct bronchus	Covered	N	1	C				\$1,485.80
31780	Reconstruct windpipe	Covered	N	1	C				\$1,188.55
31781	Reconstruct windpipe	Covered	N	1	C				\$1,458.14
31785	Remove windpipe lesion	Covered	N	1	T	0254	26.2386		
31786	Remove windpipe lesion	Covered	N	1	C				\$1,415.03
31800	Repair of windpipe injury	Covered	N	1	C				\$474.18
31805	Repair of windpipe injury	Covered	N	1	C				\$881.62

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
31820	Closure of windpipe lesion	Covered	N	1	T	0254	26.2386		
31825	Repair of windpipe defect	Covered	N	1	T	0254	26.2386		
31830	Revise windpipe scar	Covered	N	1	T	0254	26.2386		
31899	Airways surgical procedure	Covered	N	1	T	0076	14.2251		
32035	Thoracostomy w/rib resection	Covered	N	1	C				\$616.05
32036	Thoracostomy w/flap drainage	Covered	N	1	C				\$681.07
32096	Open wedge/bx lung infiltr	Covered	N	1	C				\$707.90
32097	Open wedge/bx lung nodule	Covered	N	1	C				\$765.47
32098	Open biopsy of lung pleura	Covered	N	1	C				\$665.47
32100	Exploration of chest	Covered	N	1	C				\$840.09
32110	Explore/repair chest	Covered	N	1	C				\$918.82
32120	Re-exploration of chest	Covered	N	1	C				\$808.02
32124	Explore chest free adhesions	Covered	N	1	C				\$859.21
32140	Removal of lung lesion(s)	Covered	N	1	C				\$964.36
32141	Remove/treat lung lesions	Covered	N	1	C				\$951.17
32150	Removal of lung lesion(s)	Covered	N	1	C				\$921.88
32151	Remove lung foreign body	Covered	N	1	C				\$925.50
32160	Open chest heart massage	Covered	N	1	C				\$632.75
32200	Drain open lung lesion	Covered	N	1	C				\$860.39
32215	Treat chest lining	Covered	N	1	C				\$769.46
32220	Release of lung	Covered	N	1	C				\$1,263.58
32225	Partial release of lung	Covered	N	1	C				\$951.69
32310	Removal of chest lining	Covered	N	1	C				\$916.58
32320	Free/remove chest lining	Covered	N	1	C				\$1,343.48
32400	Needle biopsy chest lining	Covered	N	1	T	0005	14.1916		
32405	Percut bx lung/mediastinum	Covered	N	1	T	0005	14.1916		
32440	Remove lung pneumonectomy	Covered	N	1	C				\$1,380.68
32442	Sleeve pneumonectomy	Covered	N	1	C				\$1,576.47
32445	Removal of lung extrapleural	Covered	N	1	C				\$1,574.88
32480	Partial removal of lung	Covered	N	1	C				\$1,218.70
32482	Bilobectomy	Covered	N	1	C				\$1,288.75
32484	Segmentectomy	Covered	N	1	C				\$1,331.97
32486	Sleeve lobectomy	Covered	N	1	C				\$1,485.12
32488	Completion pneumonectomy	Covered	N	1	C				\$1,577.05
32491	Lung volume reduction	Covered	N		C				\$1,340.29
32501	Repair bronchus add-on	Covered	N	1	C				\$282.23
32503	Resect apical lung tumor	Covered	N	1	C				\$1,218.70
32504	Resect apical lung tum/chest	Covered	N	1	C				\$1,218.70
32505	Wedge resect of lung initial	Covered	N	1	C				\$817.56
32506	Wedge resect of lung add-on	Covered	N	1	C				\$137.81
32507	Wedge resect of lung diag	Covered	N	1	C				\$137.81
32540	Removal of lung lesion	Covered	N	1	C				\$982.61

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
32550	Insert pleural cath	Covered	N	1	T	0652	30.8500		
32551	Insertion of chest tube	Covered	N	1	T	0070	6.5974		
32552	Remove lung catheter	Covered	N	1	Q2	0070	6.5974		
32553	Ins mark thor for rt perq	Covered	N	1	S	0310	14.0014		
32554	Aspirate pleura w/o imaging	Covered	N	1	T	0070	6.5974		
32555	Aspirate pleura w/ imaging	Covered	N	1	T	0070	6.5974		
32556	Insert cath pleura w/o image	Covered	N	1	T	0070	6.5974		
32557	Insert cath pleura w/ image	Covered	N	1	T	0070	6.5974		
32560	Treat pleurodesis w/agent	Covered	N	1	T	0070	6.5974		
32561	Lyse chest fibrin init day	Covered	N	1	T	0070	6.5974		
32562	Lyse chest fibrin subq day	Covered	N	1	T	0070	6.5974		
32601	Thoracoscopy diagnostic	Covered	N	1	T	0069	41.4417		
32604	Thoracoscopy wbx sac	Covered	N	1	T	0069	41.4417		
32606	Thoracoscopy w/bx med space	Covered	N	1	T	0069	41.4417		
32607	Thoracoscopy w/bx infiltrate	Covered	N	1	T	0069	41.4417		
32608	Thoracoscopy w/bx nodule	Covered	N	1	T	0069	41.4417		
32609	Thoracoscopy w/bx pleura	Covered	N	1	T	0069	41.4417		
32650	Thoracoscopy w/pleurodesis	Covered	N	1	C				\$719.53
32651	Thoracoscopy remove cortex	Covered	N	1	C				\$876.02
32652	Thoracoscopy rem totl cortex	Covered	N	1	C				\$1,214.06
32653	Thoracoscopy remov fb/fibrin	Covered	N	1	C				\$860.13
32654	Thoracoscopy contrl bleeding	Covered	N	1	C				\$823.78
32655	Thoracoscopy resect bullae	Covered	N	1	C				\$910.77
32656	Thoracoscopy w/pleurectomy	Covered	N	1	C				\$916.72
32658	Thoracoscopy w/sac fb remove	Covered	N	1	C				\$855.93
32659	Thoracoscopy w/sac drainage	Covered	N	1	C				\$855.09
32661	Thoracoscopy w/pericard exc	Covered	N	1	C				\$875.45
32662	Thoracoscopy w/mediast exc	Not Covered			C				
32663	Thoracoscopy w/lobectomy	Covered	N	1	C				\$1,229.41
32664	Thoracoscopy w/ th nrv exc	Covered	N	1	C				\$901.36
32665	Thoracoscopy w/esoph musc exc	Covered	N	1	C				\$1,022.88
32666	Thoracoscopy w/wedge resect	Covered	N	1	C				\$763.60
32667	Thoracoscopy w/w resect addl	Covered	N	1	C				\$137.81
32668	Thoracoscopy w/w resect diag	Covered	N	1	C				\$138.40
32669	Thoracoscopy remove segment	Covered	N	1	C				\$1,177.13
32670	Thoracoscopy bilobectomy	Covered	N	1	C				\$1,405.73
32671	Thoracoscopy pneumonectomy	Covered	N	1	C				\$1,558.30
32672	Thoracoscopy for lvrs	Covered	N	1	C				\$1,333.12
32673	Thoracoscopy w/thymus resect	Covered	N	1	C				\$1,057.07
32674	Thoracoscopy lymph node exc	Covered	N	1	C				\$189.12
32701	Thorax stereo rad targetw/tx	Not Covered			B				
32800	Repair lung hernia	Covered	N	1	C				\$879.05

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
32810	Close chest after drainage	Covered	N	1	C				\$816.54
32815	Close bronchial fistula	Covered	N	1	C				\$1,442.30
32820	Reconstruct injured chest	Covered	N	1	C				\$1,391.71
32850	Donor pneumonectomy	Covered	N	1	C				By Report
32851	Lung transplant single	Covered	N	1	C				\$2,331.52
32852	Lung transplant with bypass	Covered	N	1	C				\$2,510.38
32853	Lung transplant double	Covered	N	1	C				\$2,849.63
32854	Lung transplant with bypass	Covered	N	1	C				\$3,039.57
32855	Prepare donor lung single	Not Covered			C				
32856	Prepare donor lung double	Not Covered			C				
32900	Removal of rib(s)	Covered	N	1	C				\$1,157.11
32905	Revise & repair chest wall	Covered	N	1	C				\$1,251.52
32906	Revise & repair chest wall	Covered	N	1	C				\$1,582.57
32940	Revision of lung	Covered	N	1	C				\$1,171.46
32960	Therapeutic pneumothorax	Covered	N	1	T	0070	6.5974		
32997	Total lung lavage	Covered	N	1	C				\$297.04
32998	Perq rf ablate tx pul tumor	Covered	N	1	T	0423	55.2208		
32999	Chest surgery procedure	Covered	N	1	T	0070	6.5974		
33010	Drainage of heart sac	Covered	N	1	T	0070	6.5974		
33011	Repeat drainage of heart sac	Covered	N	1	T	0070	6.5974		
33015	Incision of heart sac	Covered	N	1	C				\$417.77
33020	Incision of heart sac	Covered	N	1	C				\$883.51
33025	Incision of heart sac	Covered	N	1	C				\$872.77
33030	Partial removal of heart sac	Covered	N	1	C				\$1,338.53
33031	Partial removal of heart sac	Covered	N	1	C				\$1,365.10
33050	Resect heart sac lesion	Covered	N	1	C				\$920.65
33120	Removal of heart lesion	Covered	N	1	C				\$1,766.45
33130	Removal of heart lesion	Covered	N	1	C				\$1,307.55
33140	Heart revascularize (tmr)	Covered	N	1	C				\$1,183.66
33141	Heart tmr w/other procedure	Covered	N		C				\$230.93
33202	Insert epicard eltrd open	Covered	N	1	C				\$669.34
33203	Insert epicard eltrd endo	Covered	N	1	C				\$690.12
33206	Insert heart pm atrial	Covered	N	1	J1	0089	127.9907		
33207	Insert heart pm ventricular	Covered	N	1	J1	0089	127.9907		
33208	Insrt heart pm atrial & vent	Covered	N	1	J1	0089	127.9907		
33210	Insert electrd/pm cath sngl	Covered	N	1	J1	0090	88.2442		
33211	Insert card electrodes dual	Covered	N	1	J1	0090	88.2442		
33212	Insert pulse gen sngl lead	Covered	N	1	J1	0090	88.2442		
33213	Insert pulse gen dual leads	Covered	N	1	J1	0089	127.9907		
33214	Upgrade of pacemaker system	Covered	N	1	J1	0089	127.9907		
33215	Reposition pacing-defib lead	Covered	N	1	T	0103	21.2483		
33216	Insert 1 electrode pm-defib	Covered	N	1	J1	0090	88.2442		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
33217	Insert 2 electrode pm-defib	Covered	N	1	J1	0090	88.2442		
33218	Repair lead pace-defib one	Covered	N	1	T	0105	31.6455		
33220	Repair lead pace-defib dual	Covered	N	1	T	0105	31.6455		
33221	Insert pulse gen mult leads	Covered	N	1	J1	0655	221.2044		
33222	Relocation pocket pacemaker	Covered	N	1	T	0328	18.9748		
33223	Relocate pocket for defib	Covered	N	1	T	0328	18.9748		
33224	Insert pacing lead & connect	Covered	N	1	J1	0089	127.9907		
33225	L ventric pacing lead add-on	Covered	N	1	N				
33226	Reposition l ventric lead	Covered	N	1	T	0103	21.2483		
33227	Remove&replace pm gen singl	Covered	N	1	J1	0090	88.2442		
33228	Remv&replc pm gen dual lead	Covered	N	1	J1	0089	127.9907		
33229	Remv&replc pm gen mult leads	Covered	N	1	J1	0655	221.2044		
33230	Insrt pulse gen w/dual leads	Covered	N	1	J1	0107	308.9615		
33231	Insrt pulse gen w/mult leads	Covered	N	1	J1	0108	415.4941		
33233	Removal of pm generator	Covered	N	1	J1	0090	88.2442		
33234	Removal of pacemaker system	Covered	N	1	Q2	0105	31.6455		
33235	Removal pacemaker electrode	Covered	N	1	Q2	0105	31.6455		
33236	Remove electrode/thoracotomy	Covered	N	1	C				\$733.73
33237	Remove electrode/thoracotomy	Covered	N	1	C				\$889.88
33238	Remove electrode/thoracotomy	Covered	N	1	C				\$933.87
33240	Insrt pulse gen w/singl lead	Covered	N	1	J1	0107	308.9615		
33241	Remove pulse generator	Covered	N	1	Q2	0105	31.6455		
33243	Remove eltrd/thoracotomy	Covered	N	1	C				\$1,244.63
33244	Remove elctrd transvenously	Covered	N	1	Q2	0105	31.6455		
33249	Insj/rplcmt defib w/lead(s)	Covered	N	1	J1	0108	415.4941		
33250	Ablate heart dysrhythm focus	Covered	N	1	C				\$1,270.32
33251	Ablate heart dysrhythm focus	Covered	N	1	C				\$1,557.09
33254	Ablate atria lmtd	Covered	N	1	C				\$1,167.44
33255	Ablate atria w/o bypass ext	Covered	N	1	C				\$1,407.92
33256	Ablate atria w/bypass exten	Covered	N	1	C				\$1,680.39
33257	Ablate atria lmtd add-on	Covered	N	1	C				\$455.04
33258	Ablate atria x10sv add-on	Covered	N	1	C				\$513.64
33259	Ablate atria w/bypass add-on	Covered	N	1	C				\$671.18
33261	Ablate heart dysrhythm focus	Covered	N	1	C				\$1,502.81
33262	Rmvl& replc pulse gen 1 lead	Covered	N	1	J1	0107	308.9615		
33263	Rmvl & rplcmt dfb gen 2 lead	Covered	N	1	J1	0107	308.9615		
33264	Rmvl & rplcmt dfb gen mlt ld	Covered	N	1	J1	0108	415.4941		
33265	Ablate atria lmtd endo	Covered	N	1	C				\$1,167.44
33266	Ablate atria x10sv endo	Covered	N	1	C				\$1,597.68
33270	Ins/rep subq defibrillator	Covered	N	1	J1	0108	415.4941		
33271	Insj subq impltbl dfb elctrd	Covered	N	1	J1	0090	88.2442		
33272	Rmvl of subq defibrillator	Covered	N	1	Q2	0105	31.6455		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
33273	Repos prev impltbl subq dfb	Covered	N	1	T	0105	31.6455		
33282	Implant pat-active ht record	Covered	N		J1	0090	88.2442		
33284	Remove pat-active ht record	Covered	N		Q2	0020	11.1440		
33300	Repair of heart wound	Covered	N	1	C				\$1,183.08
33305	Repair of heart wound	Covered	N	1	C				\$1,418.05
33310	Exploratory heart surgery	Covered	N	1	C				\$1,184.73
33315	Exploratory heart surgery	Covered	N	1	C				\$1,408.71
33320	Repair major blood vessel(s)	Covered	N	1	C				\$1,114.89
33321	Repair major vessel	Not Covered			C				
33322	Repair major blood vessel(s)	Covered	N	1	C				\$1,450.20
33330	Insert major vessel graft	Covered	N	1	C				\$1,298.71
33335	Insert major vessel graft	Covered	N	1	C				\$1,759.29
33361	Replace aortic valve perq	Covered	N	1	C				\$1,164.77
33362	Replace aortic valve open	Covered	N	1	C				\$1,274.43
33363	Replace aortic valve open	Covered	N	1	C				\$1,319.54
33364	Replace aortic valve open	Covered	N	1	C				\$1,403.68
33365	Replace aortic valve open	Covered	N	1	C				\$1,531.95
33366	Trcath replace aortic valve	Covered	N	1	C				\$1,722.96
33367	Replace aortic valve w/byp	Covered	N	1	C				\$538.10
33368	Replace aortic valve w/byp	Covered	N	1	C				\$651.99
33369	Replace aortic valve w/byp	Covered	N	1	C				\$860.85
33400	Repair of aortic valve	Covered	N	1	C				\$1,798.89
33401	Valvuloplasty open	Covered	N	1	C				\$1,669.95
33403	Valvuloplasty w/cp bypass	Covered	N	1	C				\$1,773.02
33404	Prepare heart-aorta conduit	Covered	N	1	C				\$2,022.26
33405	Replacement of aortic valve	Covered	N	1	C				\$2,059.97
33406	Replacement of aortic valve	Covered	N	1	C				\$2,221.96
33410	Replacement of aortic valve	Covered	N		C				\$1,984.47
33411	Replacement of aortic valve	Covered	N	1	C				\$2,236.02
33412	Replacement of aortic valve	Covered	N	1	C				\$2,412.44
33413	Replacement of aortic valve	Covered	N	1	C				\$2,460.42
33414	Repair of aortic valve	Covered	N	1	C				\$2,176.92
33415	Revision subvalvular tissue	Covered	N	1	C				\$1,926.70
33416	Revise ventricle muscle	Covered	N	1	C				\$2,014.55
33417	Repair of aortic valve	Covered	N	1	C				\$2,064.72
33418	Repair tcac mitral valve	Covered	N	1	C				\$1,574.44
33419	Repair tcac mitral valve	Covered	N	1	N				
33420	Revision of mitral valve	Covered	N	1	C				\$1,363.77
33422	Revision of mitral valve	Covered	N	1	C				\$1,823.10
33425	Repair of mitral valve	Covered	N	1	C				\$1,881.93
33426	Repair of mitral valve	Covered	N	1	C				\$2,105.71
33427	Repair of mitral valve	Covered	N	1	C				\$2,270.86

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
33430	Replacement of mitral valve	Covered	N	1	C				\$2,168.15
33460	Revision of tricuspid valve	Covered	N	1	C				\$1,661.37
33463	Valvuloplasty tricuspid	Covered	N	1	C				\$1,796.45
33464	Valvuloplasty tricuspid	Covered	N	1	C				\$1,909.69
33465	Replace tricuspid valve	Covered	N	1	C				\$1,999.35
33468	Revision of tricuspid valve	Covered	N	1	C				\$2,210.96
33470	Revision of pulmonary valve	Covered	N	1	C				\$1,316.87
33471	Valvotomy pulmonary valve	Covered	N	1	C				\$1,458.66
33474	Revision of pulmonary valve	Covered	N	1	C				\$1,632.16
33475	Replacement pulmonary valve	Covered	N	1	C				\$1,998.59
33476	Revision of heart chamber	Covered	N	1	C				\$1,712.32
33478	Revision of heart chamber	Covered	N	1	C				\$1,904.52
33496	Repair prosth valve clot	Covered	N	1	C				\$1,943.74
33500	Repair heart vessel fistula	Covered	N	1	C				\$1,779.30
33501	Repair heart vessel fistula	Covered	N	1	C				\$1,163.17
33502	Coronary artery correction	Covered	N	1	C				\$1,452.58
33503	Coronary artery graft	Covered	N	1	C				\$1,488.53
33504	Coronary artery graft	Covered	N	1	C				\$1,814.02
33505	Repair artery w/tunnel	Covered	N	1	C				\$1,821.01
33506	Repair artery translocation	Covered	N	1	C				\$1,840.89
33507	Repair art intramural	Covered	N	1	C				\$1,452.58
33508	Endoscopic vein harvest	Covered	N	1	N				
33510	Cabg vein single	Covered	N	1	C				\$1,764.42
33511	Cabg vein two	Covered	N	1	C				\$1,909.00
33512	Cabg vein three	Covered	N	1	C				\$2,049.89
33513	Cabg vein four	Covered	N	1	C				\$2,200.34
33514	Cabg vein five	Covered	N	1	C				\$2,399.12
33516	Cabg vein six or more	Covered	N	1	C				\$2,554.33
33517	Cabg artery-vein single	Covered	N	1	C				\$164.69
33518	Cabg artery-vein two	Covered	N	1	C				\$310.80
33519	Cabg artery-vein three	Covered	N	1	C				\$456.01
33521	Cabg artery-vein four	Covered	N	1	C				\$601.87
33522	Cabg artery-vein five	Covered	N	1	C				\$747.16
33523	Cabg art-vein six or more	Covered	N	1	C				\$893.68
33530	Coronary artery bypass/reop	Covered	N	1	C				\$375.29
33533	Cabg arterial single	Covered	N	1	C				\$1,810.63
33534	Cabg arterial two	Covered	N	1	C				\$1,991.14
33535	Cabg arterial three	Covered	N	1	C				\$2,176.43
33536	Cabg arterial four or more	Covered	N	1	C				\$2,359.76
33542	Removal of heart lesion	Covered	N	1	C				\$2,019.22
33545	Repair of heart damage	Covered	N	1	C				\$2,439.72
33548	Restore/remodel ventricle	Covered	N	1	C				\$2,439.72

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
33572	Open coronary endarterectomy	Not Covered			C				
33600	Closure of valve	Covered	N	1	C				\$1,994.72
33602	Closure of valve	Covered	N	1	C				\$1,925.73
33606	Anastomosis/artery-aorta	Covered	N	1	C				\$2,123.45
33608	Repair anomaly w/conduit	Covered	N	1	C				\$2,201.74
33610	Repair by enlargement	Covered	N	1	C				\$2,155.24
33611	Repair double ventricle	Covered	N	1	C				\$2,236.81
33612	Repair double ventricle	Covered	N	1	C				\$2,360.93
33615	Repair modified fontan	Covered	N	1	C				\$2,289.22
33617	Repair single ventricle	Covered	N	1	C				\$2,448.94
33619	Repair single ventricle	Covered	N	1	C				\$2,753.61
33620	Apply r&l pulm art bands	Covered	N	1	C				\$1,494.33
33621	Transthor cath for stent	Covered	N	1	C				\$806.79
33622	Redo compl cardiac anomaly	Covered	N	1	C				\$3,161.41
33641	Repair heart septum defect	Covered	N	1	C				\$1,485.80
33645	Revision of heart veins	Covered	N	1	C				\$1,761.87
33647	Repair heart septum defects	Covered	N	1	C				\$2,046.47
33660	Repair of heart defects	Covered	N	1	C				\$1,832.81
33665	Repair of heart defects	Covered	N	1	C				\$2,021.61
33670	Repair of heart chambers	Covered	N	1	C				\$2,126.21
33675	Close mult vsd	Covered	N	1	C				\$1,858.77
33676	Close mult vsd w/resection	Covered	N	1	C				\$1,913.41
33677	Cl mult vsd w/rem pul band	Covered	N	1	C				\$1,988.83
33681	Repair heart septum defect	Covered	N	1	C				\$1,990.56
33684	Repair heart septum defect	Covered	N	1	C				\$2,056.99
33688	Repair heart septum defect	Covered	N	1	C				\$1,957.63
33690	Reinforce pulmonary artery	Covered	N	1	C				\$1,412.94
33692	Repair of heart defects	Covered	N	1	C				\$2,110.72
33694	Repair of heart defects	Covered	N	1	C				\$2,149.76
33697	Repair of heart defects	Covered	N	1	C				\$2,297.38
33702	Repair of heart defects	Covered	N	1	C				\$1,908.95
33710	Repair of heart defects	Covered	N	1	C				\$2,045.95
33720	Repair of heart defect	Covered	N	1	C				\$1,878.65
33722	Repair of heart defect	Covered	N	1	C				\$2,023.92
33724	Repair venous anomaly	Covered	N	1	C				\$1,332.16
33726	Repair pul venous stenosis	Covered	N	1	C				\$1,759.88
33730	Repair heart-vein defect(s)	Covered	N	1	C				\$2,090.23
33732	Repair heart-vein defect	Covered	N	1	C				\$1,963.99
33735	Revision of heart chamber	Covered	N	1	C				\$1,530.93
33736	Revision of heart chamber	Covered	N	1	C				\$1,714.36
33737	Revision of heart chamber	Covered	N	1	C				\$1,500.01
33750	Major vessel shunt	Covered	N	1	C				\$1,410.35

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
33755	Major vessel shunt	Covered	N	1	C				\$1,388.81
33762	Major vessel shunt	Covered	N	1	C				\$1,426.21
33764	Major vessel shunt & graft	Covered	N	1	C				\$1,429.85
33766	Major vessel shunt	Covered	N	1	C				\$1,587.82
33767	Major vessel shunt	Covered	N	1	C				\$1,628.78
33768	Cavopulmonary shunting	Covered	N	1	C				\$1,628.78
33770	Repair great vessels defect	Covered	N	1	C				\$2,231.05
33771	Repair great vessels defect	Covered	N	1	C				\$2,211.99
33774	Repair great vessels defect	Covered	N	1	C				\$2,038.46
33775	Repair great vessels defect	Covered	N	1	C				\$2,009.16
33776	Repair great vessels defect	Covered	N	1	C				\$2,152.10
33777	Repair great vessels defect	Covered	N	1	C				\$2,063.32
33778	Repair great vessels defect	Covered	N	1	C				\$2,415.65
33779	Repair great vessels defect	Covered	N	1	C				\$2,344.45
33780	Repair great vessels defect	Covered	N	1	C				\$2,424.88
33781	Repair great vessels defect	Covered	N	1	C				\$2,312.63
33782	Nikaidoh proc	Covered	N	1	C				\$2,630.27
33783	Nikaidoh proc w/ostia implt	Covered	N	1	C				\$2,855.43
33786	Repair arterial trunk	Covered	N	1	C				\$2,245.92
33788	Revision of pulmonary artery	Covered	N	1	C				\$1,729.33
33800	Aortic suspension	Covered	N	1	C				\$1,160.09
33802	Repair vessel defect	Covered	N	1	C				\$1,310.56
33803	Repair vessel defect	Covered	N	1	C				\$1,312.53
33813	Repair septal defect	Covered	N	1	C				\$1,448.41
33814	Repair septal defect	Covered	N	1	C				\$1,845.02
33820	Revise major vessel	Covered	N	1	C				\$1,212.50
33822	Revise major vessel	Covered	N	1	C				\$1,170.70
33824	Revise major vessel	Covered	N	1	C				\$1,412.25
33840	Remove aorta constriction	Covered	N	1	C				\$1,517.53
33845	Remove aorta constriction	Covered	N	1	C				\$1,592.98
33851	Remove aorta constriction	Covered	N	1	C				\$1,592.47
33852	Repair septal defect	Covered	N	1	C				\$1,731.30
33853	Repair septal defect	Covered	N	1	C				\$2,290.55
33860	Ascending aortic graft	Covered	N	1	C				\$2,284.09
33863	Ascending aortic graft	Covered	N	1	C				\$2,390.16
33864	Ascending aortic graft	Covered	N	1	C				\$2,437.58
33870	Transverse aortic arch graft	Covered	N	1	C				\$2,728.94
33875	Thoracic aortic graft	Covered	N	1	C				\$2,160.49
33877	Thoracoabdominal graft	Covered	N	1	C				\$2,828.79
33880	Endovasc taa repr incl subcl	Covered	N	1	C				\$1,751.39
33881	Endovasc taa repr w/o subcl	Covered	N	1	C				\$1,503.20
33883	Insert endovasc prosth taa	Covered	N	1	C				\$1,104.76

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
33884	Endovasc prosth taa add-on	Covered	N	1	C				\$413.70
33886	Endovasc prosth delayed	Covered	N	1	C				\$952.98
33889	Artery transpose/endovas taa	Covered	N	1	C				\$820.23
33891	Car-car bp grft/endovas taa	Covered	N	1	C				\$1,045.40
33910	Remove lung artery emboli	Covered	N	1	C				\$1,495.97
33915	Remove lung artery emboli	Covered	N	1	C				\$1,201.30
33916	Surgery of great vessel	Covered	N	1	C				\$1,577.99
33917	Repair pulmonary artery	Covered	N	1	C				\$1,756.32
33920	Repair pulmonary atresia	Covered	N	1	C				\$2,232.68
33922	Transect pulmonary artery	Covered	N	1	C				\$1,674.97
33924	Remove pulmonary shunt	Covered	N	1	C				\$316.56
33925	Rpr pul art unifocal w/o cpb	Covered	N	1	C				\$1,183.08
33926	Repr pul art unifocal w/cpb	Covered	N	1	C				\$1,183.08
33930	Removal of donor heart/lung	Not Covered			C				
33933	Prepare donor heart/lung	Not Covered			C				
33935	Transplantation heart/lung	Covered	N	1	C				\$3,104.02
33940	Removal of donor heart	Not Covered			C				
33944	Prepare donor heart	Not Covered			C				
33945	Transplantation of heart	Covered	N	1	C				\$2,859.87
33946	Ecmo/ecls initiation venous	Covered	N	1	C				\$285.20
33947	Ecmo/ecls initiation artery	Covered	N	1	C				\$312.69
33948	Ecmo/ecls daily mgmt-venous	Covered	N	1	C				\$221.94
33949	Ecmo/ecls daily mgmt artery	Covered	N	1	C				\$216.24
33951	Ecmo/ecls insj prph cannula	Covered	N	1	C				\$371.62
33952	Ecmo/ecls insj prph cannula	Covered	N	1	C				\$362.70
33953	Ecmo/ecls insj prph cannula	Covered	N	1	C				\$414.46
33954	Ecmo/ecls insj prph cannula	Covered	N	1	C				\$404.61
33955	Ecmo/ecls insj ctr cannula	Covered	N	1	C				\$803.08
33956	Ecmo/ecls insj ctr cannula	Covered	N	1	C				\$759.68
33957	Ecmo/ecls repos perph cnula	Covered	N	1	C				\$226.91
33958	Ecmo/ecls repos perph cnula	Covered	N	1	C				\$221.07
33959	Ecmo/ecls repos perph cnula	Covered	N	1	C				\$271.27
33962	Ecmo/ecls repos perph cnula	Covered	N	1	C				\$257.42
33963	Ecmo/ecls repos perph cnula	Covered	N	1	C				\$480.13
33964	Ecmo/ecls repos perph cnula	Covered	N	1	C				\$488.07
33965	Ecmo/ecls rmlv perph cannula	Covered	N	1	C				\$224.14
33966	Ecmo/ecls rmlv prph cannula	Covered	N	1	C				\$255.68
33967	Insert i-aort percut device	Covered	N	1	C				\$244.61
33968	Remove aortic assist device	Covered	N		C				\$36.82
33969	Ecmo/ecls rmlv perph cannula	Covered	N	1	C				\$287.87
33970	Aortic circulation assist	Covered	N	1	C				\$432.85
33971	Aortic circulation assist	Covered	N	1	C				\$621.97

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
33973	Insert balloon device	Covered	N	1	C				\$569.09
33974	Remove intra-aortic balloon	Covered	N	1	C				\$856.87
33975	Implant ventricular device	Covered	R	1	C				\$1,259.03
33976	Implant ventricular device	Covered	R	1	C				\$1,528.25
33977	Remove ventricular device	Covered	R	1	C				\$1,070.39
33978	Remove ventricular device	Covered	R	1	C				\$1,259.87
33979	Insert intracorporeal device	Covered	R	1	C				\$1,766.14
33980	Remove intracorporeal device	Covered	R	1	C				\$1,612.78
33981	Replace vad pump ext	Covered	N	2	C				By Report
33982	Replace vad intra w/o bp	Covered	N	1	C				By Report
33983	Replace vad intra w/bp	Covered	N	1	C				By Report
33984	Ecmo/ecls rmvl prph cannula	Covered	N	1	C				\$282.26
33985	Ecmo/ecls rmvl ctr cannula	Covered	N	1	C				\$536.92
33986	Ecmo/ecls rmvl ctr cannula	Covered	N	1	C				\$510.84
33987	Artery expos/graft artery	Covered	N	1	C				\$210.81
33988	Insertion of left heart vent	Covered	N	1	C				\$684.87
33989	Removal of left heart vent	Covered	N	1	C				\$446.85
33990	Insert vad artery access	Covered	N	1	C				\$378.85
33991	Insert vad art&vein access	Covered	N	1	C				\$552.07
33992	Remove vad different session	Covered	N		C				\$195.63
33993	Reposition vad diff session	Covered	N	1	C				\$158.34
33999	Cardiac surgery procedure	Covered	N	1	T	0070	6.5974		
34001	Removal of artery clot	Covered	N	1	C				\$762.89
34051	Removal of artery clot	Covered	N	1	C				\$856.64
34101	Removal of artery clot	Covered	N	1	T	0088	43.4236		
34111	Removal of arm artery clot	Covered	N	1	T	0088	43.4236		
34151	Removal of artery clot	Covered	N	1	C				\$973.47
34201	Removal of artery clot	Covered	N	1	T	0088	43.4236		
34203	Removal of leg artery clot	Covered	N	1	T	0088	43.4236		
34401	Removal of vein clot	Covered	N	1	C				\$722.23
34421	Removal of vein clot	Covered	N	1	T	0088	43.4236		
34451	Removal of vein clot	Covered	N	1	C				\$844.08
34471	Removal of vein clot	Covered	N	1	T	0088	43.4236		
34490	Removal of vein clot	Covered	N	1	T	0088	43.4236		
34501	Repair valve femoral vein	Covered	N	1	T	0088	43.4236		
34502	Reconstruct vena cava	Covered	N	1	C				\$1,545.34
34510	Transposition of vein valve	Covered	N	1	T	0088	43.4236		
34520	Cross-over vein graft	Covered	N	1	T	0088	43.4236		
34530	Leg vein fusion	Covered	N	1	T	0088	43.4236		
34800	Endovas aaa repr w/sm tube	Covered	N		C				\$1,060.02
34802	Endovas aaa repr w/2-p part	Covered	N		C				\$1,169.83
34803	Endovas aaa repr w/3-p part	Covered	N	1	C				\$1,287.85

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
34804	Endovas aaa repr w/1-p part	Covered	N		C				\$1,169.83
34805	Endovas aaa repr w/long tube	Covered	N	1	C				\$1,064.19
34806	Aneurysm press sensor add-on	Covered	N	1	C				\$79.55
34808	Endovas iliac a device addon	Covered	N		C				\$213.33
34812	Xpose for endoprosth femorl	Covered	N	1	C				\$349.14
34813	Femoral endovas graft add-on	Covered	N		C				\$248.09
34820	Xpose for endoprosth iliac	Covered	N		C				\$504.14
34825	Endovasc extend prosth init	Covered	N		C				\$668.41
34826	Endovasc exten prosth addl	Covered	N		C				\$213.33
34830	Open aortic tube prosth repr	Covered	N		C				\$1,744.67
34831	Open aortoiliac prosth repr	Covered	N		C				\$1,886.32
34832	Open aortofemor prosth repr	Covered	N		C				\$1,886.32
34833	Xpose for endoprosth iliac	Covered	N	1	C				\$579.25
34834	Xpose endoprosth brachial	Covered	N	1	C				\$270.11
34839	Plnning pt spec fenest graft	Not Covered			B				
34841	Endovasc visc aorta 1 graft	Covered	N	1	C				By Report
34842	Endovasc visc aorta 2 graft	Covered	N	1	C				By Report
34843	Endovasc visc aorta 3 graft	Covered	N	1	C				By Report
34844	Endovasc visc aorta 4 graft	Covered	N	1	C				By Report
34845	Visc & infraren abd 1 prosth	Covered	N	1	C				By Report
34846	Visc & infraren abd 2 prosth	Covered	N	1	C				By Report
34847	Visc & infraren abd 3 prosth	Covered	N	1	C				By Report
34848	Visc & infraren abd 4+ prost	Covered	N	1	C				By Report
34900	Endovasc iliac repr w/graft	Covered	N	1	C				\$846.95
35001	Repair defect of artery	Covered	N	1	C				\$1,177.93
35002	Repair artery rupture neck	Covered	N	1	C				\$1,170.16
35005	Repair defect of artery	Covered	N	1	C				\$966.15
35011	Repair defect of artery	Covered	N	1	T	0622	30.1495		
35013	Repair artery rupture arm	Covered	N	1	C				\$1,038.58
35021	Repair defect of artery	Covered	N	1	C				\$1,230.59
35022	Repair artery rupture chest	Covered	N	1	C				\$1,279.73
35045	Repair defect of arm artery	Covered	N	1	T	0093	33.7207		
35081	Repair defect of artery	Covered	N	1	C				\$1,641.75
35082	Repair artery rupture aorta	Covered	N	1	C				\$2,013.27
35091	Repair defect of artery	Covered	N	1	C				\$1,989.78
35092	Repair artery rupture aorta	Covered	N	1	C				\$2,170.61
35102	Repair defect of artery	Covered	N	1	C				\$1,771.03
35103	Repair artery rupture aorta	Covered	N	1	C				\$1,954.01
35111	Repair defect of artery	Covered	N	1	C				\$1,053.19
35112	Repair artery rupture spleen	Covered	N	1	C				\$1,022.59
35121	Repair defect of artery	Covered	N	1	C				\$1,509.67
35122	Repair artery rupture belly	Covered	N	1	C				\$1,804.56

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
35131	Repair defect of artery	Covered	N	1	C				\$1,126.69
35132	Repair artery rupture groin	Covered	N	1	C				\$1,314.49
35141	Repair defect of artery	Covered	N	1	C				\$926.12
35142	Repair artery rupture thigh	Covered	N	1	C				\$1,007.61
35151	Repair defect of artery	Covered	N	1	C				\$1,047.67
35152	Repair ruptd popliteal art	Covered	N	1	C				\$928.98
35180	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35182	Repair blood vessel lesion	Covered	N	1	C				\$1,015.03
35184	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35188	Repair blood vessel lesion	Covered	N	1	T	0088	43.4236		
35189	Repair blood vessel lesion	Covered	N	1	C				\$1,042.86
35190	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35201	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35206	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35207	Repair blood vessel lesion	Covered	N	1	T	0088	43.4236		
35211	Repair blood vessel lesion	Covered	N	1	C				\$1,378.18
35216	Repair blood vessel lesion	Covered	N	1	C				\$1,126.58
35221	Repair blood vessel lesion	Covered	N	1	C				\$939.90
35226	Repair blood vessel lesion	Covered	N	1	T	0020	11.1440		
35231	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35236	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35241	Repair blood vessel lesion	Covered	N	1	C				\$1,449.84
35246	Repair blood vessel lesion	Covered	N	1	C				\$1,279.41
35251	Repair blood vessel lesion	Covered	N	1	C				\$954.57
35256	Repair blood vessel lesion	Covered	N	1	T	0093	33.7207		
35261	Repair blood vessel lesion	Covered	N	1	T	0622	30.1495		
35266	Repair blood vessel lesion	Covered	N	1	T	0622	30.1495		
35271	Repair blood vessel lesion	Covered	N	1	C				\$1,363.68
35276	Repair blood vessel lesion	Covered	N	1	C				\$1,158.49
35281	Repair blood vessel lesion	Covered	N	1	C				\$1,051.87
35286	Repair blood vessel lesion	Covered	N	1	T	0622	30.1495		
35301	Rechanneling of artery	Covered	N	1	C				\$1,119.90
35302	Rechanneling of artery	Covered	N	1	C				\$993.81
35303	Rechanneling of artery	Covered	N	1	C				\$1,092.46
35304	Rechanneling of artery	Covered	N	1	C				\$1,136.68
35305	Rechanneling of artery	Covered	N	1	C				\$1,092.46
35306	Rechanneling of artery	Covered	N	1	C				\$410.01
35311	Rechanneling of artery	Covered	N	1	C				\$1,502.62
35321	Rechanneling of artery	Covered	N	1	T	0093	33.7207		
35331	Rechanneling of artery	Covered	N	1	C				\$1,302.77
35341	Rechanneling of artery	Covered	N	1	C				\$1,440.17
35351	Rechanneling of artery	Covered	N	1	C				\$1,174.02

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
35355	Rechanneling of artery	Covered	N	1	C				\$1,006.50
35361	Rechanneling of artery	Covered	N	1	C				\$1,403.04
35363	Rechanneling of artery	Covered	N	1	C				\$1,512.97
35371	Rechanneling of artery	Covered	N	1	C				\$756.80
35372	Rechanneling of artery	Covered	N	1	C				\$817.90
35390	Reoperation carotid add-on	Covered	N	1	C				\$170.33
35400	Angioscopy	Covered	N	1	C				\$169.61
35450	Repair arterial blockage	Covered	N	1	C				\$645.30
35452	Repair arterial blockage	Covered	N	1	C				\$391.13
35458	Repair arterial blockage	Covered	N	1	J1	0083	61.1978		
35460	Repair venous blockage	Covered	N	1	J1	0083	61.1978		
35471	Repair arterial blockage	Covered	N	1	J1	0083	61.1978		
35472	Repair arterial blockage	Covered	N	1	J1	0083	61.1978		
35475	Repair arterial blockage	Covered	N	1	J1	0083	61.1978		
35476	Repair venous blockage	Covered	N	1	J1	0083	61.1978		
35500	Harvest vein for bypass	Covered	N	1	N				
35501	Art byp grft ipsilat carotid	Covered	N	1	C				\$1,181.27
35506	Art byp grft subclav-carotid	Covered	N	1	C				\$1,234.91
35508	Art byp grft carotid-vertbrl	Covered	N	1	C				\$1,175.95
35509	Art byp grft contral carotid	Covered	N	1	C				\$1,150.38
35510	Art byp grft carotid-brchial	Covered	N	1	C				\$1,150.38
35511	Art byp grft subclav-subclav	Covered	N	1	C				\$948.74
35512	Art byp grft subclav-brchial	Covered	N	1	C				\$948.74
35515	Art byp grft subclav-vertbrl	Covered	N	1	C				\$1,046.43
35516	Art byp grft subclav-axillary	Covered	N	1	C				\$1,046.21
35518	Art byp grft axillary-axilry	Covered	N	1	C				\$989.25
35521	Art byp grft axill-femoral	Covered	N	1	C				\$1,048.10
35522	Art byp grft axill-brachial	Covered	N	1	C				\$1,048.10
35523	Art byp grft brchl-ulnr-rdl	Covered	N	1	C				\$998.67
35525	Art byp grft brachial-brchl	Covered	N	1	C				\$1,048.10
35526	Art byp grft aor/carot/innom	Covered	N	1	C				\$1,151.83
35531	Art byp grft aorcel/aormesen	Covered	N	1	C				\$1,509.13
35533	Art byp grft axill/fem/fem	Covered	N	1	C				\$1,293.86
35535	Art byp grft hepatorenal	Covered	N	1	C				\$1,802.43
35536	Art byp grft splenorenal	Covered	N	1	C				\$1,420.93
35537	Art byp grft aortoiliac	Covered	N	1	C				\$1,922.62
35538	Art byp grft aortobi-iliac	Covered	N	1	C				\$2,148.39
35539	Art byp grft aortofemoral	Covered	N	1	C				\$2,019.09
35540	Art byp grft aortbifemoral	Covered	N	1	C				\$2,250.80
35556	Art byp grft fem-popliteal	Covered	N	1	C				\$1,315.34
35558	Art byp grft fem-femoral	Covered	N	1	C				\$917.61
35560	Art byp grft aortorenal	Covered	N	1	C				\$1,430.76

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
35563	Art byp grft ilioiliac	Covered	N	1	C				\$843.48
35565	Art byp grft iliofemoral	Covered	N	1	C				\$986.83
35566	Art byp fem-ant-post tib/prl	Covered	N	1	C				\$1,628.78
35570	Art byp tibial-tib/peroneal	Covered	N	1	C				\$1,391.96
35571	Art byp pop-tibl-prl-other	Covered	N	1	C				\$1,212.57
35572	Harvest femoropopliteal vein	Covered	N	1	N				
35583	Vein byp grft fem-popliteal	Covered	N	1	C				\$1,388.36
35585	Vein byp fem-tibial peroneal	Covered	N	1	C				\$1,716.94
35587	Vein byp pop-tibl peroneal	Covered	N	1	C				\$1,276.92
35600	Harvest art for cabg add-on	Covered	N		C				\$260.34
35601	Art byp common ipsi carotid	Covered	N	1	C				\$1,124.43
35606	Art byp carotid-subclavian	Covered	N	1	C				\$1,159.05
35612	Art byp subclav-subclavian	Covered	N	1	C				\$1,014.89
35616	Art byp subclav-axillary	Covered	N	1	C				\$1,011.90
35621	Art byp axillary-femoral	Covered	N	1	C				\$951.05
35623	Art byp axillary-pop-tibial	Covered	N	1	C				\$902.10
35626	Art byp aorsubcl/carot/innom	Covered	N	1	C				\$1,446.52
35631	Art byp aor-celiac-msn-renal	Covered	N	1	C				\$1,426.81
35632	Art byp ilio-celiac	Covered	N	1	C				\$1,710.94
35633	Art byp ilio-mesenteric	Covered	N	1	C				\$1,847.77
35634	Art byp iliorenal	Covered	N	1	C				\$1,674.38
35636	Art byp spenorenal	Covered	N	1	C				\$1,251.12
35637	Art byp aortoiliac	Covered	N	1	C				\$1,576.31
35638	Art byp aortobi-iliac	Covered	N	1	C				\$1,601.18
35642	Art byp carotid-vertebral	Covered	N	1	C				\$981.48
35645	Art byp subclav-vertebrl	Covered	N	1	C				\$986.90
35646	Art byp aortobifemoral	Covered	N	1	C				\$1,586.00
35647	Art byp aortofemoral	Covered	N	1	C				\$1,455.69
35650	Art byp axillary-axillary	Covered	N	1	C				\$930.20
35654	Art byp axill-fem-femoral	Covered	N	1	C				\$1,206.07
35656	Art byp femoral-popliteal	Covered	N	1	C				\$1,197.73
35661	Art byp femoral-femoral	Covered	N	1	C				\$861.63
35663	Art byp ilioiliac	Covered	N	1	C				\$930.23
35665	Art byp iliofemoral	Covered	N	1	C				\$1,002.49
35666	Art byp fem-ant-post tib/prl	Covered	N	1	C				\$1,267.87
35671	Art byp pop-tibl-prl-other	Covered	N	1	C				\$988.73
35681	Composite byp grft pros&vein	Covered	N	1	C				\$256.91
35682	Composite byp grft 2 veins	Covered	N	1	C				\$471.64
35683	Composite byp grft 3/> segmt	Covered	N	1	C				\$528.95
35685	Bypass graft patency/patch	Covered	N	1	N				
35686	Bypass graft/av fist patency	Covered	N	1	N				
35691	Art trnsposj vertbrl carotid	Covered	N	1	C				\$1,162.06

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
35693	Art trnsposj subclavian	Covered	N	1	C				\$860.47
35694	Art trnsposj subclav carotid	Covered	N	1	C				\$1,023.56
35695	Art trnsposj carotid subclav	Covered	N	1	C				\$1,023.72
35697	Reimplant artery each	Covered	N		C				\$144.60
35700	Reoperation bypass graft	Covered	N	1	C				\$198.85
35701	Exploration carotid artery	Covered	N	1	C				\$371.26
35721	Exploration femoral artery	Covered	N	1	C				\$375.54
35741	Exploration popliteal artery	Covered	N	1	C				\$374.81
35761	Exploration of artery/vein	Covered	N	1	T	0093	33.7207		
35800	Explore neck vessels	Covered	N	1	C				\$427.28
35820	Explore chest vessels	Covered	N	1	C				\$717.16
35840	Explore abdominal vessels	Covered	N	1	C				\$582.45
35860	Explore limb vessels	Covered	N	1	T	0093	33.7207		
35870	Repair vessel graft defect	Covered	N	1	C				\$1,197.79
35875	Removal of clot in graft	Covered	N	1	T	0088	43.4236		
35876	Removal of clot in graft	Covered	N	1	T	0088	43.4236		
35879	Revise graft w/vein	Covered	N		T	0088	43.4236		
35881	Revise graft w/vein	Covered	N		T	0088	43.4236		
35883	Revise graft w/nonauto graft	Covered	N	1	T	0088	43.4236		
35884	Revise graft w/vein	Covered	N	1	T	0088	43.4236		
35901	Excision graft neck	Covered	N	1	C				\$533.25
35903	Excision graft extremity	Covered	N	1	T	0093	33.7207		
35905	Excision graft thorax	Covered	N	1	C				\$1,015.34
35907	Excision graft abdomen	Covered	N	1	C				\$1,011.25
36000	Place needle in vein	Covered	N	2	N				
36002	Pseudoaneurysm injection trt	Covered	N	1	S	0267	2.5565		
36005	Injection ext venography	Covered	N	1	N				
36010	Place catheter in vein	Covered	N	1	N				
36011	Place catheter in vein	Covered	N	1	N				
36012	Place catheter in vein	Covered	N	1	N				
36013	Place catheter in artery	Covered	N	1	N				
36014	Place catheter in artery	Covered	N	2	N				
36015	Place catheter in artery	Covered	N	1	N				
36100	Establish access to artery	Covered	N	1	N				
36120	Establish access to artery	Covered	N	1	N				
36140	Establish access to artery	Covered	N	1	N				
36147	Access av dial grft for eval	Covered	N	1	T	0668	11.1566		
36148	Access av dial grft for proc	Covered	N	1	N				
36160	Establish access to aorta	Covered	N	1	N				
36200	Place catheter in aorta	Covered	N	1	N				
36215	Place catheter in artery	Covered	N	2	N				
36216	Place catheter in artery	Covered	N	2	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
36217	Place catheter in artery	Covered	N	2	N				
36218	Place catheter in artery	Covered	N	2	N				
36221	Place cath thoracic aorta	Covered	N	1	Q2	0279	34.5196		
36222	Place cath carotid/inom art	Covered	N	1	Q2	0279	34.5196		
36223	Place cath carotid/inom art	Covered	N	1	Q2	0279	34.5196		
36224	Place cath carotd art	Covered	N	1	Q2	0280	71.7863		
36225	Place cath subclavian art	Covered	N	1	Q2	0279	34.5196		
36226	Place cath vertebral art	Covered	N	1	Q2	0280	71.7863		
36227	Place cath xtrnl carotid	Covered	N	1	N				
36228	Place cath intracranial art	Covered	N	1	N				
36245	Ins cath abd/l-ext art 1st	Covered	N	1	N				
36246	Ins cath abd/l-ext art 2nd	Covered	N	1	N				
36247	Ins cath abd/l-ext art 3rd	Covered	N	1	N				
36248	Ins cath abd/l-ext art addl	Covered	N	3	N				
36251	Ins cath ren art 1st unilat	Covered	N	1	Q2	0279	34.5196		
36252	Ins cath ren art 1st bilat	Covered	N	1	Q2	0279	34.5196		
36253	Ins cath ren art 2nd+ unilat	Covered	N	1	Q2	0279	34.5196		
36254	Ins cath ren art 2nd+ bilat	Covered	N	1	Q2	0279	34.5196		
36260	Insertion of infusion pump	Covered	N	1	T	0622	30.1495		
36261	Revision of infusion pump	Covered	N	1	T	0105	31.6455		
36262	Removal of infusion pump	Covered	N	1	Q2	0105	31.6455		
36299	Vessel injection procedure	Covered	N	1	N				
36400	Bl draw < 3 yrs fem/jugular	Covered	N	1	N				
36405	Bl draw <3 yrs scalp vein	Covered	N	1	N				
36406	Bl draw <3 yrs other vein	Covered	N	1	N				
36410	Non-routine bl draw 3/> yrs	Covered	N	1	N				
36415	Routine venipuncture	Covered	N		N				
36416	Capillary blood draw	Covered	N	1	N				
36420	Vein access cutdown < 1 yr	Covered	N	1	Q1	0420	1.7762		
36425	Vein access cutdown > 1 yr	Covered	N	1	Q1	0420	1.7762		
36430	Blood transfusion service	Covered	N	1	S	0110	4.0082		
36440	Bl push transfuse 2 yr/<	Covered	N	1	S	0110	4.0082		
36450	Bl exchange/transfuse nb	Covered	N	1	S	0110	4.0082		
36455	Bl exchange/transfuse non-nb	Covered	N	1	S	0110	4.0082		
36460	Transfusion service fetal	Covered	N	1	S	0110	4.0082		
36468	Injection(s) spider veins	Not Covered			T	0015	1.9702		
36470	Injection therapy of vein	Covered	N	1	T	0016	3.8173		
36471	Injection therapy of veins	Covered	N	2	T	0015	1.9702		
36475	Endovenous rf 1st vein	Covered	N	1	T	0219	29.2791		
36476	Endovenous rf vein add-on	Covered	N	1	N				
36478	Endovenous laser 1st vein	Covered	N	1	T	0219	29.2791		
36479	Endovenous laser vein addon	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
36481	Insertion of catheter vein	Covered	N	1	N				
36500	Insertion of catheter vein	Covered	N	2	N				
36510	Insertion of catheter vein	Covered	N	1	N				
36511	Apheresis wbc	Covered	N	1	S	0111	14.2289		
36512	Apheresis rbc	Covered	N	1	S	0111	14.2289		
36513	Apheresis platelets	Covered	N	1	S	0111	14.2289		
36514	Apheresis plasma	Covered	N	1	S	0111	14.2289		
36515	Apheresis adsorp/reinfuse	Covered	N	1	S	0112	38.3671		
36516	Apheresis selective	Covered	N	1	S	0112	38.3671		
36522	Photopheresis	Covered	N	1	S	0112	38.3671		
36555	Insert non-tunnel cv cath	Covered	N	1	T	0621	11.3720		
36556	Insert non-tunnel cv cath	Covered	N	1	T	0621	11.3720		
36557	Insert tunneled cv cath	Covered	N	1	T	0622	30.1495		
36558	Insert tunneled cv cath	Covered	N	1	T	0622	30.1495		
36560	Insert tunneled cv cath	Covered	N	1	T	0622	30.1495		
36561	Insert tunneled cv cath	Covered	N	1	T	0622	30.1495		
36563	Insert tunneled cv cath	Covered	N	1	T	0622	30.1495		
36565	Insert tunneled cv cath	Covered	N	1	T	0622	30.1495		
36566	Insert tunneled cv cath	Covered	N	1	T	0622	30.1495		
36568	Insert picc cath	Covered	N	1	T	0621	11.3720		
36569	Insert picc cath	Covered	N	1	T	0621	11.3720		
36570	Insert picvad cath	Covered	N	1	T	0622	30.1495		
36571	Insert picvad cath	Covered	N	1	T	0622	30.1495		
36575	Repair tunneled cv cath	Covered	N	1	T	0121	6.5800		
36576	Repair tunneled cv cath	Covered	N	1	T	0621	11.3720		
36578	Replace tunneled cv cath	Covered	N	1	T	0622	30.1495		
36580	Replace cvad cath	Covered	N	1	T	0621	11.3720		
36581	Replace tunneled cv cath	Covered	N	1	T	0622	30.1495		
36582	Replace tunneled cv cath	Covered	N	1	T	0622	30.1495		
36583	Replace tunneled cv cath	Covered	N	1	T	0622	30.1495		
36584	Replace picc cath	Covered	N	1	T	0621	11.3720		
36585	Replace picvad cath	Covered	N	1	T	0622	30.1495		
36589	Removal tunneled cv cath	Covered	N	1	Q2	0121	6.5800		
36590	Removal tunneled cv cath	Covered	N	1	Q2	0621	11.3720		
36591	Draw blood off venous device	Covered	N	1	Q1	0624	1.0626		
36592	Collect blood from picc	Covered	N	1	Q1	0624	1.0626		
36593	Declot vascular device	Covered	N	1	T	0676	2.6317		
36595	Mech remov tunneled cv cath	Covered	N	1	T	0622	30.1495		
36596	Mech remov tunneled cv cath	Covered	N	1	T	0621	11.3720		
36597	Reposition venous catheter	Covered	N	1	T	0621	11.3720		
36598	Inj w/fluor eval cv device	Covered	N	1	T	0676	2.6317		
36600	Withdrawal of arterial blood	Covered	N	1	Q3	0420	1.7762		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
36620	Insertion catheter artery	Covered	N	1	N				
36625	Insertion catheter artery	Covered	N	1	N				
36640	Insertion catheter artery	Covered	N	1	T	0622	30.1495		
36660	Insertion catheter artery	Covered	N	1	C				\$66.41
36680	Insert needle bone cavity	Covered	N	1	Q1	0420	1.7762		
36800	Insertion of cannula	Covered	N	1	T	0622	30.1495		
36810	Insertion of cannula	Covered	N	1	T	0622	30.1495		
36815	Insertion of cannula	Covered	N	1	T	0622	30.1495		
36818	Av fuse uppr arm cephalic	Covered	N	1	T	0088	43.4236		
36819	Av fuse uppr arm basilic	Covered	N		T	0088	43.4236		
36820	Av fusion/forearm vein	Covered	N	1	T	0088	43.4236		
36821	Av fusion direct any site	Covered	N	1	T	0088	43.4236		
36823	Insertion of cannula(s)	Covered	N	1	C				\$1,122.08
36825	Artery-vein autograft	Covered	N	1	T	0088	43.4236		
36830	Artery-vein nonautograft	Covered	N	1	T	0088	43.4236		
36831	Open thrombect av fistula	Covered	N	1	T	0088	43.4236		
36832	Av fistula revision open	Covered	N	1	T	0088	43.4236		
36833	Av fistula revision	Covered	N	1	T	0088	43.4236		
36835	Artery to vein shunt	Covered	N	1	T	0622	30.1495		
36838	Dist revas ligation hemo	Covered	N	1	T	0088	43.4236		
36860	External cannula declotting	Covered	N	1	T	0676	2.6317		
36861	Cannula declotting	Covered	N	1	T	0622	30.1495		
36870	Percut thrombect av fistula	Covered	N	1	J1	0083	61.1978		
37140	Revision of circulation	Covered	N	1	C				\$1,275.70
37145	Revision of circulation	Covered	N	1	C				\$1,334.52
37160	Revision of circulation	Covered	N	1	C				\$1,270.93
37180	Revision of circulation	Covered	N	1	C				\$1,342.31
37181	Splice spleen/kidney veins	Covered	N	1	C				\$1,459.52
37182	Insert hepatic shunt (tips)	Covered	N	1	C				\$809.85
37183	Remove hepatic shunt (tips)	Covered	N	1	J1	0083	61.1978		
37184	Prim art mech thrombectomy	Covered	N	1	T	0088	43.4236		
37185	Prim art m-thrombect add-on	Covered	N	1	N				
37186	Sec art m-thrombect add-on	Covered	N	1	N				
37187	Venous mech thrombectomy	Covered	N	1	T	0088	43.4236		
37188	Venous m-thrombectomy add-on	Covered	N	1	T	0088	43.4236		
37191	Ins endovas vena cava filtr	Covered	N	1	T	0622	30.1495		
37192	Redo endovas vena cava filtr	Covered	N	1	T	0622	30.1495		
37193	Rem endovas vena cava filter	Covered	N	1	T	0622	30.1495		
37195	Thrombolytic therapy stroke	Covered	N	1	T	0676	2.6317		
37197	Remove intrvas foreign body	Covered	N	1	T	0622	30.1495		
37200	Transcatheter biopsy	Covered	N	1	T	0622	30.1495		
37202	Transcatheter therapy infuse	Covered	N	1	T	0103	21.2483		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
37211	Thrombolytic art therapy	Covered	N	1	T	0621	11.3720		
37212	Thrombolytic venous therapy	Covered	N	1	T	0621	11.3720		
37213	Thrombolytic art/ven therapy	Covered	N	1	T	0622	30.1495		
37214	Cessj therapy cath removal	Covered	N	1	T	0622	30.1495		
37215	Transcath stent cca w/eps	Covered	N	1	C				\$1,030.67
37216	Transcath stent cca w/o eps	Covered	N	1	E				\$993.04
37217	Stent placemt retro carotid	Covered	N	1	C				\$1,012.61
37218	Stent placemt ante carotid	Covered	N	1	C				\$715.31
37220	Iliac revasc	Covered	N	1	J1	0083	61.1978		
37221	Iliac revasc w/stent	Covered	N	1	J1	0229	129.8028		
37222	Iliac revasc add-on	Covered	N	1	N				
37223	Iliac revasc w/stent add-on	Covered	N	1	N				
37224	Fem/popl revas w/tla	Covered	N	1	J1	0083	61.1978		
37225	Fem/popl revas w/ather	Covered	N	1	J1	0229	129.8028		
37226	Fem/popl revasc w/stent	Covered	N	1	J1	0229	129.8028		
37227	Fem/popl revasc stnt & ather	Covered	N	1	J1	0319	200.1597		
37228	Tib/per revasc w/tla	Covered	N	1	J1	0229	129.8028		
37229	Tib/per revasc w/ather	Covered	N	1	J1	0319	200.1597		
37230	Tib/per revasc w/stent	Covered	N	1	J1	0319	200.1597		
37231	Tib/per revasc stent & ather	Covered	N	1	J1	0319	200.1597		
37232	Tib/per revasc add-on	Covered	N	1	N				
37233	Tibper revasc w/ather add-on	Covered	N	1	N				
37234	Revasc opn/prq tib/pero stent	Covered	N	1	N				
37235	Tib/per revasc stnt & ather	Covered	N	1	N				
37236	Open/perq place stent 1st	Covered	N	1	J1	0229	129.8028		
37237	Open/perq place stent ea add	Covered	N	1	N				
37238	Open/perq place stent same	Covered	N	1	J1	0229	129.8028		
37239	Open/perq place stent ea add	Covered	N	1	N				
37241	Vasc embolize/occlude venous	Covered	N	1	J1	0229	129.8028		
37242	Vasc embolize/occlude artery	Covered	N	1	J1	0229	129.8028		
37243	Vasc embolize/occlude organ	Covered	N	1	J1	0229	129.8028		
37244	Vasc embolize/occlude bleed	Covered	N	1	J1	0229	129.8028		
37250	Iv us first vessel add-on	Covered	N	1	N				
37251	Iv us each add vessel add-on	Covered	N	1	N				
37500	Endoscopy ligate perf veins	Covered	N	1	T	0219	29.2791		
37501	Vascular endoscopy procedure	Covered	N	1	T	0219	29.2791		
37565	Ligation of neck vein	Covered	N	1	T	0093	33.7207		
37600	Ligation of neck artery	Covered	N	1	T	0093	33.7207		
37605	Ligation of neck artery	Covered	N	1	T	0219	29.2791		
37606	Ligation of neck artery	Covered	N	1	T	0219	29.2791		
37607	Ligation of a-v fistula	Covered	N	1	T	0219	29.2791		
37609	Temporal artery procedure	Covered	N	1	T	0021	18.0849		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
37615	Ligation of neck artery	Covered	N	1	T	0219	29.2791		
37616	Ligation of chest artery	Covered	N	1	C				\$905.93
37617	Ligation of abdomen artery	Covered	N	1	C				\$858.81
37618	Ligation of extremity artery	Covered	N	1	C				\$325.71
37619	Ligation of inf vena cava	Covered	N	1	T	0219	29.2791		
37650	Revision of major vein	Covered	N	1	T	0219	29.2791		
37660	Revision of major vein	Covered	N	1	C				\$596.70
37700	Revise leg vein	Covered	N	1	T	0219	29.2791		
37718	Ligate/strip short leg vein	Covered	N	1	T	0219	29.2791		
37722	Ligate/strip long leg vein	Covered	N	1	T	0219	29.2791		
37735	Removal of leg veins/lesion	Covered	N	1	T	0219	29.2791		
37760	Ligate leg veins radical	Covered	N	1	T	0219	29.2791		
37761	Ligate leg veins open	Covered	N	1	T	0219	29.2791		
37765	Stab phleb veins xtr 10-20	Covered	N	1	T	0219	29.2791		
37766	Phleb veins - extrem 20+	Covered	N	1	T	0219	29.2791		
37780	Revision of leg vein	Covered	N	1	T	0219	29.2791		
37785	Ligate/divide/excise vein	Covered	N	1	T	0219	29.2791		
37788	Revascularization penis	Not Covered			C				
37790	Penile venous occlusion	Covered	N	1	T	0181	30.1349		
37799	Vascular surgery procedure	Covered	N	1	Q1	0624	1.0626		
38100	Removal of spleen total	Covered	N	1	C				\$737.68
38101	Removal of spleen partial	Covered	N	1	C				\$744.75
38102	Removal of spleen total	Covered	N	1	C				\$252.36
38115	Repair of ruptured spleen	Covered	N	1	C				\$773.67
38120	Laparoscopy splenectomy	Covered	N		T	0131	50.9538		
38129	Laparoscope proc spleen	Covered	N		T	0130	40.6743		
38200	Injection for spleen x-ray	Covered	N	1	N				
38204	Bl donor search management	Not Covered			N				
38205	Harvest allogeneic stem cell	Not Covered			B				
38206	Harvest auto stem cells	Covered	N	1	S	0111	14.2289		
38207	Cryopreserve stem cells	Not Covered			S	0110	4.0082		
38208	Thaw preserved stem cells	Not Covered			S	0110	4.0082		
38209	Wash harvest stem cells	Not Covered			S	0110	4.0082		
38210	T-cell depletion of harvest	Not Covered			S	0393	8.4693		
38211	Tumor cell deplete of harvst	Not Covered			S	0393	8.4693		
38212	Rbc depletion of harvest	Not Covered			S	0393	8.4693		
38213	Platelet deplete of harvest	Not Covered			S	0393	8.4693		
38214	Volume deplete of harvest	Not Covered			S	0393	8.4693		
38215	Harvest stem cell concentrtrte	Not Covered			S	0393	8.4693		
38220	Bone marrow aspiration	Covered	N	1	T	0020	11.1440		
38221	Bone marrow biopsy	Covered	N	1	T	0020	11.1440		
38230	Bone marrow harvest allogren	Covered	N	1	S	0112	38.3671		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
38232	Bone marrow harvest autolog	Covered	N	1	S	0112	38.3671		
38240	Transplt allo hct/donor	Covered	I	1	S	0112	38.3671		
38241	Transplt autol hct/donor	Covered	I	1	S	0112	38.3671		
38242	Transplt allo lymphocytes	Covered	I	1	S	0111	14.2289		
38243	Transplj hematopoietic boost	Covered	N	1	S	0111	14.2289		
38300	Drainage lymph node lesion	Covered	N	1	T	0007	11.6749		
38305	Drainage lymph node lesion	Covered	N	1	T	0008	22.0535		
38308	Incision of lymph channels	Covered	N	1	T	0113	31.6086		
38380	Thoracic duct procedure	Covered	N	1	C				\$475.47
38381	Thoracic duct procedure	Covered	N	1	C				\$817.02
38382	Thoracic duct procedure	Covered	N	1	C				\$603.12
38500	Biopsy/removal lymph nodes	Covered	N	1	T	0113	31.6086		
38505	Needle biopsy lymph nodes	Covered	N	1	T	0005	14.1916		
38510	Biopsy/removal lymph nodes	Covered	N	1	T	0113	31.6086		
38520	Biopsy/removal lymph nodes	Covered	N	1	T	0113	31.6086		
38525	Biopsy/removal lymph nodes	Covered	N	1	T	0113	31.6086		
38530	Biopsy/removal lymph nodes	Covered	N	1	T	0113	31.6086		
38542	Explore deep node(s) neck	Covered	N	1	T	0114	57.1584		
38550	Removal neck/armpit lesion	Covered	N	1	T	0113	31.6086		
38555	Removal neck/armpit lesion	Covered	N	1	T	0113	31.6086		
38562	Removal pelvic lymph nodes	Covered	N	1	C				\$606.47
38564	Removal abdomen lymph nodes	Covered	N	1	C				\$629.86
38570	Laparoscopy lymph node biop	Covered	N		T	0131	50.9538		
38571	Laparoscopy lymphadenectomy	Covered	N		T	0132	73.8696		
38572	Laparoscopy lymphadenectomy	Covered	N	1	T	0131	50.9538		
38589	Laparoscope proc lymphatic	Covered	N		T	0130	40.6743		
38700	Removal of lymph nodes neck	Covered	N	1	T	0113	31.6086		
38720	Removal of lymph nodes neck	Covered	N	1	T	0113	31.6086		
38724	Removal of lymph nodes neck	Covered	N	1	C				\$1,030.84
38740	Remove armpit lymph nodes	Covered	N	1	T	0114	57.1584		
38745	Remove armpit lymph nodes	Covered	N	1	T	0114	57.1584		
38746	Remove thoracic lymph nodes	Covered	N	1	C				\$235.73
38747	Remove abdominal lymph nodes	Covered	N	1	C				\$256.09
38760	Remove groin lymph nodes	Covered	N	1	T	0113	31.6086		
38765	Remove groin lymph nodes	Covered	N	1	C				\$971.89
38770	Remove pelvis lymph nodes	Covered	N	1	C				\$842.95
38780	Remove abdomen lymph nodes	Covered	N	1	C				\$1,028.80
38790	Inject for lymphatic x-ray	Covered	N	1	N				
38792	Ra tracer id of sentinl node	Covered	N		Q1	0392	3.7786		
38794	Access thoracic lymph duct	Covered	N	1	N				
38900	lo map of sent lymph node	Covered	N	1	N				
38999	Blood/lymph system procedure	Covered	N	1	S	0110	4.0082		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
39000	Exploration of chest	Covered	N	1	C				\$496.81
39010	Exploration of chest	Covered	N	1	C				\$859.96
39200	Resect mediastinal cyst	Covered	N	1	C				\$937.99
39220	Resect mediastinal tumor	Covered	N	1	C				\$1,158.34
39400	Mediastinoscopy incl biopsy	Covered	N	1	T	0069	41.4417		
39499	Chest procedure	Covered	N	1	C				By Report
39501	Repair diaphragm laceration	Covered	N	1	C				\$817.63
39503	Repair of diaphragm hernia	Covered	N	1	C				\$2,071.75
39540	Repair of diaphragm hernia	Covered	N	1	C				\$854.69
39541	Repair of diaphragm hernia	Covered	N	1	C				\$890.21
39545	Revision of diaphragm	Covered	N	1	C				\$830.25
39560	Resect diaphragm simple	Covered	N		C				\$731.70
39561	Resect diaphragm complex	Covered	N		C				\$1,005.20
39599	Diaphragm surgery procedure	Covered	N	1	C				By Report
40490	Biopsy of lip	Covered	N	1	T	0251	4.8979		
40500	Partial excision of lip	Covered	N	1	T	0253	17.0798		
40510	Partial excision of lip	Covered	N	1	T	0254	26.2386		
40520	Partial excision of lip	Covered	N	1	T	0253	17.0798		
40525	Reconstruct lip with flap	Covered	N	1	T	0254	26.2386		
40527	Reconstruct lip with flap	Covered	N	1	T	0256	50.2882		
40530	Partial removal of lip	Covered	N	1	T	0254	26.2386		
40650	Repair lip	Covered	N	1	T	0252	8.7183		
40652	Repair lip	Covered	N	1	T	0252	8.7183		
40654	Repair lip	Covered	N	1	T	0252	8.7183		
40700	Repair cleft lip/nasal	Covered	N	1	T	0256	50.2882		
40701	Repair cleft lip/nasal	Covered	N	1	T	0256	50.2882		
40702	Repair cleft lip/nasal	Covered	N	1	T	0256	50.2882		
40720	Repair cleft lip/nasal	Covered	N	1	T	0256	50.2882		
40761	Repair cleft lip/nasal	Covered	N	1	T	0256	50.2882		
40799	Lip surgery procedure	Covered	N	1	T	0250	1.7489		
40800	Drainage of mouth lesion	Covered	N	1	T	0006	2.1836		
40801	Drainage of mouth lesion	Covered	N	1	T	0252	8.7183		
40804	Removal foreign body mouth	Covered	N	1	Q1	0420	1.7762		
40805	Removal foreign body mouth	Covered	N	1	T	0254	26.2386		
40806	Incision of lip fold	Covered	N	1	T	0251	4.8979		
40808	Biopsy of mouth lesion	Covered	N	1	T	0251	4.8979		
40810	Excision of mouth lesion	Covered	N	1	T	0253	17.0798		
40812	Excise/repair mouth lesion	Covered	N	1	T	0253	17.0798		
40814	Excise/repair mouth lesion	Covered	N	1	T	0254	26.2386		
40816	Excision of mouth lesion	Covered	N	1	T	0254	26.2386		
40818	Excise oral mucosa for graft	Covered	N	1	T	0251	4.8979		
40819	Excise lip or cheek fold	Covered	N	1	T	0253	17.0798		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
40820	Treatment of mouth lesion	Covered	N	1	T	0253	17.0798		
40830	Repair mouth laceration	Covered	N	1	T	0251	4.8979		
40831	Repair mouth laceration	Covered	N	1	T	0252	8.7183		
40840	Reconstruction of mouth	Covered	N	1	T	0254	26.2386		
40842	Reconstruction of mouth	Covered	N	1	T	0256	50.2882		
40843	Reconstruction of mouth	Covered	N	1	T	0254	26.2386		
40844	Reconstruction of mouth	Covered	N	1	T	0256	50.2882		
40845	Reconstruction of mouth	Covered	N	1	T	0256	50.2882		
40899	Mouth surgery procedure	Covered	N	1	T	0250	1.7489		
41000	Drainage of mouth lesion	Covered	N	1	T	0252	8.7183		
41005	Drainage of mouth lesion	Covered	N	1	T	0251	4.8979		
41006	Drainage of mouth lesion	Covered	N	1	T	0254	26.2386		
41007	Drainage of mouth lesion	Covered	N	1	T	0254	26.2386		
41008	Drainage of mouth lesion	Covered	N	1	T	0253	17.0798		
41009	Drainage of mouth lesion	Covered	N	1	T	0251	4.8979		
41010	Incision of tongue fold	Covered	N	1	T	0252	8.7183		
41015	Drainage of mouth lesion	Covered	N	1	T	0251	4.8979		
41016	Drainage of mouth lesion	Covered	N	1	T	0254	26.2386		
41017	Drainage of mouth lesion	Covered	N	1	T	0253	17.0798		
41018	Drainage of mouth lesion	Covered	N	1	T	0252	8.7183		
41019	Place needles h&n for rt	Covered	N	1	T	0254	26.2386		
41100	Biopsy of tongue	Covered	N	1	T	0252	8.7183		
41105	Biopsy of tongue	Covered	N	1	T	0253	17.0798		
41108	Biopsy of floor of mouth	Covered	N	1	T	0020	11.1440		
41110	Excision of tongue lesion	Covered	N	1	T	0253	17.0798		
41112	Excision of tongue lesion	Covered	N	1	T	0253	17.0798		
41113	Excision of tongue lesion	Covered	N	1	T	0253	17.0798		
41114	Excision of tongue lesion	Covered	N	1	T	0254	26.2386		
41115	Excision of tongue fold	Covered	N	1	T	0252	8.7183		
41116	Excision of mouth lesion	Covered	N	1	T	0254	26.2386		
41120	Partial removal of tongue	Covered	N	1	T	0256	50.2882		
41130	Partial removal of tongue	Covered	N	1	C				\$709.90
41135	Tongue and neck surgery	Covered	N	1	C				\$1,417.53
41140	Removal of tongue	Covered	N	1	C				\$1,522.11
41145	Tongue removal neck surgery	Covered	N	1	C				\$1,825.59
41150	Tongue mouth jaw surgery	Covered	N	1	C				\$1,438.08
41153	Tongue mouth neck surgery	Covered	N	1	C				\$1,581.04
41155	Tongue jaw & neck surgery	Covered	N	1	C				\$1,851.47
41250	Repair tongue laceration	Covered	N	1	T	0250	1.7489		
41251	Repair tongue laceration	Covered	N	1	T	0251	4.8979		
41252	Repair tongue laceration	Covered	N	1	T	0252	8.7183		
41500	Fixation of tongue	Covered	N	1	T	0253	17.0798		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
41510	Tongue to lip surgery	Covered	N	1	T	0253	17.0798		
41512	Tongue suspension	Covered	N	1	T	0256	50.2882		
41520	Reconstruction tongue fold	Covered	N	1	T	0256	50.2882		
41530	Tongue base vol reduction	Covered	N	1	T	0254	26.2386		
41599	Tongue and mouth surgery	Covered	N	1	T	0250	1.7489		
41800	Drainage of gum lesion	Covered	N	1	T	0006	2.1836		
41805	Removal foreign body gum	Covered	N	1	T	0254	26.2386		
41806	Removal foreign body jawbone	Covered	N	1	T	0253	17.0798		
41820	Excision gum each quadrant	Covered	N	4	T	0254	26.2386		
41821	Excision of gum flap	Covered	N	1	T	0252	8.7183		
41822	Excision of gum lesion	Covered	N	1	T	0252	8.7183		
41823	Excision of gum lesion	Covered	N	1	T	0256	50.2882		
41825	Excision of gum lesion	Covered	N	1	T	0253	17.0798		
41826	Excision of gum lesion	Covered	N	1	T	0254	26.2386		
41827	Excision of gum lesion	Covered	N	1	T	0256	50.2882		
41828	Excision of gum lesion	Covered	N	1	T	0254	26.2386		
41830	Removal of gum tissue	Covered	N	1	T	0254	26.2386		
41850	Treatment of gum lesion	Covered	N	1	T	0254	26.2386		
41870	Gum graft	Covered	N	1	T	0256	50.2882		
41872	Repair gum	Covered	N	4	T	0256	50.2882		
41874	Repair tooth socket	Covered	N	4	T	0253	17.0798		
41899	Dental surgery procedure	Covered	N		T	0250	1.7489		
42000	Drainage mouth roof lesion	Covered	N	1	T	0251	4.8979		
42100	Biopsy roof of mouth	Covered	N	1	T	0252	8.7183		
42104	Excision lesion mouth roof	Covered	N	1	T	0253	17.0798		
42106	Excision lesion mouth roof	Covered	N	1	T	0253	17.0798		
42107	Excision lesion mouth roof	Covered	N	1	T	0256	50.2882		
42120	Remove palate/lesion	Covered	N	1	T	0254	26.2386		
42140	Excision of uvula	Covered	N	1	T	0253	17.0798		
42145	Repair palate pharynx/uvula	Covered	N	1	T	0256	50.2882		
42160	Treatment mouth roof lesion	Covered	N	1	T	0253	17.0798		
42180	Repair palate	Covered	N	1	T	0251	4.8979		
42182	Repair palate	Covered	N	1	T	0254	26.2386		
42200	Reconstruct cleft palate	Covered	N	1	T	0256	50.2882		
42205	Reconstruct cleft palate	Covered	N	1	T	0256	50.2882		
42210	Reconstruct cleft palate	Covered	N	1	T	0256	50.2882		
42215	Reconstruct cleft palate	Covered	N	1	T	0256	50.2882		
42220	Reconstruct cleft palate	Covered	N	1	T	0256	50.2882		
42225	Reconstruct cleft palate	Covered	N	1	T	0256	50.2882		
42226	Lengthening of palate	Covered	N	1	T	0256	50.2882		
42227	Lengthening of palate	Covered	N	1	T	0256	50.2882		
42235	Repair palate	Covered	N	1	T	0256	50.2882		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
42260	Repair nose to lip fistula	Covered	N	1	T	0254	26.2386		
42280	Preparation palate mold	Not Covered			T	0251	4.8979		
42281	Insertion palate prosthesis	Covered	N	1	T	0253	17.0798		
42299	Palate/uvula surgery	Covered	N	1	T	0250	1.7489		
42300	Drainage of salivary gland	Covered	N	1	T	0252	8.7183		
42305	Drainage of salivary gland	Covered	N	1	T	0254	26.2386		
42310	Drainage of salivary gland	Covered	N	1	T	0251	4.8979		
42320	Drainage of salivary gland	Covered	N	1	T	0251	4.8979		
42330	Removal of salivary stone	Covered	N	1	T	0253	17.0798		
42335	Removal of salivary stone	Covered	N	1	T	0254	26.2386		
42340	Removal of salivary stone	Covered	N	1	T	0253	17.0798		
42400	Biopsy of salivary gland	Covered	N	1	T	0004	6.5703		
42405	Biopsy of salivary gland	Covered	N	1	T	0254	26.2386		
42408	Excision of salivary cyst	Covered	N	1	T	0254	26.2386		
42409	Drainage of salivary cyst	Covered	N	1	T	0254	26.2386		
42410	Excise parotid gland/lesion	Covered	N	1	T	0256	50.2882		
42415	Excise parotid gland/lesion	Covered	N	1	T	0256	50.2882		
42420	Excise parotid gland/lesion	Covered	N	1	T	0256	50.2882		
42425	Excise parotid gland/lesion	Covered	N	1	T	0256	50.2882		
42426	Excise parotid gland/lesion	Covered	N	1	C				\$1,423.05
42440	Excise submaxillary gland	Covered	N	1	T	0256	50.2882		
42450	Excise sublingual gland	Covered	N	1	T	0256	50.2882		
42500	Repair salivary duct	Covered	N	1	T	0254	26.2386		
42505	Repair salivary duct	Covered	N	1	T	0256	50.2882		
42507	Parotid duct diversion	Covered	N	1	T	0256	50.2882		
42509	Parotid duct diversion	Covered	N	1	T	0256	50.2882		
42510	Parotid duct diversion	Covered	N	1	T	0256	50.2882		
42550	Injection for salivary x-ray	Covered	N	1	N				
42600	Closure of salivary fistula	Covered	N	1	T	0253	17.0798		
42650	Dilation of salivary duct	Covered	N	1	T	0253	17.0798		
42660	Dilation of salivary duct	Covered	N	1	T	0251	4.8979		
42665	Ligation of salivary duct	Covered	N	1	T	0256	50.2882		
42699	Salivary surgery procedure	Covered	N	1	T	0250	1.7489		
42700	Drainage of tonsil abscess	Covered	N	1	T	0251	4.8979		
42720	Drainage of throat abscess	Covered	N	1	T	0253	17.0798		
42725	Drainage of throat abscess	Covered	N	1	T	0256	50.2882		
42800	Biopsy of throat	Covered	N	1	T	0252	8.7183		
42804	Biopsy of upper nose/throat	Covered	N	1	T	0253	17.0798		
42806	Biopsy of upper nose/throat	Covered	N	1	T	0254	26.2386		
42808	Excise pharynx lesion	Covered	N	1	T	0254	26.2386		
42809	Remove pharynx foreign body	Covered	N	1	Q1	0420	1.7762		
42810	Excision of neck cyst	Covered	N	1	T	0254	26.2386		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
42815	Excision of neck cyst	Covered	N	1	T	0256	50.2882		
42820	Remove tonsils and adenoids	Covered	N	1	T	0254	26.2386		
42821	Remove tonsils and adenoids	Covered	N	1	T	0254	26.2386		
42825	Removal of tonsils	Covered	N	1	T	0256	50.2882		
42826	Removal of tonsils	Covered	N	1	T	0254	26.2386		
42830	Removal of adenoids	Covered	N	1	T	0256	50.2882		
42831	Removal of adenoids	Covered	N	1	T	0254	26.2386		
42835	Removal of adenoids	Covered	N	1	T	0254	26.2386		
42836	Removal of adenoids	Covered	N	1	T	0254	26.2386		
42842	Extensive surgery of throat	Covered	N	1	T	0256	50.2882		
42844	Extensive surgery of throat	Covered	N	1	T	0256	50.2882		
42845	Extensive surgery of throat	Covered	N	1	C				\$1,485.31
42860	Excision of tonsil tags	Covered	N	1	T	0256	50.2882		
42870	Excision of lingual tonsil	Covered	N	1	T	0254	26.2386		
42890	Partial removal of pharynx	Covered	N	1	T	0256	50.2882		
42892	Revision of pharyngeal walls	Covered	N	1	T	0256	50.2882		
42894	Revision of pharyngeal walls	Covered	N	1	C				\$1,384.60
42900	Repair throat wound	Covered	N	1	T	0254	26.2386		
42950	Reconstruction of throat	Covered	N	1	T	0256	50.2882		
42953	Repair throat esophagus	Covered	N	1	C				\$569.16
42955	Surgical opening of throat	Covered	N	1	T	0254	26.2386		
42960	Control throat bleeding	Covered	N	1	T	0250	1.7489		
42961	Control throat bleeding	Covered	N	1	C				\$311.93
42962	Control throat bleeding	Covered	N	1	T	0254	26.2386		
42970	Control nose/throat bleeding	Covered	N	1	T	0250	1.7489		
42971	Control nose/throat bleeding	Covered	N	1	C				\$358.62
42972	Control nose/throat bleeding	Covered	N	1	T	0253	17.0798		
42999	Throat surgery procedure	Covered	N	1	T	0250	1.7489		
43020	Incision of esophagus	Covered	N	1	T	0252	8.7183		
43030	Throat muscle surgery	Covered	N	1	T	0256	50.2882		
43045	Incision of esophagus	Covered	N	1	C				\$1,188.14
43100	Excision of esophagus lesion	Covered	N	1	C				\$562.33
43101	Excision of esophagus lesion	Covered	N	1	C				\$942.66
43107	Removal of esophagus	Covered	N	1	C				\$1,753.18
43108	Removal of esophagus	Covered	N	1	C				\$2,012.20
43112	Removal of esophagus	Covered	N	1	C				\$1,864.58
43113	Removal of esophagus	Covered	N	1	C				\$2,078.51
43116	Partial removal of esophagus	Covered	N	1	C				\$1,897.57
43117	Partial removal of esophagus	Covered	N	1	C				\$1,860.85
43118	Partial removal of esophagus	Covered	N	1	C				\$1,970.99
43121	Partial removal of esophagus	Covered	N	1	C				\$1,771.70
43122	Partial removal of esophagus	Covered	N	1	C				\$1,727.38

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
43123	Partial removal of esophagus	Covered	N	1	C				\$2,009.31
43124	Removal of esophagus	Covered	N	1	C				\$1,691.87
43130	Removal of esophagus pouch	Covered	N	1	T	0256	50.2882		
43135	Removal of esophagus pouch	Covered	N	1	C				\$1,003.61
43180	Esophagoscopy rigid trnso	Covered	N	1	T	0254	26.2386		
43191	Esophagoscopy rigid trnso dx	Covered	N	1	T	0141	10.0522		
43192	Esophagoscp rig trnso inject	Covered	N	1	T	0419	14.3565		
43193	Esophagoscp rig trnso biopsy	Covered	N	1	T	0419	14.3565		
43194	Esophagoscp rig trnso rem fb	Covered	N	1	T	0419	14.3565		
43195	Esophagoscopy rigid balloon	Covered	N	1	T	0419	14.3565		
43196	Esophagoscp guide wire dilat	Covered	N	1	T	0419	14.3565		
43197	Esophagoscopy flex dx brush	Covered	N	1	T	0141	10.0522		
43198	Esophagosc flex trnsn biopsy	Covered	N	1	T	0141	10.0522		
43200	Esophagoscopy flexible brush	Covered	N	1	T	0141	10.0522		
43201	Esoph scope w/submucous inj	Covered	N	1	T	0419	14.3565		
43202	Esophagoscopy flex biopsy	Covered	N	1	T	0141	10.0522		
43204	Esoph scope w/sclerosis inj	Covered	N	1	T	0141	10.0522		
43205	Esophagus endoscopy/ligation	Covered	N	1	T	0419	14.3565		
43206	Esoph optical endomicroscopy	Covered	N	1	T	0419	14.3565		
43211	Esophagoscp mucosal resect	Covered	N	1	T	0419	14.3565		
43212	Esophagoscp stent placement	Covered	N	1	J1	0384	42.8063		
43213	Esophagoscopy retro balloon	Covered	N	1	T	0419	14.3565		
43214	Esophagosc dilate balloon 30	Covered	N	1	T	0419	14.3565		
43215	Esophagoscopy flex remove fb	Covered	N	1	T	0419	14.3565		
43216	Esophagoscopy lesion removal	Covered	N	1	T	0422	25.8201		
43217	Esophagoscopy snare les remv	Covered	N	1	T	0419	14.3565		
43220	Esophagoscopy balloon <30mm	Covered	N	1	T	0419	14.3565		
43226	Esoph endoscopy dilation	Covered	N	1	T	0419	14.3565		
43227	Esophagoscopy control bleed	Covered	N	1	T	0419	14.3565		
43229	Esophagoscopy lesion ablate	Covered	N	1	T	0422	25.8201		
43231	Esophagoscp ultrasound exam	Covered	N		T	0419	14.3565		
43232	Esophagoscopy w/us needle bx	Covered	N		T	0419	14.3565		
43233	Egd balloon dil esoph30 mm/>	Covered	N	1	T	0419	14.3565		
43235	Egd diagnostic brush wash	Covered	N	1	T	0141	10.0522		
43236	Uppr gi scope w/submuc inj	Covered	N	1	T	0141	10.0522		
43237	Endoscopic us exam esoph	Covered	N	1	T	0419	14.3565		
43238	Egd us fine needle bx/aspir	Covered	N	1	T	0419	14.3565		
43239	Egd biopsy single/multiple	Covered	N	1	T	0141	10.0522		
43240	Egd w/transmural drain cyst	Covered	N	1	T	0422	25.8201		
43241	Egd tube/cath insertion	Covered	N	1	T	0141	10.0522		
43242	Egd us fine needle bx/aspir	Covered	N		T	0419	14.3565		
43243	Egd injection varices	Covered	N	1	T	0141	10.0522		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
43244	Egd varices ligation	Covered	N	1	T	0419	14.3565		
43245	Egd dilate stricture	Covered	N	1	T	0419	14.3565		
43246	Egd place gastrostomy tube	Covered	N	1	T	0419	14.3565		
43247	Egd remove foreign body	Covered	N	1	T	0141	10.0522		
43248	Egd guide wire insertion	Covered	N	1	T	0141	10.0522		
43249	Esoph egd dilation <30 mm	Covered	N	1	T	0419	14.3565		
43250	Egd cautery tumor polyp	Covered	N	1	T	0419	14.3565		
43251	Egd remove lesion snare	Covered	N	1	T	0419	14.3565		
43252	Egd optical endomicroscopy	Covered	N	1	T	0419	14.3565		
43253	Egd us transmural injxn/mark	Covered	N	1	T	0419	14.3565		
43254	Egd endo mucosal resection	Covered	N	1	T	0419	14.3565		
43255	Egd control bleeding any	Covered	N	1	T	0419	14.3565		
43257	Egd w/thrml txmnt gerd	Covered	N	1	T	0422	25.8201		
43259	Egd us exam duodenum/jejunum	Covered	N	1	T	0419	14.3565		
43260	Ercp w/specimen collection	Covered	N	1	T	0151	26.3312		
43261	Endo cholangiopancreatograph	Covered	N	1	T	0151	26.3312		
43262	Endo cholangiopancreatograph	Covered	N	1	T	0151	26.3312		
43263	Ercp sphincter pressure meas	Covered	N	1	T	0151	26.3312		
43264	Ercp remove duct calculi	Covered	N	1	T	0151	26.3312		
43265	Ercp lithotripsy calculi	Covered	N	1	T	0151	26.3312		
43266	Egd endoscopic stent place	Covered	N	1	J1	0384	42.8063		
43270	Egd lesion ablation	Covered	N	1	T	0419	14.3565		
43273	Endoscopic pancreatoscopy	Covered	N	1	N				
43274	Ercp duct stent placement	Covered	N	1	J1	0384	42.8063		
43275	Ercp remove forgn body duct	Covered	N	1	T	0151	26.3312		
43276	Ercp stent exchange w/dilate	Covered	N	1	J1	0384	42.8063		
43277	Ercp ea duct/ampulla dilate	Covered	N	3	T	0151	26.3312		
43278	Ercp lesion ablate w/dilate	Covered	N	1	T	0151	26.3312		
43279	Lap myotomy heller	Covered	N	1	C				\$1,043.64
43280	Laparoscopy fundoplasty	Covered	N		T	0132	73.8696		
43281	Lap paraesophag hern repair	Covered	N	1	T	0132	73.8696		
43282	Lap paraesoph her rpr w/mesh	Covered	N	1	C				\$1,475.57
43283	Lap esoph lengthening	Covered	N	1	C				\$143.80
43289	Laparoscope proc esoph	Covered	N		T	0130	40.6743		
43300	Repair of esophagus	Covered	N	1	C				\$630.71
43305	Repair esophagus and fistula	Covered	N	1	C				\$1,082.03
43310	Repair of esophagus	Covered	N	1	C				\$1,614.51
43312	Repair esophagus and fistula	Covered	N	1	C				\$1,761.29
43313	Esophagoplasty congenital	Covered	N	1	C				\$2,454.10
43314	Tracheo-esophagoplasty cong	Covered	N	1	C				\$2,701.57
43320	Fuse esophagus & stomach	Covered	N	1	C				\$980.85
43325	Revise esophagus & stomach	Covered	N	1	C				\$953.68

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
43327	Esoph fundoplasty lap	Covered	N	1	C				\$723.47
43328	Esoph fundoplasty thor	Covered	N	1	C				\$1,050.44
43330	Esophagomyotomy abdominal	Covered	N	1	C				\$935.38
43331	Esophagomyotomy thoracic	Covered	N	1	C				\$1,038.68
43332	Transab esoph hiat hern rpr	Covered	N	1	C				\$1,035.53
43333	Transab esoph hiat hern rpr	Covered	N	1	C				\$1,124.61
43334	Transthor diaphrag hern rpr	Covered	N	1	C				\$1,135.94
43335	Transthor diaphrag hern rpr	Covered	N	1	C				\$1,224.13
43336	Thorabd diaphr hern repair	Covered	N	1	C				\$1,335.74
43337	Thorabd diaphr hern repair	Covered	N	1	C				\$1,458.73
43338	Esoph lengthening	Covered	N	1	C				\$118.85
43340	Fuse esophagus & intestine	Covered	N	1	C				\$974.89
43341	Fuse esophagus & intestine	Covered	N	1	C				\$1,024.31
43351	Surgical opening esophagus	Covered	N	1	C				\$889.73
43352	Surgical opening esophagus	Covered	N	1	C				\$775.74
43360	Gastrointestinal repair	Covered	N	1	C				\$1,721.43
43361	Gastrointestinal repair	Covered	N	1	C				\$1,962.96
43400	Ligate esophagus veins	Covered	N	1	C				\$958.86
43401	Esophagus surgery for veins	Covered	N	1	C				\$985.08
43405	Ligate/staple esophagus	Covered	N	1	C				\$1,003.19
43410	Repair esophagus wound	Covered	N	1	C				\$712.96
43415	Repair esophagus wound	Covered	N	1	C				\$1,042.99
43420	Repair esophagus opening	Covered	N	1	T	0254	26.2386		
43425	Repair esophagus opening	Covered	N	1	C				\$1,008.99
43450	Dilate esophagus 1/mult pass	Covered	N	1	T	0141	10.0522		
43453	Dilate esophagus	Covered	N	1	T	0419	14.3565		
43460	Pressure treatment esophagus	Covered	N	1	C				\$192.03
43496	Free jejunum flap microvasc	Covered	N	1	C				\$1,694.04
43499	Esophagus surgery procedure	Covered	N	1	T	0141	10.0522		
43500	Surgical opening of stomach	Covered	N	1	C				\$491.44
43501	Surgical repair of stomach	Covered	N	1	C				\$838.39
43502	Surgical repair of stomach	Covered	N	1	C				\$946.66
43510	Surgical opening of stomach	Covered	N	1	T	0141	10.0522		
43520	Incision of pyloric muscle	Covered	N	1	C				\$451.95
43605	Biopsy of stomach	Covered	N	1	C				\$519.76
43610	Excision of stomach lesion	Covered	N	1	C				\$651.38
43611	Excision of stomach lesion	Covered	N	1	C				\$759.45
43620	Removal of stomach	Covered	N	1	C				\$1,280.97
43621	Removal of stomach	Covered	N	1	C				\$1,301.70
43622	Removal of stomach	Covered	N	1	C				\$1,363.12
43631	Removal of stomach partial	Covered	N	1	C				\$1,095.09
43632	Removal of stomach partial	Covered	N	1	C				\$1,093.91

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
43633	Removal of stomach partial	Covered	N	1	C				\$1,112.73
43634	Removal of stomach partial	Covered	N	1	C				\$1,348.97
43635	Removal of stomach partial	Covered	N	1	C				\$108.35
43640	Vagotomy & pylorus repair	Covered	N	1	C				\$847.51
43641	Vagotomy & pylorus repair	Covered	N	1	C				\$862.04
43644	Lap gastric bypass/roux-en-y	Covered	N	1	C				\$1,537.03
43645	Lap gastr bypass incl smll i	Covered	N	1	C				\$1,606.25
43647	Lap impl electrode antrum	Covered	N	1	J1	0061	71.3285		
43648	Lap revise/remv eltrd antrum	Covered	N	1	Q2	0130	40.6743		
43651	Laparoscopy vagus nerve	Covered	N		T	0132	73.8696		
43652	Laparoscopy vagus nerve	Covered	N		T	0132	73.8696		
43653	Laparoscopy gastrostomy	Covered	N	1	T	0131	50.9538		
43659	Laparoscope proc stom	Covered	N		T	0130	40.6743		
43752	Nasal/orogastric w/tube plmt	Covered	N		Q3	0277	2.0357		
43753	Tx gastro intub w/asp	Covered	N	1	Q1	0420	1.7762		
43754	Dx gastr intub w/asp spec	Covered	N	1	Q1	0420	1.7762		
43755	Dx gastr intub w/asp specs	Covered	N	1	S	0096	4.4459		
43756	Dx duod intub w/asp spec	Covered	N	1	S	0272	2.1508		
43757	Dx duod intub w/asp specs	Covered	N	1	S	0272	2.1508		
43760	Change gastrostomy tube	Covered	N	1	T	0676	2.6317		
43761	Reposition gastrostomy tube	Covered	N	1	T	0141	10.0522		
43770	Lap place gastr adj device	Covered	N	1	T	0132	73.8696		
43771	Lap revise gastr adj device	Covered	N	1	C				\$1,537.03
43772	Lap rmvl gastr adj device	Covered	N	1	C				\$1,537.03
43773	Lap replace gastr adj device	Covered	N	1	C				\$1,537.03
43774	Lap rmvl gastr adj all parts	Covered	N	1	C				\$1,537.03
43775	Lap sleeve gastrectomy	Covered	R		C				\$1,100.52
43800	Reconstruction of pylorus	Covered	N	1	C				\$600.48
43810	Fusion of stomach and bowel	Covered	N	1	C				\$641.21
43820	Fusion of stomach and bowel	Covered	N	1	C				\$678.35
43825	Fusion of stomach and bowel	Covered	N	1	C				\$853.76
43830	Place gastrostomy tube	Covered	N	1	T	0422	25.8201		
43831	Place gastrostomy tube	Covered	N	1	T	0141	10.0522		
43832	Place gastrostomy tube	Covered	N	1	C				\$684.83
43840	Repair of stomach lesion	Covered	N	1	C				\$676.68
43842	V-band gastroplasty	Covered	N	1	E				\$950.11
43843	Gastroplasty w/o v-band	Covered	N	1	C				\$942.63
43845	Gastroplasty duodenal switch	Covered	N	1	C				\$1,155.06
43846	Gastric bypass for obesity	Covered	N	1	C				\$1,155.06
43847	Gastric bypass incl small i	Covered	N	1	C				\$1,270.20
43848	Revision gastroplasty	Covered	N	1	C				\$1,358.60
43850	Revise stomach-bowel fusion	Covered	N	1	C				\$1,081.12

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
43855	Revise stomach-bowel fusion	Covered	N	1	C				\$1,105.78
43860	Revise stomach-bowel fusion	Covered	N	1	C				\$1,088.86
43865	Revise stomach-bowel fusion	Covered	N	1	C				\$1,174.44
43870	Repair stomach opening	Covered	N	1	T	0422	25.8201		
43880	Repair stomach-bowel fistula	Covered	N	1	C				\$1,026.99
43881	Impl/redo electrd antrum	Covered	N	1	C				\$344.01
43882	Revise/remove electrd antrum	Covered	N	1	C				\$1,273.27
43886	Revise gastric port open	Covered	I	1	T	0329	31.0293		
43887	Remove gastric port open	Covered	I	1	Q2	0328	18.9748		
43888	Change gastric port open	Covered	I	1	T	0329	31.0293		
43999	Stomach surgery procedure	Covered	N	1	T	0141	10.0522		
44005	Freeing of bowel adhesion	Covered	N	1	C				\$768.06
44010	Incision of small bowel	Covered	N	1	C				\$612.82
44015	Insert needle cath bowel	Covered	N	1	C				\$163.58
44020	Explore small intestine	Covered	N	1	C				\$675.75
44021	Decompress small bowel	Covered	N	1	C				\$673.22
44025	Incision of large bowel	Covered	N	1	C				\$686.00
44050	Reduce bowel obstruction	Covered	N	1	C				\$652.88
44055	Correct malrotation of bowel	Covered	N	1	C				\$725.98
44100	Biopsy of bowel	Covered	N	1	T	0419	14.3565		
44110	Excise intestine lesion(s)	Covered	N	1	C				\$593.22
44111	Excision of bowel lesion(s)	Covered	N	1	C				\$728.48
44120	Removal of small intestine	Covered	N	1	C				\$816.72
44121	Removal of small intestine	Covered	N	1	C				\$233.69
44125	Removal of small intestine	Covered	N	1	C				\$859.76
44126	Enterectomy w/o taper cong	Covered	N	1	C				\$1,862.83
44127	Enterectomy w/taper cong	Covered	N	1	C				\$2,142.72
44128	Enterectomy cong add-on	Covered	N	1	C				\$226.84
44130	Bowel to bowel fusion	Covered	N	1	C				\$710.16
44132	Enterectomy cadaver donor	Not Covered			C				
44133	Enterectomy live donor	Not Covered			C				
44135	Intestine transplnt cadaver	Covered	N		C				By Report
44136	Intestine transplant live	Not Covered			C				
44137	Remove intestinal allograft	Not Covered			C				
44139	Mobilization of colon	Covered	N	1	C				\$117.34
44140	Partial removal of colon	Covered	N	1	C				\$1,023.82
44141	Partial removal of colon	Covered	N	1	C				\$1,126.75
44143	Partial removal of colon	Covered	N	1	C				\$1,163.16
44144	Partial removal of colon	Covered	N	1	C				\$1,091.72
44145	Partial removal of colon	Covered	N	1	C				\$1,272.66
44146	Partial removal of colon	Covered	N	1	C				\$1,393.02
44147	Partial removal of colon	Covered	N	1	C				\$1,097.39

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
44150	Removal of colon	Covered	N	1	C				\$1,256.02
44151	Removal of colon/ileostomy	Covered	N	1	C				\$1,135.92
44155	Removal of colon/ileostomy	Covered	N	1	C				\$1,431.46
44156	Removal of colon/ileostomy	Covered	N	1	C				\$1,294.79
44157	Colectomy w/ileoanal anast	Covered	N	1	C				\$1,755.98
44158	Colectomy w/neo-rectum pouch	Covered	N	1	C				\$1,801.37
44160	Removal of colon	Covered	N	1	C				\$935.53
44180	Lap enterolysis	Covered	N	1	T	0131	50.9538		
44186	Lap jejunostomy	Covered	N	1	T	0131	50.9538		
44187	Lap ileo/jejuno-stomy	Covered	N	1	C				\$777.93
44188	Lap colostomy	Covered	N	1	C				\$777.93
44202	Lap enterectomy	Covered	N		C				\$1,216.17
44203	Lap resect s/intestine addl	Covered	N		C				\$220.97
44204	Laparo partial colectomy	Covered	N		C				\$1,276.72
44205	Lap colectomy part w/ileum	Covered	N		C				\$1,131.31
44206	Lap part colectomy w/stoma	Covered	N	1	C				\$1,313.23
44207	L colectomy/coloproctostomy	Covered	N	1	C				\$1,438.48
44208	L colectomy/coloproctostomy	Covered	N	1	C				\$1,556.13
44210	Laparo total proctocolectomy	Covered	N	1	C				\$1,375.70
44211	Lap colectomy w/proctectomy	Covered	N	1	C				\$1,711.05
44212	Laparo total proctocolectomy	Covered	N	1	C				\$1,597.48
44213	Lap mobil splenic fl add-on	Covered	N	1	C				\$777.93
44227	Lap close enterostomy	Covered	N	1	C				\$777.93
44238	Laparoscope proc intestine	Covered	N	1	T	0130	40.6743		
44300	Open bowel to skin	Covered	N	1	C				\$527.26
44310	Ileostomy/jejunostomy	Covered	N	1	C				\$717.88
44312	Revision of ileostomy	Covered	N	1	T	0329	31.0293		
44314	Revision of ileostomy	Covered	N	1	C				\$674.45
44316	Devise bowel pouch	Covered	N	1	C				\$930.18
44320	Colostomy	Covered	N	1	C				\$777.93
44322	Colostomy with biopsies	Covered	N	1	C				\$766.14
44340	Revision of colostomy	Covered	N	1	T	0329	31.0293		
44345	Revision of colostomy	Covered	N	1	C				\$619.24
44346	Revision of colostomy	Covered	N	1	C				\$699.40
44360	Small bowel endoscopy	Covered	N	1	T	0142	11.4924		
44361	Small bowel endoscopy/biopsy	Covered	N	1	T	0142	11.4924		
44363	Small bowel endoscopy	Covered	N	1	T	0142	11.4924		
44364	Small bowel endoscopy	Covered	N	1	T	0424	16.8444		
44365	Small bowel endoscopy	Covered	N	1	T	0424	16.8444		
44366	Small bowel endoscopy	Covered	N	1	T	0424	16.8444		
44369	Small bowel endoscopy	Covered	N	1	T	0424	16.8444		
44370	Small bowel endoscopy/stent	Covered	N		J1	0384	42.8063		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
44372	Small bowel endoscopy	Covered	N	1	T	0424	16.8444		
44373	Small bowel endoscopy	Covered	N	1	T	0424	16.8444		
44376	Small bowel endoscopy	Covered	N	1	T	0142	11.4924		
44377	Small bowel endoscopy/biopsy	Covered	N	1	T	0424	16.8444		
44378	Small bowel endoscopy	Covered	N	1	T	0424	16.8444		
44379	S bowel endoscope w/stent	Covered	N		J1	0384	42.8063		
44380	Small bowel endoscopy br/wa	Covered	N	1	T	0142	11.4924		
44381	Small bowel endoscopy br/wa	Covered	N	1	T	0142	11.4924		
44382	Small bowel endoscopy	Covered	N	1	T	0142	11.4924		
44384	Small bowel endoscopy	Covered	N	1	T	0142	11.4924		
44385	Endoscopy of bowel pouch	Covered	N	1	T	0143	10.6489		
44386	Endoscopy bowel pouch/biop	Covered	N	1	T	0143	10.6489		
44388	Colonoscopy thru stoma spx	Covered	N	1	T	0143	10.6489		
44389	Colonoscopy with biopsy	Covered	N	1	T	0143	10.6489		
44390	Colonoscopy for foreign body	Covered	N	1	T	0143	10.6489		
44391	Colonoscopy for bleeding	Covered	N	1	T	0143	10.6489		
44392	Colonoscopy & polypectomy	Covered	N	1	T	0143	10.6489		
44394	Colonoscopy w/snare	Covered	N	1	T	0143	10.6489		
44401	Colonoscopy with ablation	Covered	N	1	T	0143	10.6489		
44402	Colonoscopy w/stent plcmt	Covered	N	1	T	0143	10.6489		
44403	Colonoscopy w/resection	Covered	N	1	T	0143	10.6489		
44404	Colonoscopy w/injection	Covered	N	1	T	0143	10.6489		
44405	Colonoscopy w/dilation	Covered	N	1	T	0143	10.6489		
44406	Colonoscopy w/ultrasound	Covered	N	1	T	0143	10.6489		
44407	Colonoscopy w/ndl aspir/bx	Covered	N	1	T	0143	10.6489		
44408	Colonoscopy w/decompression	Covered	N	1	T	0143	10.6489		
44500	Intro gastrointestinal tube	Covered	N	2	T	0121	6.5800		
44602	Suture small intestine	Covered	N	1	C				\$616.90
44603	Suture small intestine	Covered	N	1	C				\$789.01
44604	Suture large intestine	Covered	N	1	C				\$779.09
44605	Repair of bowel lesion	Covered	N	1	C				\$858.47
44615	Intestinal stricturoplasty	Covered	N	1	C				\$755.33
44620	Repair bowel opening	Covered	N	1	C				\$597.72
44625	Repair bowel opening	Covered	N	1	C				\$771.07
44626	Repair bowel opening	Covered	N	1	C				\$1,201.08
44640	Repair bowel-skin fistula	Covered	N	1	C				\$786.61
44650	Repair bowel fistula	Covered	N	1	C				\$816.91
44660	Repair bowel-bladder fistula	Covered	N	1	C				\$798.74
44661	Repair bowel-bladder fistula	Covered	N	1	C				\$1,004.07
44680	Surgical revision intestine	Covered	N	1	C				\$794.47
44700	Suspend bowel w/prosthesis	Covered	N	1	C				\$844.88
44701	Intraop colon lavage add-on	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
44705	Prepare fecal microbiota	Not Covered			B				
44715	Prepare donor intestine	Not Covered			C				
44720	Prep donor intestine/venous	Not Covered			C				
44721	Prep donor intestine/artery	Not Covered			C				
44799	Unlisted px small intestine	Covered	N	1	T	0153	30.8186		
44800	Excision of bowel pouch	Covered	N	1	C				\$600.88
44820	Excision of mesentery lesion	Covered	N	1	C				\$572.61
44850	Repair of mesentery	Covered	N	1	C				\$536.29
44899	Bowel surgery procedure	Covered	N	1	C				By Report
44900	Drain appendix abscess open	Covered	N	1	C				\$488.71
44950	Appendectomy	Covered	N	1	T	0153	30.8186		
44955	Appendectomy add-on	Covered	N	1	N				
44960	Appendectomy	Covered	N	1	C				\$598.75
44970	Laparoscopy appendectomy	Covered	N		T	0131	50.9538		
44979	Laparoscopy proc app	Covered	N		T	0130	40.6743		
45000	Drainage of pelvic abscess	Covered	N	1	T	0149	26.1743		
45005	Drainage of rectal abscess	Covered	N	1	T	0155	19.6184		
45020	Drainage of rectal abscess	Covered	N	1	T	0155	19.6184		
45100	Biopsy of rectum	Covered	N	1	T	0155	19.6184		
45108	Removal of anorectal lesion	Covered	N	1	T	0149	26.1743		
45110	Removal of rectum	Covered	N	1	C				\$1,364.29
45111	Partial removal of rectum	Covered	N	1	C				\$961.24
45112	Removal of rectum	Covered	N	1	C				\$1,443.76
45113	Partial proctectomy	Covered	N	1	C				\$1,430.59
45114	Partial removal of rectum	Covered	N	1	C				\$1,312.46
45116	Partial removal of rectum	Covered	N	1	C				\$1,127.46
45119	Remove rectum w/reservoir	Covered	N	1	C				\$1,449.67
45120	Removal of rectum	Covered	N	1	C				\$1,400.01
45121	Removal of rectum and colon	Covered	N	1	C				\$1,422.72
45123	Partial proctectomy	Covered	N	1	C				\$851.49
45126	Pelvic exenteration	Covered	N	1	C				\$1,872.20
45130	Excision of rectal prolapse	Covered	N	1	C				\$788.67
45135	Excision of rectal prolapse	Covered	N	1	C				\$1,022.58
45136	Excise ileoanal reservoir	Covered	N	1	C				\$1,435.67
45150	Excision of rectal stricture	Covered	N	1	T	0149	26.1743		
45160	Excision of rectal lesion	Covered	N	1	T	0149	26.1743		
45171	Exc rect tum transanal part	Covered	N	1	T	0149	26.1743		
45172	Exc rect tum transanal full	Covered	N	1	T	0150	35.0675		
45190	Destruction rectal tumor	Covered	N	1	T	0149	26.1743		
45300	Proctosigmoidoscopy dx	Covered	N	1	T	0146	6.6559		
45303	Proctosigmoidoscopy dilate	Covered	N	1	T	0147	11.1553		
45305	Proctosigmoidoscopy w/bx	Covered	N	1	T	0147	11.1553		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
45307	Proctosigmoidoscopy fb	Covered	N	1	T	0428	22.3487		
45308	Proctosigmoidoscopy removal	Covered	N	1	T	0147	11.1553		
45309	Proctosigmoidoscopy removal	Covered	N	1	T	0147	11.1553		
45315	Proctosigmoidoscopy removal	Covered	N	1	T	0147	11.1553		
45317	Proctosigmoidoscopy bleed	Covered	N	1	T	0147	11.1553		
45320	Proctosigmoidoscopy ablate	Covered	N	1	T	0428	22.3487		
45321	Proctosigmoidoscopy volvul	Covered	N	1	T	0428	22.3487		
45327	Proctosigmoidoscopy w/stent	Covered	N		J1	0384	42.8063		
45330	Diagnostic sigmoidoscopy	Covered	N	1	T	0146	6.6559		
45331	Sigmoidoscopy and biopsy	Covered	N	1	T	0146	6.6559		
45332	Sigmoidoscopy w/fb removal	Covered	N	1	T	0147	11.1553		
45333	Sigmoidoscopy & polypectomy	Covered	N	1	T	0146	6.6559		
45334	Sigmoidoscopy for bleeding	Covered	N	1	T	0147	11.1553		
45335	Sigmoidoscopy w/submuc inj	Covered	N	1	T	0146	6.6559		
45337	Sigmoidoscopy & decompress	Covered	N	1	T	0147	11.1553		
45338	Sigmoidoscopy w/tumr remove	Covered	N	1	T	0147	11.1553		
45340	Sig w/tndsc balloon dilation	Covered	N	1	T	0147	11.1553		
45341	Sigmoidoscopy w/ultrasound	Covered	N	1	T	0147	11.1553		
45342	Sigmoidoscopy w/us guide bx	Covered	N	1	T	0147	11.1553		
45346	Sigmoidoscopy w/ablation	Covered	N	1	T	0147	11.1553		
45347	Sigmoidoscopy w/plcmt stent	Covered	N	1	T	0147	11.1553		
45349	Sigmoidoscopy w/resection	Covered	N	1	T	0147	11.1553		
45350	Sgmdsc w/band ligation	Covered	N	1	T	0147	11.1553		
45378	Diagnostic colonoscopy	Covered	N	1	T	0143	10.6489		
45379	Colonoscopy w/fb removal	Covered	N	1	T	0143	10.6489		
45380	Colonoscopy and biopsy	Covered	N	1	T	0143	10.6489		
45381	Colonoscopy submucous njx	Covered	N	1	T	0143	10.6489		
45382	Colonoscopy w/control bleed	Covered	N	1	T	0143	10.6489		
45384	Colonoscopy w/lesion removal	Covered	N	1	T	0143	10.6489		
45385	Colonoscopy w/lesion removal	Covered	N	1	T	0143	10.6489		
45386	Colonoscopy w/balloon dilat	Covered	N	1	T	0143	10.6489		
45388	Colonoscopy w/ablation	Covered	N	1	T	0143	10.6489		
45389	Colonoscopy w/stent plcmt	Covered	N	1	T	0143	10.6489		
45390	Colonoscopy w/resection	Covered	N	1	T	0143	10.6489		
45391	Colonoscopy w/endscope us	Covered	N	1	T	0143	10.6489		
45392	Colonoscopy w/endoscopic fnb	Covered	N	1	T	0143	10.6489		
45393	Colonoscopy w/decompression	Covered	N	1	T	0143	10.6489		
45395	Lap removal of rectum	Covered	N	1	C				\$1,097.39
45397	Lap remove rectum w/pouch	Covered	N	1	C				\$777.93
45398	Colonoscopy w/band ligation	Covered	N	1	T	0143	10.6489		
45399	Unlisted procedure colon	Covered	N	1	T	0143	10.6489		
45400	Laparoscopic proc	Covered	N	1	C				\$447.70

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
45402	Lap proctopexy w/sig resect	Covered	N	1	C				\$777.93
45499	Laparoscope proc rectum	Covered	N	1	T	0130	40.6743		
45500	Repair of rectum	Covered	N	1	T	0149	26.1743		
45505	Repair of rectum	Covered	N	1	T	0150	35.0675		
45520	Treatment of rectal prolapse	Covered	N	1	T	0015	1.9702		
45540	Correct rectal prolapse	Covered	N	1	C				\$763.87
45541	Correct rectal prolapse	Covered	N	1	T	0150	35.0675		
45550	Repair rectum/remove sigmoid	Covered	N	1	C				\$1,023.49
45560	Repair of rectocele	Covered	N	1	T	0150	35.0675		
45562	Exploration/repair of rectum	Covered	N	1	C				\$694.00
45563	Exploration/repair of rectum	Covered	N	1	C				\$1,070.10
45800	Repair rect/bladder fistula	Covered	N	1	C				\$798.09
45805	Repair fistula w/colostomy	Covered	N	1	C				\$965.08
45820	Repair rectourethral fistula	Covered	N	1	C				\$810.10
45825	Repair fistula w/colostomy	Covered	N	1	C				\$942.58
45900	Reduction of rectal prolapse	Covered	N	1	T	0148	5.9659		
45905	Dilation of anal sphincter	Covered	N	1	T	0155	19.6184		
45910	Dilation of rectal narrowing	Covered	N	1	T	0155	19.6184		
45915	Remove rectal obstruction	Covered	N	1	T	0155	19.6184		
45990	Surg dx exam anorectal	Covered	N	1	T	0155	19.6184		
45999	Rectum surgery procedure	Covered	N	1	T	0148	5.9659		
46020	Placement of seton	Covered	N		T	0149	26.1743		
46030	Removal of rectal marker	Covered	N	1	T	0148	5.9659		
46040	Incision of rectal abscess	Covered	N	1	T	0155	19.6184		
46045	Incision of rectal abscess	Covered	N	1	T	0149	26.1743		
46050	Incision of anal abscess	Covered	N	1	T	0148	5.9659		
46060	Incision of rectal abscess	Covered	N	1	T	0155	19.6184		
46070	Incision of anal septum	Covered	N	1	T	0155	19.6184		
46080	Incision of anal sphincter	Covered	N	1	T	0155	19.6184		
46083	Incise external hemorrhoid	Covered	N	1	T	0164	2.8822		
46200	Removal of anal fissure	Covered	N	1	T	0149	26.1743		
46220	Excise anal ext tag/papilla	Covered	N	1	T	0155	19.6184		
46221	Ligation of hemorrhoid(s)	Covered	N	1	T	0148	5.9659		
46230	Removal of anal tags	Covered	N	1	T	0155	19.6184		
46250	Remove ext hem groups 2+	Covered	N	1	T	0149	26.1743		
46255	Remove int/ext hem 1 group	Covered	N	1	T	0149	26.1743		
46257	Remove in/ex hem grp & fiss	Covered	N	1	T	0149	26.1743		
46258	Remove in/ex hem grp w/fistu	Covered	N	1	T	0149	26.1743		
46260	Remove in/ex hem groups 2+	Covered	N	1	T	0149	26.1743		
46261	Remove in/ex hem grps & fiss	Covered	N	1	T	0149	26.1743		
46262	Remove in/ex hem grps w/fist	Covered	N	1	T	0149	26.1743		
46270	Remove anal fist subq	Covered	N	1	T	0149	26.1743		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
46275	Remove anal fist inter	Covered	N	1	T	0149	26.1743		
46280	Remove anal fist complex	Covered	N	1	T	0149	26.1743		
46285	Remove anal fist 2 stage	Covered	N	1	T	0149	26.1743		
46288	Repair anal fistula	Covered	N	1	T	0150	35.0675		
46320	Removal of hemorrhoid clot	Covered	N	1	T	0155	19.6184		
46500	Injection into hemorrhoid(s)	Covered	N	1	T	0148	5.9659		
46505	Chemodenervation anal musc	Covered	N	1	T	0155	19.6184		
46600	Diagnostic anoscopy spx	Covered	N	1	Q1	0420	1.7762		
46601	Diagnostic anoscopy	Covered	N	1	Q1	0420	1.7762		
46604	Anoscopy and dilation	Covered	N	1	T	0147	11.1553		
46606	Anoscopy and biopsy	Covered	N	1	T	0147	11.1553		
46607	Diagnostic anoscopy & biopsy	Covered	N	1	T	0147	11.1553		
46608	Anoscopy remove for body	Covered	N	1	T	0147	11.1553		
46610	Anoscopy remove lesion	Covered	N	1	T	0428	22.3487		
46611	Anoscopy	Covered	N	1	T	0147	11.1553		
46612	Anoscopy remove lesions	Covered	N	1	T	0428	22.3487		
46614	Anoscopy control bleeding	Covered	N	1	T	0147	11.1553		
46615	Anoscopy	Covered	N	1	T	0428	22.3487		
46700	Repair of anal stricture	Covered	N	1	T	0149	26.1743		
46705	Repair of anal stricture	Covered	N	1	C				\$398.83
46706	Repr of anal fistula w/glue	Covered	N	1	T	0149	26.1743		
46707	Repair anorectal fist w/plug	Covered	N	1	T	0150	35.0675		
46710	Repr per/vag pouch sngl proc	Covered	N	1	C				\$1,004.07
46712	Repr per/vag pouch dbl proc	Covered	N	1	C				\$1,097.39
46715	Rep perf anoper fistu	Covered	N	1	C				\$412.03
46716	Rep perf anoper/vestib fistu	Covered	N	1	C				\$688.74
46730	Construction of absent anus	Covered	N	1	C				\$1,205.21
46735	Construction of absent anus	Covered	N	1	C				\$1,429.95
46740	Construction of absent anus	Covered	N	1	C				\$1,270.22
46742	Repair of imperforated anus	Covered	N	1	C				\$1,693.35
46744	Repair of cloacal anomaly	Covered	N	1	C				\$1,835.87
46746	Repair of cloacal anomaly	Covered	N	1	C				\$2,069.15
46748	Repair of cloacal anomaly	Covered	N	1	C				\$2,242.66
46750	Repair of anal sphincter	Covered	N	1	T	0150	35.0675		
46751	Repair of anal sphincter	Covered	N	1	C				\$487.50
46753	Reconstruction of anus	Covered	N	1	T	0149	26.1743		
46754	Removal of suture from anus	Covered	N	1	T	0155	19.6184		
46760	Repair of anal sphincter	Covered	N	1	T	0150	35.0675		
46761	Repair of anal sphincter	Covered	N	1	T	0150	35.0675		
46762	Implant artificial sphincter	Covered	N	1	T	0150	35.0675		
46900	Destruction anal lesion(s)	Covered	N	1	T	0016	3.8173		
46910	Destruction anal lesion(s)	Covered	N	1	T	0017	17.3610		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
46916	Cryosurgery anal lesion(s)	Covered	N	1	T	0015	1.9702		
46917	Laser surgery anal lesions	Covered	N	1	T	0149	26.1743		
46922	Excision of anal lesion(s)	Covered	N	1	T	0149	26.1743		
46924	Destruction anal lesion(s)	Covered	N	1	T	0149	26.1743		
46930	Destroy internal hemorrhoids	Covered	N	1	T	0148	5.9659		
46940	Treatment of anal fissure	Covered	N	1	T	0155	19.6184		
46942	Treatment of anal fissure	Covered	N	1	T	0148	5.9659		
46945	Remove by ligat int hem grp	Covered	N	1	T	0149	26.1743		
46946	Remove by ligat int hem grps	Covered	N	1	T	0149	26.1743		
46947	Hemorrhoidopexy by stapling	Covered	N	1	T	0150	35.0675		
46999	Anus surgery procedure	Covered	N	1	T	0148	5.9659		
47000	Needle biopsy of liver	Covered	N	1	T	0005	14.1916		
47001	Needle biopsy liver add-on	Covered	N	1	N				
47010	Open drainage liver lesion	Covered	N	1	C				\$600.70
47015	Inject/aspirate liver cyst	Covered	N	1	C				\$571.97
47100	Wedge biopsy of liver	Covered	N	1	C				\$417.01
47120	Partial removal of liver	Covered	N	1	C				\$1,261.70
47122	Extensive removal of liver	Covered	N	1	C				\$1,907.84
47125	Partial removal of liver	Covered	N	1	C				\$1,739.78
47130	Partial removal of liver	Covered	N	1	C				\$1,883.13
47133	Removal of donor liver	Not Covered			C				
47135	Transplantation of liver	Covered	N	1	C				\$4,668.99
47136	Transplantation of liver	Not Covered			C				
47140	Partial removal donor liver	Covered	N	1	C				\$2,060.83
47141	Partial removal donor liver	Covered	N	1	C				\$1,739.78
47142	Partial removal donor liver	Covered	N	1	C				\$1,883.13
47143	Prep donor liver whole	Not Covered			C				
47144	Prep donor liver 3-segment	Not Covered			C				
47145	Prep donor liver lobe split	Not Covered			C				
47146	Prep donor liver/venous	Not Covered			C				
47147	Prep donor liver/arterial	Not Covered			C				
47300	Surgery for liver lesion	Covered	N	1	C				\$588.45
47350	Repair liver wound	Covered	N	1	C				\$714.17
47360	Repair liver wound	Covered	N	1	C				\$988.63
47361	Repair liver wound	Covered	N	1	C				\$1,616.73
47362	Repair liver wound	Covered	N	1	C				\$644.62
47370	Laparo ablate liver tumor rf	Covered	N		T	0174	108.7985		
47371	Laparo ablate liver cryosurg	Covered	N	1	T	0174	108.7985		
47379	Laparoscope procedure liver	Covered	N		T	0130	40.6743		
47380	Open ablate liver tumor rf	Covered	N		C				\$1,053.75
47381	Open ablate liver tumor cryo	Covered	N		C				\$1,041.56
47382	Percut ablate liver rf	Covered	N		T	0423	55.2208		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
47383	Perq abltj lvr cryoablation	Covered	N	1	T	0423	55.2208		
47399	Liver surgery procedure	Covered	N	1	T	0004	6.5703		
47400	Incision of liver duct	Covered	N	1	C				\$1,091.35
47420	Incision of bile duct	Covered	N	1	C				\$926.45
47425	Incision of bile duct	Covered	N	1	C				\$965.34
47460	Incise bile duct sphincter	Covered	N	1	C				\$958.84
47480	Incision of gallbladder	Covered	N	1	C				\$570.28
47490	Incision of gallbladder	Covered	N	1	T	0152	24.7191		
47500	Injection for liver x-rays	Covered	N	1	N				
47505	Injection for liver x-rays	Covered	N	1	N				
47510	Insert catheter bile duct	Covered	N	1	T	0152	24.7191		
47511	Insert bile duct drain	Covered	N	1	T	0423	55.2208		
47525	Change bile duct catheter	Covered	N	1	T	0427	17.3792		
47530	Revise/reinsert bile tube	Covered	N	1	T	0427	17.3792		
47550	Bile duct endoscopy add-on	Covered	N	1	C				\$158.46
47552	Biliary endo perq dx w/speci	Covered	N	1	T	0152	24.7191		
47553	Biliary endoscopy thru skin	Covered	N	1	T	0423	55.2208		
47554	Biliary endoscopy thru skin	Covered	N	1	T	0152	24.7191		
47555	Biliary endoscopy thru skin	Covered	N	1	T	0152	24.7191		
47556	Biliary endoscopy thru skin	Covered	N	1	T	0423	55.2208		
47560	Laparoscopy w/cholangio	Covered	N	1	T	0130	40.6743		
47561	Laparo w/cholangio/biopsy	Covered	N	1	T	0130	40.6743		
47562	Laparoscopic cholecystectomy	Covered	N	1	T	0131	50.9538		
47563	Laparo cholecystectomy/graph	Covered	N	1	T	0131	50.9538		
47564	Laparo cholecystectomy/explr	Covered	N	1	T	0131	50.9538		
47570	Laparo cholecystoenterostomy	Covered	N		C				\$727.74
47579	Laparoscope proc biliary	Covered	N		T	0130	40.6743		
47600	Removal of gallbladder	Covered	N	1	C				\$657.36
47605	Removal of gallbladder	Covered	N	1	C				\$708.23
47610	Removal of gallbladder	Covered	N	1	C				\$882.34
47612	Removal of gallbladder	Covered	N	1	C				\$964.28
47620	Removal of gallbladder	Covered	N	1	C				\$981.50
47630	Remove bile duct stone	Covered	N	1	T	0152	24.7191		
47700	Exploration of bile ducts	Covered	N	1	C				\$844.82
47701	Bile duct revision	Covered	N	1	C				\$1,457.76
47711	Excision of bile duct tumor	Covered	N	1	C				\$1,093.21
47712	Excision of bile duct tumor	Covered	N	1	C				\$1,359.81
47715	Excision of bile duct cyst	Covered	N	1	C				\$877.30
47720	Fuse gallbladder & bowel	Covered	N	1	C				\$786.77
47721	Fuse upper gi structures	Covered	N	1	C				\$944.78
47740	Fuse gallbladder & bowel	Covered	N	1	C				\$899.56
47741	Fuse gallbladder & bowel	Not Covered			C				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
47760	Fuse bile ducts and bowel	Covered	N	1	C				\$1,189.57
47765	Fuse liver ducts & bowel	Covered	N	1	C				\$1,229.40
47780	Fuse bile ducts and bowel	Covered	N	1	C				\$1,240.04
47785	Fuse bile ducts and bowel	Covered	N	1	C				\$1,419.68
47800	Reconstruction of bile ducts	Covered	N	1	C				\$1,125.31
47801	Placement bile duct support	Covered	N	1	C				\$691.87
47802	Fuse liver duct & intestine	Covered	N	1	C				\$1,024.16
47900	Suture bile duct injury	Covered	N	1	C				\$1,005.97
47999	Bile tract surgery procedure	Covered	N	1	T	0152	24.7191		
48000	Drainage of abdomen	Covered	N	1	C				\$800.76
48001	Placement of drain pancreas	Covered	N	1	C				\$991.33
48020	Removal of pancreatic stone	Covered	N	1	C				\$750.53
48100	Biopsy of pancreas open	Covered	N	1	C				\$591.54
48102	Needle biopsy pancreas	Covered	N	1	T	0005	14.1916		
48105	Resect/debride pancreas	Covered	N	1	C				\$2,262.31
48120	Removal of pancreas lesion	Covered	N	1	C				\$820.27
48140	Partial removal of pancreas	Covered	N	1	C				\$1,171.50
48145	Partial removal of pancreas	Covered	N	1	C				\$1,257.34
48146	Pancreatectomy	Covered	N	1	C				\$1,384.91
48148	Removal of pancreatic duct	Covered	N	1	C				\$871.31
48150	Partial removal of pancreas	Covered	N	1	C				\$2,353.91
48152	Pancreatectomy	Covered	N	1	C				\$2,188.90
48153	Pancreatectomy	Covered	N	1	C				\$2,351.75
48154	Pancreatectomy	Covered	N	1	C				\$2,194.59
48155	Removal of pancreas	Covered	N	1	C				\$1,400.58
48160	Pancreas removal/transplant	Covered	N	1	E				By Report
48400	Injection intraop add-on	Covered	N	1	C				\$98.26
48500	Surgery of pancreatic cyst	Covered	N	1	C				\$768.29
48510	Drain pancreatic pseudocyst	Covered	N	1	C				\$714.71
48520	Fuse pancreas cyst and bowel	Covered	N	1	C				\$834.45
48540	Fuse pancreas cyst and bowel	Covered	N	1	C				\$1,022.23
48545	Pancreatorrhaphy	Covered	N	1	C				\$886.68
48547	Duodenal exclusion	Covered	N	1	C				\$1,237.13
48548	Fuse pancreas and bowel	Covered	N	1	C				\$1,315.43
48550	Donor pancreatectomy	Not Covered			E				
48551	Prep donor pancreas	Not Covered			C				
48552	Prep donor pancreas/venous	Not Covered			C				
48554	Transpl allograft pancreas	Covered	N	1	C				\$1,797.67
48556	Removal allograft pancreas	Covered	N	1	C				\$848.14
48999	Pancreas surgery procedure	Covered	N	1	T	0004	6.5703		
49000	Exploration of abdomen	Covered	N	1	C				\$653.89
49002	Reopening of abdomen	Covered	N	1	C				\$594.21

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
49010	Exploration behind abdomen	Covered	N	1	C				\$693.20
49020	Drainage abdom abscess open	Covered	N	1	C				\$837.00
49040	Drain open abdom abscess	Covered	N	1	C				\$580.28
49060	Drain open retroperi abscess	Covered	N	1	C				\$631.93
49062	Drain to peritoneal cavity	Covered	N	1	C				\$675.17
49082	Abd paracentesis	Covered	N	1	T	0070	6.5974		
49083	Abd paracentesis w/imaging	Covered	N	1	T	0070	6.5974		
49084	Peritoneal lavage	Covered	N	1	T	0070	6.5974		
49180	Biopsy abdominal mass	Covered	N	1	T	0005	14.1916		
49203	Exc abd tum 5 cm or less	Covered	N	1	C				\$841.95
49204	Exc abd tum over 5 cm	Covered	N	1	C				\$1,073.70
49205	Exc abd tum over 10 cm	Covered	N	1	C				\$1,228.47
49215	Excise sacral spine tumor	Covered	N	1	C				\$1,180.65
49220	Multiple surgery abdomen	Covered	N	1	C				\$893.92
49250	Excision of umbilicus	Covered	N	1	T	0153	30.8186		
49255	Removal of omentum	Covered	N	1	C				\$605.90
49320	Diag laparo separate proc	Covered	N	1	T	0130	40.6743		
49321	Laparoscopy biopsy	Covered	N	1	T	0130	40.6743		
49322	Laparoscopy aspiration	Covered	N	1	T	0130	40.6743		
49323	Laparo drain lymphocele	Covered	N		T	0130	40.6743		
49324	Lap insert tunnel ip cath	Covered	N	1	T	0130	40.6743		
49325	Lap revision perm ip cath	Covered	N	1	T	0130	40.6743		
49326	Lap w/omentopexy add-on	Covered	N	1	N				
49327	Lap ins device for rt	Covered	N	1	N				
49329	Laparo proc abdm/per/oment	Covered	N		T	0130	40.6743		
49400	Air injection into abdomen	Covered	N	1	N				
49402	Remove foreign body adbomen	Covered	N	1	T	0153	30.8186		
49405	Image cath fluid colxn visc	Covered	N	1	T	0005	14.1916		
49406	Image cath fluid peri/retro	Covered	N	1	T	0005	14.1916		
49407	Image cath fluid trns/vgnl	Covered	N	1	T	0005	14.1916		
49411	Ins mark abd/pel for rt perq	Covered	N	1	S	0310	14.0014		
49412	Ins device for rt guide open	Covered	N	1	C				\$72.41
49418	Insert tun ip cath perc	Covered	N	1	T	0652	30.8500		
49419	Insert tun ip cath w/port	Covered	N	1	T	0622	30.1495		
49421	Ins tun ip cath for dial opn	Covered	N	1	T	0652	30.8500		
49422	Remove tunneled ip cath	Covered	N	1	Q2	0103	21.2483		
49423	Exchange drainage catheter	Covered	N	1	T	0427	17.3792		
49424	Assess cyst contrast inject	Covered	N	1	N				
49425	Insert abdomen-venous drain	Covered	N	1	C				\$690.11
49426	Revise abdomen-venous shunt	Covered	N	1	T	0153	30.8186		
49427	Injection abdominal shunt	Covered	N	1	N				
49428	Ligation of shunt	Covered	N	1	C				\$139.07

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
49429	Removal of shunt	Covered	N	1	Q2	0103	21.2483		
49435	Insert subq exten to ip cath	Covered	N	1	N				
49436	Embedded ip cath exit-site	Covered	N	1	T	0427	17.3792		
49440	Place gastrostomy tube perc	Covered	N	1	T	0419	14.3565		
49441	Place duod/jej tube perc	Covered	N	1	T	0419	14.3565		
49442	Place cecostomy tube perc	Covered	N	1	T	0155	19.6184		
49446	Change g-tube to g-j perc	Covered	N	1	T	0419	14.3565		
49450	Replace g/c tube perc	Covered	N	1	T	0121	6.5800		
49451	Replace duod/jej tube perc	Covered	N	1	T	0121	6.5800		
49452	Replace g-j tube perc	Covered	N	1	T	0121	6.5800		
49460	Fix g/colon tube w/device	Covered	N	1	T	0121	6.5800		
49465	Fluoro exam of g/colon tube	Covered	N	1	S	0277	2.0357		
49491	Rpr hern preemie reduc	Covered	N	1	T	0154	36.0701		
49492	Rpr ing hern premie blocked	Covered	N	1	T	0154	36.0701		
49495	Rpr ing hernia baby reduc	Covered	N	1	T	0154	36.0701		
49496	Rpr ing hernia baby blocked	Covered	N	1	T	0154	36.0701		
49500	Rpr ing hernia init reduce	Covered	N	1	T	0154	36.0701		
49501	Rpr ing hernia init blocked	Covered	N	1	T	0154	36.0701		
49505	Prp i/hern init reduc >5 yr	Covered	N	1	T	0154	36.0701		
49507	Prp i/hern init block >5 yr	Covered	N	1	T	0154	36.0701		
49520	Rerepair ing hernia reduce	Covered	N	1	T	0154	36.0701		
49521	Rerepair ing hernia blocked	Covered	N	1	T	0154	36.0701		
49525	Repair ing hernia sliding	Covered	N	1	T	0154	36.0701		
49540	Repair lumbar hernia	Covered	N	1	T	0154	36.0701		
49550	Rpr rem hernia init reduce	Covered	N	1	T	0154	36.0701		
49553	Rpr fem hernia init blocked	Covered	N	1	T	0154	36.0701		
49555	Rerepair fem hernia reduce	Covered	N	1	T	0154	36.0701		
49557	Rerepair fem hernia blocked	Covered	N	1	T	0154	36.0701		
49560	Rpr ventral hern init reduc	Covered	N	1	T	0154	36.0701		
49561	Rpr ventral hern init block	Covered	N	1	T	0154	36.0701		
49565	Rerepair ventrl hern reduce	Covered	N	1	T	0154	36.0701		
49566	Rerepair ventrl hern block	Covered	N	1	T	0154	36.0701		
49568	Hernia repair w/mesh	Covered	N	1	N				
49570	Rpr epigastric hern reduce	Covered	N	1	T	0154	36.0701		
49572	Rpr epigastric hern blocked	Covered	N	1	T	0154	36.0701		
49580	Rpr umbil hern reduc < 5 yr	Covered	N	1	T	0154	36.0701		
49582	Rpr umbil hern block < 5 yr	Covered	N	1	T	0154	36.0701		
49585	Rpr umbil hern reduc > 5 yr	Covered	N	1	T	0154	36.0701		
49587	Rpr umbil hern block > 5 yr	Covered	N	1	T	0154	36.0701		
49590	Repair spigelian hernia	Covered	N	1	T	0154	36.0701		
49600	Repair umbilical lesion	Covered	N	1	T	0154	36.0701		
49605	Repair umbilical lesion	Covered	N	1	C				\$1,256.48

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
49606	Repair umbilical lesion	Covered	N	1	C				\$1,079.17
49610	Repair umbilical lesion	Covered	N	1	C				\$593.75
49611	Repair umbilical lesion	Covered	N	1	C				\$582.85
49650	Lap ing hernia repair init	Covered	N	1	T	0131	50.9538		
49651	Lap ing hernia repair recur	Covered	N	1	T	0131	50.9538		
49652	Lap vent/abd hernia repair	Covered	N	1	T	0132	73.8696		
49653	Lap vent/abd hern proc comp	Covered	N	1	T	0132	73.8696		
49654	Lap inc hernia repair	Covered	N	1	T	0132	73.8696		
49655	Lap inc hern repair comp	Covered	N	1	T	0132	73.8696		
49656	Lap inc hernia repair recur	Covered	N	1	T	0132	73.8696		
49657	Lap inc hern recur comp	Covered	N	1	T	0132	73.8696		
49659	Laparo proc hernia repair	Covered	N	1	T	0130	40.6743		
49900	Repair of abdominal wall	Covered	N	1	C				\$630.23
49904	Omental flap extra-abdom	Covered	N	1	C				\$1,220.45
49905	Omental flap intra-abdom	Covered	N	1	C				\$345.06
49906	Free omental flap microvasc	Covered	N	1	C				\$1,694.04
49999	Abdomen surgery procedure	Covered	N	1	T	0153	30.8186		
50010	Exploration of kidney	Covered	N	1	C				\$672.67
50020	Renal abscess open drain	Covered	N	1	T	0162	28.1079		
50040	Drainage of kidney	Covered	N	1	C				\$826.62
50045	Exploration of kidney	Covered	N	1	C				\$865.42
50060	Removal of kidney stone	Covered	N	1	C				\$1,064.07
50065	Incision of kidney	Covered	N	1	C				\$1,156.20
50070	Incision of kidney	Covered	N	1	C				\$1,124.56
50075	Removal of kidney stone	Covered	N	1	C				\$1,403.35
50080	Removal of kidney stone	Covered	N	1	T	0163	41.9797		
50081	Removal of kidney stone	Covered	N	1	T	0163	41.9797		
50100	Revise kidney blood vessels	Covered	N	1	C				\$944.40
50120	Exploration of kidney	Covered	N	1	C				\$899.45
50125	Explore and drain kidney	Covered	N	1	C				\$934.09
50130	Removal of kidney stone	Covered	N	1	C				\$991.32
50135	Exploration of kidney	Covered	N	1	C				\$1,145.21
50200	Renal biopsy perq	Covered	N	1	T	0005	14.1916		
50205	Renal biopsy open	Covered	N	1	C				\$614.50
50220	Remove kidney open	Covered	N	1	C				\$1,000.43
50225	Removal kidney open complex	Covered	N	1	C				\$1,182.53
50230	Removal kidney open radical	Covered	N	1	C				\$1,290.39
50234	Removal of kidney & ureter	Covered	N	1	C				\$1,273.52
50236	Removal of kidney & ureter	Covered	N	1	C				\$1,426.72
50240	Partial removal of kidney	Covered	N	1	C				\$1,278.61
50250	Cryoablate renal mass open	Covered	N	1	C				\$614.50
50280	Removal of kidney lesion	Covered	N	1	C				\$891.27

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
50290	Removal of kidney lesion	Covered	N	1	C				\$821.26
50300	Remove cadaver donor kidney	Not Covered			C				
50320	Remove kidney living donor	Covered	N	1	C				\$1,276.34
50323	Prep cadaver renal allograft	Covered	N	1	C				\$169.40
50325	Prep donor renal graft	Covered	N	1	C				\$122.04
50327	Prep renal graft/venous	Covered	N	1	C				\$153.52
50328	Prep renal graft/arterial	Not Covered			C				
50329	Prep renal graft/ureteral	Not Covered			C				
50340	Removal of kidney	Covered	N	1	C				\$817.48
50360	Transplantation of kidney	Covered	N	1	C				\$1,873.85
50365	Transplantation of kidney	Covered	N	1	C				\$2,226.05
50370	Remove transplanted kidney	Covered	N	1	C				\$852.88
50380	Reimplantation of kidney	Covered	N	1	C				\$1,145.34
50382	Change ureter stent percut	Covered	N	1	T	0162	28.1079		
50384	Remove ureter stent percut	Covered	N	1	Q2	0161	16.5418		
50385	Change stent via transureth	Covered	N	1	T	0162	28.1079		
50386	Remove stent via transureth	Covered	N	1	Q2	0160	7.4007		
50387	Change ext/int ureter stent	Covered	N	1	T	0427	17.3792		
50389	Remove renal tube w/fluoro	Covered	N	1	Q2	0160	7.4007		
50390	Drainage of kidney lesion	Covered	N	1	T	0005	14.1916		
50391	Instill rx agnt into renal tub	Covered	N	1	T	0164	2.8822		
50392	Insert kidney drain	Covered	N	1	T	0161	16.5418		
50393	Insert ureteral tube	Covered	N	1	T	0162	28.1079		
50394	Injection for kidney x-ray	Covered	N	1	N				
50395	Create passage to kidney	Covered	N	1	T	0162	28.1079		
50396	Measure kidney pressure	Covered	N	1	T	0164	2.8822		
50398	Change kidney tube	Covered	N	2	T	0427	17.3792		
50400	Revision of kidney/ureter	Covered	N	1	C				\$1,098.50
50405	Revision of kidney/ureter	Covered	N	1	C				\$1,372.87
50500	Repair of kidney wound	Covered	N	1	C				\$1,118.09
50520	Close kidney-skin fistula	Covered	N	1	C				\$976.08
50525	Repair renal-abdomen fistula	Covered	N	1	C				\$1,248.21
50526	Repair renal-abdomen fistula	Covered	N	1	C				\$1,245.46
50540	Revision of horseshoe kidney	Covered	N	1	C				\$1,117.96
50541	Laparo ablate renal cyst	Covered	N	2	T	0130	40.6743		
50542	Laparo ablate renal mass	Covered	N	1	T	0174	108.7985		
50543	Laparo partial nephrectomy	Covered	N	1	T	0131	50.9538		
50544	Laparoscopy pyeloplasty	Covered	N		T	0131	50.9538		
50545	Laparo radical nephrectomy	Covered	N		C				\$1,304.34
50546	Laparoscopic nephrectomy	Covered	N		C				\$1,014.79
50547	Laparo removal donor kidney	Covered	N		C				\$1,299.86
50548	Laparo remove w/ureter	Covered	N		C				\$1,192.86

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
50549	Laparoscope proc renal	Covered	N		T	0130	40.6743		
50551	Kidney endoscopy	Covered	N	1	T	0160	7.4007		
50553	Kidney endoscopy	Covered	N	1	T	0162	28.1079		
50555	Kidney endoscopy & biopsy	Covered	N	1	T	0160	7.4007		
50557	Kidney endoscopy & treatment	Covered	N	1	T	0162	28.1079		
50561	Kidney endoscopy & treatment	Covered	N	1	T	0162	28.1079		
50562	Renal scope w/tumor resect	Covered	N	1	T	0160	7.4007		
50570	Kidney endoscopy	Covered	N	1	T	0160	7.4007		
50572	Kidney endoscopy	Covered	N	1	T	0160	7.4007		
50574	Kidney endoscopy & biopsy	Covered	N	1	T	0160	7.4007		
50575	Kidney endoscopy	Covered	N	1	T	0163	41.9797		
50576	Kidney endoscopy & treatment	Covered	N	1	T	0161	16.5418		
50580	Kidney endoscopy & treatment	Covered	N	1	T	0161	16.5418		
50590	Fragmenting of kidney stone	Covered	N	1	T	0163	41.9797		
50592	Perc rf ablate renal tumor	Covered	N	1	T	0423	55.2208		
50593	Perc cryo ablate renal tum	Covered	N	1	T	0423	55.2208		
50600	Exploration of ureter	Covered	N	1	C				\$877.33
50605	Insert ureteral support	Covered	N	1	C				\$804.80
50610	Removal of ureter stone	Covered	N	1	C				\$920.39
50620	Removal of ureter stone	Covered	N	1	C				\$877.82
50630	Removal of ureter stone	Covered	N	1	C				\$889.62
50650	Removal of ureter	Covered	N	1	C				\$988.66
50660	Removal of ureter	Covered	N	1	C				\$1,088.09
50684	Injection for ureter x-ray	Covered	N	1	N				
50686	Measure ureter pressure	Covered	N	1	T	0126	1.5266		
50688	Change of ureter tube/stent	Covered	N	1	T	0427	17.3792		
50690	Injection for ureter x-ray	Covered	N	1	N				
50700	Revision of ureter	Covered	N	1	C				\$906.94
50715	Release of ureter	Covered	N	1	C				\$1,063.48
50722	Release of ureter	Covered	N	1	C				\$921.64
50725	Release/revise ureter	Covered	N	1	C				\$1,043.38
50727	Revise ureter	Covered	N	1	T	0165	18.5480		
50728	Revise ureter	Covered	N	1	C				\$702.21
50740	Fusion of ureter & kidney	Covered	N	1	C				\$1,053.16
50750	Fusion of ureter & kidney	Covered	N	1	C				\$1,110.78
50760	Fusion of ureters	Covered	N	1	C				\$1,057.33
50770	Splicing of ureters	Covered	N	1	C				\$1,130.58
50780	Reimplant ureter in bladder	Covered	N	1	C				\$1,058.87
50782	Reimplant ureter in bladder	Covered	N	1	C				\$1,115.30
50783	Reimplant ureter in bladder	Covered	N	1	C				\$1,154.56
50785	Reimplant ureter in bladder	Covered	N	1	C				\$1,178.81
50800	Implant ureter in bowel	Covered	N	1	C				\$929.99

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
50810	Fusion of ureter & bowel	Covered	N	1	C				\$1,159.64
50815	Urine shunt to intestine	Covered	N	1	C				\$1,246.90
50820	Construct bowel bladder	Covered	N	1	C				\$1,313.93
50825	Construct bowel bladder	Covered	N	1	C				\$1,784.30
50830	Revise urine flow	Covered	N	1	C				\$1,745.67
50840	Replace ureter by bowel	Covered	N	1	C				\$1,137.53
50845	Appendico-vesicostomy	Covered	N	1	C				\$1,154.42
50860	Transplant ureter to skin	Covered	N	1	C				\$885.16
50900	Repair of ureter	Covered	N	1	C				\$793.08
50920	Closure ureter/skin fistula	Covered	N	1	C				\$818.05
50930	Closure ureter/bowel fistula	Covered	N	1	C				\$1,050.77
50940	Release of ureter	Covered	N	1	C				\$842.75
50945	Laparoscopy ureterolithotomy	Covered	N		T	0131	50.9538		
50947	Laparo new ureter/bladder	Covered	N		T	0131	50.9538		
50948	Laparo new ureter/bladder	Covered	N	2	T	0131	50.9538		
50949	Laparoscope proc ureter	Covered	N		T	0130	40.6743		
50951	Endoscopy of ureter	Covered	N	1	T	0160	7.4007		
50953	Endoscopy of ureter	Covered	N	1	T	0160	7.4007		
50955	Ureter endoscopy & biopsy	Covered	N	1	T	0162	28.1079		
50957	Ureter endoscopy & treatment	Covered	N	1	T	0162	28.1079		
50961	Ureter endoscopy & treatment	Covered	N	1	T	0162	28.1079		
50970	Ureter endoscopy	Covered	N	1	T	0160	7.4007		
50972	Ureter endoscopy & catheter	Covered	N	1	T	0160	7.4007		
50974	Ureter endoscopy & biopsy	Covered	N	1	T	0161	16.5418		
50976	Ureter endoscopy & treatment	Covered	N	1	T	0161	16.5418		
50980	Ureter endoscopy & treatment	Covered	N	1	T	0162	28.1079		
51020	Incise & treat bladder	Covered	N	1	T	0162	28.1079		
51030	Incise & treat bladder	Covered	N	1	T	0162	28.1079		
51040	Incise & drain bladder	Covered	N	1	T	0162	28.1079		
51045	Incise bladder/drain ureter	Covered	N	1	T	0160	7.4007		
51050	Removal of bladder stone	Covered	N	1	T	0162	28.1079		
51060	Removal of ureter stone	Covered	N	1	T	0163	41.9797		
51065	Remove ureter calculus	Covered	N	1	T	0162	28.1079		
51080	Drainage of bladder abscess	Covered	N	1	T	0008	22.0535		
51100	Drain bladder by needle	Covered	N	1	T	0164	2.8822		
51101	Drain bladder by trocar/cath	Covered	N	1	T	0126	1.5266		
51102	Drain bl w/cath insertion	Covered	N	1	T	0165	18.5480		
51500	Removal of bladder cyst	Covered	N	1	T	0154	36.0701		
51520	Removal of bladder lesion	Covered	N	1	T	0162	28.1079		
51525	Removal of bladder lesion	Covered	N	1	C				\$814.08
51530	Removal of bladder lesion	Covered	N	1	C				\$727.56
51535	Repair of ureter lesion	Covered	N	1	T	0162	28.1079		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
51550	Partial removal of bladder	Covered	N	1	C				\$891.03
51555	Partial removal of bladder	Covered	N	1	C				\$1,154.97
51565	Revise bladder & ureter(s)	Covered	N	1	C				\$1,237.30
51570	Removal of bladder	Covered	N	1	C				\$1,344.27
51575	Removal of bladder & nodes	Covered	N	1	C				\$1,740.35
51580	Remove bladder/revise tract	Covered	N	1	C				\$1,718.32
51585	Removal of bladder & nodes	Covered	N	1	C				\$1,982.84
51590	Remove bladder/revise tract	Covered	N	1	C				\$1,859.71
51595	Remove bladder/revise tract	Covered	N	1	C				\$2,207.14
51596	Remove bladder/create pouch	Covered	N	1	C				\$2,331.21
51597	Removal of pelvic structures	Covered	N	1	C				\$2,217.74
51600	Injection for bladder x-ray	Covered	N	1	N				
51605	Preparation for bladder xray	Covered	N	1	N				
51610	Injection for bladder x-ray	Covered	N	1	N				
51700	Irrigation of bladder	Covered	N	1	T	0164	2.8822		
51701	Insert bladder catheter	Covered	N	1	Q1	0420	1.7762		
51702	Insert temp bladder cath	Covered	N	1	Q1	0420	1.7762		
51703	Insert bladder cath complex	Covered	N	1	T	0126	1.5266		
51705	Change of bladder tube	Covered	N	1	T	0164	2.8822		
51710	Change of bladder tube	Covered	N	1	T	0121	6.5800		
51715	Endoscopic injection/implant	Covered	N	1	T	0168	33.8340		
51720	Treatment of bladder lesion	Covered	N	1	T	0164	2.8822		
51725	Simple cystometrogram	Covered	N	1	T	0164	2.8822		
51726	Complex cystometrogram	Covered	N	1	T	0156	5.0397		
51727	Cystometrogram w/up	Covered	N	1	T	0156	5.0397		
51728	Cystometrogram w/vp	Covered	N	1	T	0156	5.0397		
51729	Cystometrogram w/vp&up	Covered	N	1	T	0156	5.0397		
51736	Urine flow measurement	Covered	N	1	Q1	0420	1.7762		
51741	Electro-uroflowmetry first	Covered	N	1	T	0126	1.5266		
51784	Anal/urinary muscle study	Covered	N	1	T	0126	1.5266		
51785	Anal/urinary muscle study	Covered	N	1	T	0164	2.8822		
51792	Urinary reflex study	Covered	N	1	T	0126	1.5266		
51797	Intraabdominal pressure test	Covered	N	1	N				
51798	Us urine capacity measure	Covered	N	1	Q1	0340	0.7061		
51800	Revision of bladder/urethra	Covered	N	1	C				\$985.85
51820	Revision of urinary tract	Covered	N	1	C				\$942.90
51840	Attach bladder/urethra	Covered	N	1	C				\$651.39
51841	Attach bladder/urethra	Covered	N	1	C				\$789.80
51845	Repair bladder neck	Covered	N	1	J1	0202	53.6473		
51860	Repair of bladder wound	Covered	N	1	T	0162	28.1079		
51865	Repair of bladder wound	Covered	N	1	C				\$874.29
51880	Repair of bladder opening	Covered	N	1	T	0162	28.1079		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
51900	Repair bladder/vagina lesion	Covered	N	1	C				\$796.79
51920	Close bladder-uterus fistula	Covered	N	1	C				\$670.57
51925	Hysterectomy/bladder repair	Covered	N	1	C				\$887.64
51940	Correction of bladder defect	Covered	N	1	C				\$1,586.29
51960	Revision of bladder & bowel	Covered	N	1	C				\$1,404.27
51980	Construct bladder opening	Covered	N	1	C				\$653.60
51990	Laparo urethral suspension	Covered	N		T	0131	50.9538		
51992	Laparo sling operation	Covered	N	1	T	0131	50.9538		
51999	Laparoscope proc bla	Covered	N	1	T	0130	40.6743		
52000	Cystoscopy	Covered	N	1	T	0160	7.4007		
52001	Cystoscopy removal of clots	Covered	N	1	T	0161	16.5418		
52005	Cystoscopy & ureter catheter	Covered	N	1	T	0162	28.1079		
52007	Cystoscopy and biopsy	Covered	N	1	T	0162	28.1079		
52010	Cystoscopy & duct catheter	Covered	N	1	T	0160	7.4007		
52204	Cystoscopy w/biopsy(s)	Covered	N	1	T	0162	28.1079		
52214	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52224	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52234	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52235	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52240	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52250	Cystoscopy and radiotracer	Covered	N	1	T	0162	28.1079		
52260	Cystoscopy and treatment	Covered	N	1	T	0161	16.5418		
52265	Cystoscopy and treatment	Covered	N	1	T	0160	7.4007		
52270	Cystoscopy & revise urethra	Covered	N	1	T	0161	16.5418		
52275	Cystoscopy & revise urethra	Covered	N	1	T	0162	28.1079		
52276	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52277	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52281	Cystoscopy and treatment	Covered	N	1	T	0161	16.5418		
52282	Cystoscopy implant stent	Covered	N	1	T	0162	28.1079		
52283	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52285	Cystoscopy and treatment	Covered	N	1	T	0161	16.5418		
52287	Cystoscopy chemodenervation	Covered	N	1	T	0161	16.5418		
52290	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52300	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52301	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52305	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52310	Cystoscopy and treatment	Covered	N	1	T	0161	16.5418		
52315	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52317	Remove bladder stone	Covered	N	1	T	0162	28.1079		
52318	Remove bladder stone	Covered	N	1	T	0162	28.1079		
52320	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52325	Cystoscopy stone removal	Covered	N	1	T	0162	28.1079		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
52327	Cystoscopy inject material	Covered	N	1	T	0163	41.9797		
52330	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52332	Cystoscopy and treatment	Covered	N	1	T	0162	28.1079		
52334	Create passage to kidney	Covered	N	1	T	0162	28.1079		
52341	Cysto w/ureter stricture tx	Covered	N		T	0162	28.1079		
52342	Cysto w/up stricture tx	Covered	N		T	0162	28.1079		
52343	Cysto w/renal stricture tx	Covered	N		T	0162	28.1079		
52344	Cysto/uretero stricture tx	Covered	N	1	T	0162	28.1079		
52345	Cysto/uretero w/up stricture	Covered	N		T	0162	28.1079		
52346	Cystouretero w/renal strict	Covered	N		T	0162	28.1079		
52351	Cystouretero & or pyeloscope	Covered	N		T	0162	28.1079		
52352	Cystouretero w/stone remove	Covered	N		T	0162	28.1079		
52353	Cystouretero w/lithotripsy	Covered	N	1	T	0163	41.9797		
52354	Cystouretero w/biopsy	Covered	N	1	T	0162	28.1079		
52355	Cystouretero w/excise tumor	Covered	N		T	0162	28.1079		
52356	Cysto/uretero w/lithotripsy	Covered	N	1	T	0163	41.9797		
52400	Cystouretero w/congen repr	Covered	N		T	0162	28.1079		
52402	Cystourethro cut ejacul duct	Covered	N	1	T	0162	28.1079		
52441	Cystourethro w/implant	Not Covered			B				
52442	Cystourethro w/addl implant	Not Covered			B				
52450	Incision of prostate	Covered	N	1	T	0162	28.1079		
52500	Revision of bladder neck	Covered	N	1	T	0162	28.1079		
52601	Prostatectomy (turp)	Covered	N	1	T	0163	41.9797		
52630	Remove prostate regrowth	Covered	N	1	T	0163	41.9797		
52640	Relieve bladder contracture	Covered	N	1	T	0162	28.1079		
52647	Laser surgery of prostate	Covered	N	1	T	0163	41.9797		
52648	Laser surgery of prostate	Covered	N	1	T	0163	41.9797		
52649	Prostate laser enucleation	Covered	N	1	T	0163	41.9797		
52700	Drainage of prostate abscess	Covered	N	1	T	0162	28.1079		
53000	Incision of urethra	Covered	N	1	T	0166	21.9589		
53010	Incision of urethra	Covered	N	1	T	0166	21.9589		
53020	Incision of urethra	Covered	N	1	T	0166	21.9589		
53025	Incision of urethra	Covered	N	1	T	0166	21.9589		
53040	Drainage of urethra abscess	Covered	N	1	T	0166	21.9589		
53060	Drainage of urethra abscess	Covered	N	1	T	0166	21.9589		
53080	Drainage of urinary leakage	Covered	N	1	T	0166	21.9589		
53085	Drainage of urinary leakage	Covered	N	1	T	0166	21.9589		
53200	Biopsy of urethra	Covered	N	1	T	0166	21.9589		
53210	Removal of urethra	Covered	N	1	T	0168	33.8340		
53215	Removal of urethra	Covered	N	1	T	0166	21.9589		
53220	Treatment of urethra lesion	Covered	N	1	T	0168	33.8340		
53230	Removal of urethra lesion	Covered	N	1	T	0168	33.8340		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
53235	Removal of urethra lesion	Covered	N	1	T	0166	21.9589		
53240	Surgery for urethra pouch	Covered	N	1	T	0168	33.8340		
53250	Removal of urethra gland	Covered	N	1	T	0166	21.9589		
53260	Treatment of urethra lesion	Covered	N	1	T	0166	21.9589		
53265	Treatment of urethra lesion	Covered	N	1	T	0166	21.9589		
53270	Removal of urethra gland	Covered	N	1	T	0166	21.9589		
53275	Repair of urethra defect	Covered	N	1	T	0166	21.9589		
53400	Revise urethra stage 1	Covered	N	1	T	0168	33.8340		
53405	Revise urethra stage 2	Covered	N	1	T	0168	33.8340		
53410	Reconstruction of urethra	Covered	N	1	T	0168	33.8340		
53415	Reconstruction of urethra	Covered	N	1	C				\$1,054.61
53420	Reconstruct urethra stage 1	Covered	N	1	T	0168	33.8340		
53425	Reconstruct urethra stage 2	Covered	N	1	T	0168	33.8340		
53430	Reconstruction of urethra	Covered	N	1	T	0168	33.8340		
53431	Reconstruct urethra/bladder	Covered	N	1	T	0168	33.8340		
53440	Male sling procedure	Covered	N	1	J1	0385	92.0148		
53442	Remove/revise male sling	Covered	N	1	T	0168	33.8340		
53444	Insert tandem cuff	Covered	N	1	J1	0385	92.0148		
53445	Insert uro/ves nck sphincter	Covered	N	1	J1	0386	188.3897		
53446	Remove uro sphincter	Covered	N	1	Q2	0168	33.8340		
53447	Remove/replace ur sphincter	Covered	N	1	J1	0386	188.3897		
53448	Remov/replc ur sphinctr comp	Covered	N		C				\$1,185.67
53449	Repair uro sphincter	Covered	N	1	T	0168	33.8340		
53450	Revision of urethra	Covered	N	1	T	0168	33.8340		
53460	Revision of urethra	Covered	N	1	T	0166	21.9589		
53500	Urethrllys transvag w/ scope	Covered	N	1	T	0168	33.8340		
53502	Repair of urethra injury	Covered	N	1	T	0166	21.9589		
53505	Repair of urethra injury	Covered	N	1	T	0168	33.8340		
53510	Repair of urethra injury	Covered	N	1	T	0166	21.9589		
53515	Repair of urethra injury	Covered	N	1	T	0168	33.8340		
53520	Repair of urethra defect	Covered	N	1	T	0168	33.8340		
53600	Dilate urethra stricture	Covered	N	1	T	0164	2.8822		
53601	Dilate urethra stricture	Covered	N	1	T	0126	1.5266		
53605	Dilate urethra stricture	Covered	N	1	T	0161	16.5418		
53620	Dilate urethra stricture	Covered	N	1	T	0160	7.4007		
53621	Dilate urethra stricture	Covered	N	1	T	0164	2.8822		
53660	Dilation of urethra	Covered	N	1	T	0126	1.5266		
53661	Dilation of urethra	Covered	N	1	T	0126	1.5266		
53665	Dilation of urethra	Covered	N	1	T	0166	21.9589		
53850	Prostatic microwave thermotx	Covered	N	1	T	0161	16.5418		
53852	Prostatic rf thermotx	Covered	N	1	T	0163	41.9797		
53855	Insert prost urethral stent	Covered	N	1	T	0160	7.4007		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
53860	Transurethral rf treatment	Covered	N	1	T	0165	18.5480		
53899	Urology surgery procedure	Covered	N	1	T	0126	1.5266		
54000	Slitting of prepuce	Covered	N	1	T	0166	21.9589		
54001	Slitting of prepuce	Covered	N	1	T	0166	21.9589		
54015	Drain penis lesion	Covered	N	1	T	0008	22.0535		
54050	Destruction penis lesion(s)	Covered	N	1	T	0015	1.9702		
54055	Destruction penis lesion(s)	Covered	N	1	T	0017	17.3610		
54056	Cryosurgery penis lesion(s)	Covered	N	1	Q1	0012	1.3279		
54057	Laser surg penis lesion(s)	Covered	N	1	T	0017	17.3610		
54060	Excision of penis lesion(s)	Covered	N	1	T	0017	17.3610		
54065	Destruction penis lesion(s)	Covered	N	1	T	0017	17.3610		
54100	Biopsy of penis	Covered	N	1	T	0021	18.0849		
54105	Biopsy of penis	Covered	N	1	T	0022	24.5953		
54110	Treatment of penis lesion	Covered	N	1	T	0205	46.0590		
54111	Treat penis lesion graft	Covered	N	1	T	0205	46.0590		
54112	Treat penis lesion graft	Covered	N	1	T	0205	46.0590		
54115	Treatment of penis lesion	Covered	N	1	T	0008	22.0535		
54120	Partial removal of penis	Covered	N	1	T	0181	30.1349		
54125	Removal of penis	Covered	N	1	C				\$829.80
54130	Remove penis & nodes	Covered	N	1	C				\$1,166.68
54135	Remove penis & nodes	Covered	N	1	C				\$1,483.78
54150	Circumcision w/regionl block	Covered	N	1	T	0183	24.4318		
54160	Circumcision neonate	Covered	N	1	T	0183	24.4318		
54161	Circum 28 days or older	Covered	N	1	T	0183	24.4318		
54162	Lysis penil circumic lesion	Covered	N	1	T	0183	24.4318		
54163	Repair of circumcision	Covered	N	1	T	0183	24.4318		
54164	Frenulotomy of penis	Covered	N	1	T	0183	24.4318		
54200	Treatment of penis lesion	Covered	N	1	T	0164	2.8822		
54205	Treatment of penis lesion	Covered	N	1	T	0181	30.1349		
54220	Treatment of penis lesion	Covered	N	1	T	0164	2.8822		
54230	Prepare penis study	Covered	N	1	N				
54231	Dynamic cavernosometry	Covered	N	1	T	0165	18.5480		
54235	Penile injection	Not Covered			T	0164	2.8822		
54240	Penis study	Covered	N	1	T	0126	1.5266		
54250	Penis study	Covered	N	1	T	0164	2.8822		
54300	Revision of penis	Covered	N	1	T	0205	46.0590		
54304	Revision of penis	Covered	N	1	T	0205	46.0590		
54308	Reconstruction of urethra	Covered	N	1	T	0205	46.0590		
54312	Reconstruction of urethra	Covered	N	1	T	0181	30.1349		
54316	Reconstruction of urethra	Covered	N	1	T	0181	30.1349		
54318	Reconstruction of urethra	Covered	N	1	T	0181	30.1349		
54322	Reconstruction of urethra	Covered	N	1	T	0181	30.1349		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
54324	Reconstruction of urethra	Covered	N	1	T	0205	46.0590		
54326	Reconstruction of urethra	Covered	N	1	T	0181	30.1349		
54328	Revise penis/urethra	Covered	N	1	T	0205	46.0590		
54332	Revise penis/urethra	Covered	N	1	T	0181	30.1349		
54336	Revise penis/urethra	Covered	N	1	T	0181	30.1349		
54340	Secondary urethral surgery	Covered	N	1	T	0181	30.1349		
54344	Secondary urethral surgery	Covered	N	1	T	0181	30.1349		
54348	Secondary urethral surgery	Covered	N	1	T	0181	30.1349		
54352	Reconstruct urethra/penis	Covered	N	1	T	0205	46.0590		
54360	Penis plastic surgery	Covered	N	1	T	0205	46.0590		
54380	Repair penis	Covered	N	1	T	0181	30.1349		
54385	Repair penis	Covered	N	1	T	0181	30.1349		
54390	Repair penis and bladder	Covered	N	1	C				\$1,244.82
54400	Insert semi-rigid prosthesis	Not Covered			J1	0385	92.0148		
54401	Insert self-contd prosthesis	Not Covered			J1	0386	188.3897		
54405	Insert multi-comp penis pros	Not Covered			J1	0386	188.3897		
54406	Remove muti-comp penis pros	Not Covered			Q2	0181	30.1349		
54408	Repair multi-comp penis pros	Not Covered			T	0205	46.0590		
54410	Remove/replace penis prosth	Not Covered			J1	0386	188.3897		
54411	Remov/replc penis pros comp	Not Covered			C				
54415	Remove self-contd penis pros	Not Covered			Q2	0181	30.1349		
54416	Remv/repl penis contain pros	Not Covered			J1	0386	188.3897		
54417	Remv/replc penis pros compl	Not Covered			C				
54420	Revision of penis	Covered	N	1	T	0181	30.1349		
54430	Revision of penis	Covered	N	1	C				\$608.20
54435	Revision of penis	Covered	N	1	T	0181	30.1349		
54440	Repair of penis	Covered	N	1	T	0181	30.1349		
54450	Preputial stretching	Covered	N	1	T	0164	2.8822		
54500	Biopsy of testis	Covered	N	1	T	0005	14.1916		
54505	Biopsy of testis	Covered	N	1	T	0183	24.4318		
54512	Excise lesion testis	Covered	N		T	0183	24.4318		
54520	Removal of testis	Covered	N	1	T	0181	30.1349		
54522	Orchiectomy partial	Covered	N	2	T	0183	24.4318		
54530	Removal of testis	Covered	N	1	T	0154	36.0701		
54535	Extensive testis surgery	Covered	N	1	T	0181	30.1349		
54550	Exploration for testis	Covered	N	1	T	0154	36.0701		
54560	Exploration for testis	Covered	N	1	T	0183	24.4318		
54600	Reduce testis torsion	Covered	N	1	T	0183	24.4318		
54620	Suspension of testis	Covered	N	1	T	0183	24.4318		
54640	Suspension of testis	Covered	N	1	T	0154	36.0701		
54650	Orchiopexy (fowler-stephens)	Covered	N	1	T	0154	36.0701		
54660	Revision of testis	Not Covered			T	0183	24.4318		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
54670	Repair testis injury	Covered	N	1	T	0183	24.4318		
54680	Relocation of testis(es)	Covered	N	1	T	0183	24.4318		
54690	Laparoscopy orchiectomy	Covered	N		T	0131	50.9538		
54692	Laparoscopy orchiopexy	Covered	N		T	0132	73.8696		
54699	Laparoscope proc testis	Covered	N		T	0130	40.6743		
54700	Drainage of scrotum	Covered	N	1	T	0183	24.4318		
54800	Biopsy of epididymis	Covered	N	1	T	0004	6.5703		
54830	Remove epididymis lesion	Covered	N	1	T	0183	24.4318		
54840	Remove epididymis lesion	Covered	N	1	T	0183	24.4318		
54860	Removal of epididymis	Covered	N	1	T	0183	24.4318		
54861	Removal of epididymis	Covered	N	1	T	0183	24.4318		
54865	Explore epididymis	Covered	N	1	T	0183	24.4318		
54900	Fusion of spermatic ducts	Not Covered			T	0183	24.4318		
54901	Fusion of spermatic ducts	Not Covered			T	0183	24.4318		
55000	Drainage of hydrocele	Covered	N	1	T	0004	6.5703		
55040	Removal of hydrocele	Covered	N	1	T	0154	36.0701		
55041	Removal of hydroceles	Covered	N	1	T	0154	36.0701		
55060	Repair of hydrocele	Covered	N	1	T	0183	24.4318		
55100	Drainage of scrotum abscess	Covered	N	1	T	0007	11.6749		
55110	Explore scrotum	Covered	N	1	T	0183	24.4318		
55120	Removal of scrotum lesion	Covered	N	1	T	0183	24.4318		
55150	Removal of scrotum	Covered	N	1	T	0183	24.4318		
55175	Revision of scrotum	Covered	N	1	T	0205	46.0590		
55180	Revision of scrotum	Covered	N	1	T	0183	24.4318		
55200	Incision of sperm duct	Covered	N	1	T	0183	24.4318		
55250	Removal of sperm duct(s)	Covered	N	1	T	0183	24.4318		
55300	Prepare sperm duct x-ray	Covered	N	1	N				
55400	Repair of sperm duct	Covered	N	1	T	0183	24.4318		
55450	Ligation of sperm duct	Covered	N	1	T	0183	24.4318		
55500	Removal of hydrocele	Covered	N	1	T	0181	30.1349		
55520	Removal of sperm cord lesion	Covered	N	1	T	0183	24.4318		
55530	Revise spermatic cord veins	Covered	N	1	T	0183	24.4318		
55535	Revise spermatic cord veins	Covered	N	1	T	0154	36.0701		
55540	Revise hernia & sperm veins	Covered	N	1	T	0154	36.0701		
55550	Laparo ligate spermatic vein	Covered	N		T	0131	50.9538		
55559	Laparo proc spermatic cord	Covered	N		T	0130	40.6743		
55600	Incise sperm duct pouch	Covered	N	1	T	0183	24.4318		
55605	Incise sperm duct pouch	Covered	N	1	C				\$463.35
55650	Remove sperm duct pouch	Covered	N	1	C				\$650.89
55680	Remove sperm pouch lesion	Covered	N	1	T	0183	24.4318		
55700	Biopsy of prostate	Covered	N	1	T	0184	19.7147		
55705	Biopsy of prostate	Covered	N	1	T	0184	19.7147		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
55706	Prostate saturation sampling	Covered	N	1	T	0184	19.7147		
55720	Drainage of prostate abscess	Covered	N	1	T	0162	28.1079		
55725	Drainage of prostate abscess	Covered	N	1	T	0162	28.1079		
55801	Removal of prostate	Covered	N	1	C				\$1,013.95
55810	Extensive prostate surgery	Covered	N	1	C				\$1,303.84
55812	Extensive prostate surgery	Covered	N	1	C				\$1,518.23
55815	Extensive prostate surgery	Covered	N	1	C				\$1,772.75
55821	Removal of prostate	Covered	N	1	C				\$876.38
55831	Removal of prostate	Covered	N	1	C				\$951.88
55840	Extensive prostate surgery	Covered	N	1	C				\$1,299.22
55842	Extensive prostate surgery	Covered	N	1	C				\$1,415.50
55845	Extensive prostate surgery	Covered	N	1	C				\$1,691.47
55860	Surgical exposure prostate	Covered	N	1	T	0165	18.5480		
55862	Extensive prostate surgery	Covered	N	1	C				\$1,029.88
55865	Extensive prostate surgery	Covered	N	1	C				\$1,435.02
55866	Laparo radical prostatectomy	Covered	N	1	C				\$1,444.77
55870	Electroejaculation	Not Covered			T	0192	6.5691		
55873	Cryoablate prostate	Covered	N		J1	0385	92.0148		
55875	Transperi needle place pros	Covered	N	1	Q3	0162	28.1079		
55876	Place rt device/marker pros	Covered	N	1	S	0310	14.0014		
55899	Genital surgery procedure	Covered	N	1	T	0126	1.5266		
55920	Place needles pelvic for rt	Covered	N	1	T	0153	30.8186		
55970	Sex transformation m to f	Not Covered			T	0193	24.8904		
55980	Sex transformation f to m	Not Covered			T	0205	46.0590		
56405	I & d of vulva/perineum	Covered	N	1	T	0189	3.0491		
56420	Drainage of gland abscess	Covered	N	1	T	0188	1.7659		
56440	Surgery for vulva lesion	Covered	N	1	T	0193	24.8904		
56441	Lysis of labial lesion(s)	Covered	N	1	T	0193	24.8904		
56442	Hymenotomy	Covered	N	1	T	0193	24.8904		
56501	Destroy vulva lesions sim	Covered	N	1	T	0017	17.3610		
56515	Destroy vulva lesion/s compl	Covered	N	1	T	0017	17.3610		
56605	Biopsy of vulva/perineum	Covered	N	1	T	0192	6.5691		
56606	Biopsy of vulva/perineum	Covered	N	4	N				
56620	Partial removal of vulva	Covered	N	1	T	0193	24.8904		
56625	Complete removal of vulva	Covered	N	1	T	0193	24.8904		
56630	Extensive vulva surgery	Covered	N	1	C				\$803.04
56631	Extensive vulva surgery	Covered	N	1	C				\$1,059.05
56632	Extensive vulva surgery	Covered	N	1	C				\$1,241.02
56633	Extensive vulva surgery	Covered	N	1	C				\$1,023.16
56634	Extensive vulva surgery	Covered	N	1	C				\$1,163.09
56637	Extensive vulva surgery	Covered	N	1	C				\$1,368.66
56640	Extensive vulva surgery	Covered	N	1	C				\$1,348.27

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
56700	Partial removal of hymen	Covered	N	1	T	0193	24.8904		
56740	Remove vagina gland lesion	Covered	N	1	T	0193	24.8904		
56800	Repair of vagina	Covered	N	1	T	0193	24.8904		
56805	Repair clitoris	Covered	N	1	T	0193	24.8904		
56810	Repair of perineum	Covered	N	1	T	0193	24.8904		
56820	Exam of vulva w/scope	Covered	N	1	T	0188	1.7659		
56821	Exam/biopsy of vulva w/scope	Covered	N	1	T	0189	3.0491		
57000	Exploration of vagina	Covered	N	1	T	0193	24.8904		
57010	Drainage of pelvic abscess	Covered	N	1	T	0193	24.8904		
57020	Drainage of pelvic fluid	Covered	N	1	T	0193	24.8904		
57022	I & d vaginal hematoma pp	Covered	N	2	T	0007	11.6749		
57023	I & d vag hematoma non-ob	Covered	N		T	0008	22.0535		
57061	Destroy vag lesions simple	Covered	N	1	T	0193	24.8904		
57065	Destroy vag lesions complex	Covered	N	1	T	0193	24.8904		
57100	Biopsy of vagina	Covered	N	1	T	0192	6.5691		
57105	Biopsy of vagina	Covered	N	1	T	0193	24.8904		
57106	Remove vagina wall partial	Covered	N	1	T	0193	24.8904		
57107	Remove vagina tissue part	Covered	N	1	T	0193	24.8904		
57109	Vaginectomy partial w/nodes	Covered	N	1	T	0193	24.8904		
57110	Remove vagina wall complete	Covered	N	1	C				\$773.16
57111	Remove vagina tissue compl	Covered	N	1	C				\$1,369.62
57112	Vaginectomy w/nodes compl	Covered	N	1	C				\$1,460.09
57120	Closure of vagina	Covered	N	1	J1	0202	53.6473		
57130	Remove vagina lesion	Covered	N	1	T	0193	24.8904		
57135	Remove vagina lesion	Covered	N	1	T	0193	24.8904		
57150	Treat vagina infection	Covered	N	1	T	0188	1.7659		
57155	Insert uteri tandem/ovoids	Covered	N	1	T	0192	6.5691		
57156	Ins vag brachytx device	Covered	N	1	T	0189	3.0491		
57160	Insert pessary/other device	Covered	N	1	T	0188	1.7659		
57170	Fitting of diaphragm/cap	Covered	N	1	T	0188	1.7659		
57180	Treat vaginal bleeding	Covered	N	1	T	0188	1.7659		
57200	Repair of vagina	Covered	N	1	T	0193	24.8904		
57210	Repair vagina/perineum	Covered	N	1	T	0193	24.8904		
57220	Revision of urethra	Covered	N	1	J1	0202	53.6473		
57230	Repair of urethral lesion	Covered	N	1	T	0193	24.8904		
57240	Repair bladder & vagina	Covered	N	1	J1	0202	53.6473		
57250	Repair rectum & vagina	Covered	N	1	J1	0202	53.6473		
57260	Repair of vagina	Covered	N	1	J1	0202	53.6473		
57265	Extensive repair of vagina	Covered	N	1	J1	0202	53.6473		
57267	Insert mesh/pelvic flr addon	Covered	N	1	N				
57268	Repair of bowel bulge	Covered	N	1	T	0193	24.8904		
57270	Repair of bowel pouch	Covered	N	1	C				\$660.51

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
57280	Suspension of vagina	Covered	N	1	C				\$815.95
57282	Colpopexy extraperitoneal	Covered	N	1	J1	0202	53.6473		
57283	Colpopexy intraperitoneal	Covered	N		J1	0202	53.6473		
57284	Repair paravag defect open	Covered	N	1	J1	0202	53.6473		
57285	Repair paravag defect vag	Covered	N	1	J1	0202	53.6473		
57287	Revise/remove sling repair	Covered	N	1	Q2	0193	24.8904		
57288	Repair bladder defect	Covered	N	1	J1	0202	53.6473		
57289	Repair bladder & vagina	Covered	N	1	J1	0202	53.6473		
57291	Construction of vagina	Covered	N	1	T	0193	24.8904		
57292	Construct vagina with graft	Covered	N	1	J1	0202	53.6473		
57295	Revise vag graft via vagina	Covered	N	1	T	0193	24.8904		
57296	Revise vag graft open abd	Covered	N	1	C				\$794.69
57300	Repair rectum-vagina fistula	Covered	N	1	T	0193	24.8904		
57305	Repair rectum-vagina fistula	Covered	N	1	C				\$754.92
57307	Fistula repair & colostomy	Covered	N	1	C				\$823.99
57308	Fistula repair transperine	Covered	N	1	C				\$583.19
57310	Repair urethrovaginal lesion	Covered	N	1	J1	0202	53.6473		
57311	Repair urethrovaginal lesion	Covered	N	1	C				\$466.93
57320	Repair bladder-vagina lesion	Covered	N	1	J1	0202	53.6473		
57330	Repair bladder-vagina lesion	Covered	N	1	J1	0202	53.6473		
57335	Repair vagina	Covered	N	1	T	0193	24.8904		
57400	Dilation of vagina	Covered	N	1	T	0193	24.8904		
57410	Pelvic examination	Covered	N	1	T	0193	24.8904		
57415	Remove vaginal foreign body	Covered	N	1	T	0193	24.8904		
57420	Exam of vagina w/scope	Covered	N	1	T	0189	3.0491		
57421	Exam/biopsy of vag w/scope	Covered	N	1	T	0192	6.5691		
57423	Repair paravag defect lap	Covered	N	1	T	0131	50.9538		
57425	Laparoscopy surg colpopexy	Covered	N	1	T	0131	50.9538		
57426	Revise prosth vag graft lap	Covered	N	1	J1	0202	53.6473		
57452	Exam of cervix w/scope	Covered	N	1	T	0188	1.7659		
57454	Bx/curett of cervix w/scope	Covered	N	1	T	0189	3.0491		
57455	Biopsy of cervix w/scope	Covered	N	1	T	0189	3.0491		
57456	Endocerv curettage w/scope	Covered	N	1	T	0189	3.0491		
57460	Bx of cervix w/scope leep	Covered	N	1	T	0193	24.8904		
57461	Conz of cervix w/scope leep	Covered	N	1	T	0193	24.8904		
57500	Biopsy of cervix	Covered	N	1	T	0192	6.5691		
57505	Endocervical curettage	Covered	N	1	T	0192	6.5691		
57510	Cauterization of cervix	Covered	N	1	T	0193	24.8904		
57511	Cryocautery of cervix	Covered	N	1	T	0189	3.0491		
57513	Laser surgery of cervix	Covered	N	1	T	0193	24.8904		
57520	Conization of cervix	Covered	N	1	T	0193	24.8904		
57522	Conization of cervix	Covered	N	1	T	0193	24.8904		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
57530	Removal of cervix	Covered	N	1	T	0193	24.8904		
57531	Removal of cervix radical	Covered	N	1	C				\$1,549.37
57540	Removal of residual cervix	Covered	N	1	C				\$665.29
57545	Remove cervix/repair pelvis	Covered	N	1	C				\$660.59
57550	Removal of residual cervix	Covered	N	1	T	0193	24.8904		
57555	Remove cervix/repair vagina	Covered	N	1	J1	0202	53.6473		
57556	Remove cervix repair bowel	Covered	N	1	J1	0202	53.6473		
57558	D&c of cervical stump	Covered	N	1	T	0193	24.8904		
57700	Revision of cervix	Covered	N	1	T	0193	24.8904		
57720	Revision of cervix	Covered	N	1	T	0193	24.8904		
57800	Dilation of cervical canal	Covered	N	1	T	0193	24.8904		
58100	Biopsy of uterus lining	Covered	N	1	T	0189	3.0491		
58110	Bx done w/colposcopy add-on	Covered	N	1	N				
58120	Dilation and curettage	Covered	N	1	T	0193	24.8904		
58140	Myomectomy abdom method	Covered	N	1	C				\$796.07
58145	Myomectomy vag method	Covered	N	1	T	0193	24.8904		
58146	Myomectomy abdom complex	Covered	N	1	C				\$964.02
58150	Total hysterectomy	Covered	N	1	C				\$844.33
58152	Total hysterectomy	Covered	N	1	C				\$879.93
58180	Partial hysterectomy	Covered	N	1	C				\$850.24
58200	Extensive hysterectomy	Covered	N	1	C				\$1,189.10
58210	Extensive hysterectomy	Covered	N	1	C				\$1,584.09
58240	Removal of pelvis contents	Covered	N	1	C				\$2,202.42
58260	Vaginal hysterectomy	Covered	N	1	J1	0202	53.6473		
58262	Vag hyst including t/o	Covered	N	1	J1	0202	53.6473		
58263	Vag hyst w/t/o & vag repair	Covered	N	1	J1	0202	53.6473		
58267	Vag hyst w/urinary repair	Covered	N	1	C				\$861.09
58270	Vag hyst w/enterocele repair	Covered	N	1	J1	0202	53.6473		
58275	Hysterectomy/revise vagina	Covered	N	1	C				\$852.16
58280	Hysterectomy/revise vagina	Covered	N	1	C				\$861.32
58285	Extensive hysterectomy	Covered	N	1	C				\$1,034.54
58290	Vag hyst complex	Covered	N	1	J1	0202	53.6473		
58291	Vag hyst incl t/o complex	Covered	N	1	J1	0202	53.6473		
58292	Vag hyst t/o & repair compl	Covered	N	1	J1	0202	53.6473		
58293	Vag hyst w/uro repair compl	Covered	N	1	C				\$861.09
58294	Vag hyst w/enterocele compl	Covered	N	1	J1	0202	53.6473		
58300	Insert intrauterine device	Covered	N	1	E				\$72.31
58301	Remove intrauterine device	Covered	N	1	Q2	0189	3.0491		
58321	Artificial insemination	Not Covered			T	0189	3.0491		
58322	Artificial insemination	Not Covered			T	0188	1.7659		
58323	Sperm washing	Not Covered			T	0188	1.7659		
58340	Catheter for hysteroigraphy	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
58345	Reopen fallopian tube	Covered	N	1	T	0193	24.8904		
58346	Insert heyman uteri capsule	Covered	N		T	0193	24.8904		
58350	Reopen fallopian tube	Covered	N	1	J1	0202	53.6473		
58353	Endometr ablate thermal	Covered	N		J1	0202	53.6473		
58356	Endometrial cryoablation	Covered	N	1	J1	0202	53.6473		
58400	Suspension of uterus	Covered	N	1	C				\$393.48
58410	Suspension of uterus	Covered	N	1	C				\$666.88
58520	Repair of ruptured uterus	Covered	N	1	C				\$611.06
58540	Revision of uterus	Covered	N	1	C				\$742.55
58541	Lsh uterus 250 g or less	Covered	N	1	T	0132	73.8696		
58542	Lsh w/t/o ut 250 g or less	Covered	N	1	T	0132	73.8696		
58543	Lsh uterus above 250 g	Covered	N	1	T	0132	73.8696		
58544	Lsh w/t/o uterus above 250 g	Covered	N	1	T	0132	73.8696		
58545	Laparoscopic myomectomy	Covered	N	1	T	0130	40.6743		
58546	Laparo-myomectomy complex	Covered	N	1	T	0131	50.9538		
58548	Lap radical hyst	Covered	N	1	C				\$1,520.43
58550	Laparo-asst vag hysterectomy	Covered	N	1	T	0132	73.8696		
58552	Laparo-vag hyst incl t/o	Covered	N	1	T	0131	50.9538		
58553	Laparo-vag hyst complex	Covered	N	1	T	0131	50.9538		
58554	Laparo-vag hyst w/t/o compl	Covered	N	1	T	0131	50.9538		
58555	Hysteroscopy dx sep proc	Covered	N	1	T	0193	24.8904		
58558	Hysteroscopy biopsy	Covered	N	1	T	0193	24.8904		
58559	Hysteroscopy lysis	Covered	N	1	J1	0202	53.6473		
58560	Hysteroscopy resect septum	Covered	N		J1	0202	53.6473		
58561	Hysteroscopy remove myoma	Covered	N	1	J1	0202	53.6473		
58562	Hysteroscopy remove fb	Covered	N	1	T	0193	24.8904		
58563	Hysteroscopy ablation	Covered	N	1	J1	0202	53.6473		
58565	Hysteroscopy sterilization	Covered	N		J1	0202	53.6473		
58570	Tlh uterus 250 g or less	Covered	N	1	T	0131	50.9538		
58571	Tlh w/t/o 250 g or less	Covered	N	1	T	0131	50.9538		
58572	Tlh uterus over 250 g	Covered	N	1	T	0131	50.9538		
58573	Tlh w/t/o uterus over 250 g	Covered	N	1	T	0131	50.9538		
58578	Laparo proc uterus	Covered	N		T	0130	40.6743		
58579	Hysteroscope procedure	Covered	N		T	0188	1.7659		
58600	Division of fallopian tube	Covered	N	1	T	0193	24.8904		
58605	Division of fallopian tube	Covered	N	1	C				\$225.39
58611	Ligate oviduct(s) add-on	Covered	N	1	C				\$231.88
58615	Occlude fallopian tube(s)	Covered	N	1	T	0193	24.8904		
58660	Laparoscopy lysis	Covered	N	1	T	0131	50.9538		
58661	Laparoscopy remove adnexa	Covered	N	1	T	0131	50.9538		
58662	Laparoscopy excise lesions	Covered	N	1	T	0131	50.9538		
58670	Laparoscopy tubal cautery	Covered	N	1	T	0131	50.9538		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
58671	Laparoscopy tubal block	Covered	N	1	T	0131	50.9538		
58672	Laparoscopy fimbrioplasty	Covered	N	1	T	0131	50.9538		
58673	Laparoscopy salpingostomy	Covered	N	1	T	0131	50.9538		
58679	Laparo proc oviduct-ovary	Covered	N	1	T	0130	40.6743		
58700	Removal of fallopian tube	Covered	N	1	C				\$411.11
58720	Removal of ovary/tube(s)	Covered	N	1	C				\$641.42
58740	Adhesiolysis tube ovary	Covered	N	1	C				\$383.90
58750	Repair oviduct	Covered	N	1	C				\$770.03
58752	Revise ovarian tube(s)	Covered	N	1	C				\$772.26
58760	Fimbrioplasty	Covered	N	1	C				\$674.33
58770	Create new tubal opening	Covered	N	1	T	0193	24.8904		
58800	Drainage of ovarian cyst(s)	Covered	N	1	T	0193	24.8904		
58805	Drainage of ovarian cyst(s)	Covered	N	1	T	0193	24.8904		
58820	Drain ovary abscess open	Covered	N	1	T	0193	24.8904		
58822	Drain ovary abscess percut	Covered	N	1	C				\$518.08
58825	Transposition ovary(s)	Covered	N	1	C				\$355.88
58900	Biopsy of ovary(s)	Covered	N	1	T	0193	24.8904		
58920	Partial removal of ovary(s)	Covered	N	1	J1	0202	53.6473		
58925	Removal of ovarian cyst(s)	Covered	N	1	J1	0202	53.6473		
58940	Removal of ovary(s)	Covered	N	1	C				\$447.75
58943	Removal of ovary(s)	Covered	N	1	C				\$1,039.00
58950	Resect ovarian malignancy	Covered	N	1	C				\$888.42
58951	Resect ovarian malignancy	Covered	N	1	C				\$1,292.66
58952	Resect ovarian malignancy	Covered	N	1	C				\$1,426.05
58953	Tah rad dissect for debulk	Covered	N	1	C				\$1,721.36
58954	Tah rad debulk/lymph remove	Covered	N	1	C				\$1,871.59
58956	Bso omentectomy w/tah	Covered	N		C				\$1,213.73
58957	Resect recurrent gyn mal	Covered	N	1	C				\$1,230.92
58958	Resect recur gyn mal w/lym	Covered	N	1	C				\$1,363.17
58960	Exploration of abdomen	Covered	N	1	C				\$890.30
58970	Retrieval of oocyte	Not Covered			T	0192	6.5691		
58974	Transfer of embryo	Not Covered			T	0192	6.5691		
58976	Transfer of embryo	Not Covered			T	0189	3.0491		
58999	Genital surgery procedure	Covered	N	1	T	0188	1.7659		
59000	Amniocentesis diagnostic	Covered	N	1	T	0192	6.5691		
59001	Amniocentesis therapeutic	Covered	N	1	T	0189	3.0491		
59012	Fetal cord puncture prenatal	Covered	N	1	T	0189	3.0491		
59015	Chorion biopsy	Covered	N	1	T	0192	6.5691		
59020	Fetal contract stress test	Covered	N	1	T	0188	1.7659		
59025	Fetal non-stress test	Covered	N	1	T	0188	1.7659		
59030	Fetal scalp blood sample	Covered	N	1	T	0189	3.0491		
59050	Fetal monitor w/report	Covered	N	1	M				\$53.60

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
59051	Fetal monitor/interpret only	Not Covered			B				
59070	Transabdom amnioinfus w/us	Covered	N	1	T	0192	6.5691		
59072	Umbilical cord occlud w/us	Covered	N	1	T	0189	3.0491		
59074	Fetal fluid drainage w/us	Covered	N	1	T	0189	3.0491		
59076	Fetal shunt placement w/us	Covered	N	1	T	0189	3.0491		
59100	Remove uterus lesion	Covered	N	1	T	0193	24.8904		
59120	Treat ectopic pregnancy	Covered	N	1	C				\$671.05
59121	Treat ectopic pregnancy	Covered	N	1	C				\$636.51
59130	Treat ectopic pregnancy	Covered	N	1	C				\$761.52
59135	Treat ectopic pregnancy	Covered	N	1	C				\$814.23
59136	Treat ectopic pregnancy	Covered	N	1	C				\$719.67
59140	Treat ectopic pregnancy	Covered	N	1	C				\$345.90
59150	Treat ectopic pregnancy	Covered	N	1	T	0131	50.9538		
59151	Treat ectopic pregnancy	Covered	N	1	T	0131	50.9538		
59160	D & c after delivery	Covered	N	1	T	0193	24.8904		
59200	Insert cervical dilator	Covered	N	1	T	0189	3.0491		
59300	Episiotomy or vaginal repair	Covered	N	1	T	0193	24.8904		
59320	Revision of cervix	Covered	N	1	T	0193	24.8904		
59325	Revision of cervix	Covered	N	1	C				\$237.80
59350	Repair of uterus	Covered	N	1	C				\$281.88
59400	Obstetrical care	Not Covered			B				
59409	Obstetrical care	Covered	N	1	T	0193	24.8904		
59410	Obstetrical care	Not Covered			B				
59412	Antepartum manipulation	Covered	N	1	T	0193	24.8904		
59414	Deliver placenta	Covered	N	1	T	0193	24.8904		
59425	Antepartum care only	Not Covered			B				
59426	Antepartum care only	Not Covered			B				
59430	Care after delivery	Not Covered			B				
59510	Cesarean delivery	Not Covered			B				
59514	Cesarean delivery only	Covered	N	1	C				\$902.40
59515	Cesarean delivery	Not Covered			B				
59525	Remove uterus after cesarean	Covered	N	1	C				\$445.93
59610	Vbac delivery	Not Covered			B				
59612	Vbac delivery only	Not Covered			T	0193	24.8904		
59614	Vbac care after delivery	Not Covered			B				
59618	Attempted vbc delivery	Not Covered			B				
59620	Attempted vbc delivery only	Not Covered			C				
59622	Attempted vbc after care	Not Covered			B				
59812	Treatment of miscarriage	Covered	N	1	T	0193	24.8904		
59820	Care of miscarriage	Covered	N	1	T	0193	24.8904		
59821	Treatment of miscarriage	Covered	N	1	T	0193	24.8904		
59830	Treat uterus infection	Covered	N	1	C				\$372.63

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
59840	Abortion	Covered	N	1	T	0193	24.8904		
59841	Abortion	Covered	N	1	T	0193	24.8904		
59850	Abortion	Covered	N	1	C				\$337.54
59851	Abortion	Covered	N	1	C				\$348.88
59852	Abortion	Covered	N	1	C				\$482.55
59855	Abortion	Covered	N	1	C				\$358.47
59856	Abortion	Covered	N	1	C				\$433.97
59857	Abortion	Covered	N	1	C				\$534.92
59866	Abortion (mpr)	Not Covered			T	0189	3.0491		
59870	Evacuate mole of uterus	Covered	N	1	T	0193	24.8904		
59871	Remove cerclage suture	Covered	N	1	Q2	0193	24.8904		
59897	Fetal invas px w/us	Covered	N	1	T	0188	1.7659		
59898	Laparo proc ob care/deliver	Covered	N	1	T	0130	40.6743		
59899	Maternity care procedure	Covered	N	1	T	0188	1.7659		
60000	Drain thyroid/tongue cyst	Covered	N	1	T	0252	8.7183		
60100	Biopsy of thyroid	Covered	N	1	T	0004	6.5703		
60200	Remove thyroid lesion	Covered	N	1	T	0114	57.1584		
60210	Partial thyroid excision	Covered	N	1	T	0114	57.1584		
60212	Partial thyroid excision	Covered	N	1	T	0114	57.1584		
60220	Partial removal of thyroid	Covered	N	1	T	0114	57.1584		
60225	Partial removal of thyroid	Covered	N	1	T	0114	57.1584		
60240	Removal of thyroid	Covered	N	1	T	0114	57.1584		
60252	Removal of thyroid	Covered	N	1	T	0256	50.2882		
60254	Extensive thyroid surgery	Covered	N	1	C				\$1,447.93
60260	Repeat thyroid surgery	Covered	N	1	T	0256	50.2882		
60270	Removal of thyroid	Covered	N	1	C				\$1,108.57
60271	Removal of thyroid	Covered	N	1	T	0256	50.2882		
60280	Remove thyroid duct lesion	Covered	N	1	T	0114	57.1584		
60281	Remove thyroid duct lesion	Covered	N	1	T	0114	57.1584		
60300	Aspir/inj thyroid cyst	Covered	N	1	T	0004	6.5703		
60500	Explore parathyroid glands	Covered	N	1	T	0256	50.2882		
60502	Re-explore parathyroids	Covered	N	1	T	0256	50.2882		
60505	Explore parathyroid glands	Covered	N	1	C				\$1,234.68
60512	Autotransplant parathyroid	Covered	N	1	N				
60520	Removal of thymus gland	Covered	N	1	T	0256	50.2882		
60521	Removal of thymus gland	Covered	N	1	C				\$1,195.81
60522	Removal of thymus gland	Covered	N	1	C				\$1,371.79
60540	Explore adrenal gland	Covered	N	1	C				\$966.67
60545	Explore adrenal gland	Covered	N	1	C				\$1,142.23
60600	Remove carotid body lesion	Covered	N	1	C				\$1,113.88
60605	Remove carotid body lesion	Covered	N	1	C				\$1,229.02
60650	Laparoscopy adrenalectomy	Covered	N	1	C				\$1,024.61

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
60659	Laparo proc endocrine	Covered	N	1	T	0130	40.6743		
60699	Endocrine surgery procedure	Covered	N	1	T	0114	57.1584		
61000	Remove cranial cavity fluid	Covered	N	1	T	0207	9.0607		
61001	Remove cranial cavity fluid	Covered	N	1	T	0207	9.0607		
61020	Remove brain cavity fluid	Covered	N	1	T	0207	9.0607		
61026	Injection into brain canal	Covered	N	2	T	0207	9.0607		
61050	Remove brain canal fluid	Covered	N	1	T	0203	19.8190		
61055	Injection into brain canal	Covered	N	1	T	0207	9.0607		
61070	Brain canal shunt procedure	Covered	N	1	T	0121	6.5800		
61105	Twist drill hole	Covered	N	1	C				\$360.36
61107	Drill skull for implantation	Covered	N	1	C				\$342.50
61108	Drill skull for drainage	Covered	N	1	C				\$712.59
61120	Burr hole for puncture	Covered	N	1	C				\$545.63
61140	Pierce skull for biopsy	Covered	N	1	C				\$1,034.36
61150	Pierce skull for drainage	Covered	N	1	C				\$1,119.51
61151	Pierce skull for drainage	Covered	N	1	C				\$663.87
61154	Pierce skull & remove clot	Covered	N	1	C				\$1,036.08
61156	Pierce skull for drainage	Covered	N	1	C				\$1,095.75
61210	Pierce skull implant device	Covered	N	1	C				\$392.19
61215	Insert brain-fluid device	Covered	N	1	T	0221	39.7387		
61250	Pierce skull & explore	Covered	N	1	C				\$661.12
61253	Pierce skull & explore	Covered	N	1	C				\$776.42
61304	Open skull for exploration	Covered	N	1	C				\$1,492.32
61305	Open skull for exploration	Covered	N	1	C				\$1,801.74
61312	Open skull for drainage	Covered	N	1	C				\$1,628.02
61313	Open skull for drainage	Covered	N	1	C				\$1,643.49
61314	Open skull for drainage	Covered	N	1	C				\$1,637.07
61315	Open skull for drainage	Covered	N	1	C				\$1,782.25
61316	Implt cran bone flap to abdo	Covered	N	1	C				\$74.28
61320	Open skull for drainage	Covered	N	1	C				\$1,579.25
61321	Open skull for drainage	Covered	N	1	C				\$1,725.07
61322	Decompressive craniotomy	Covered	N	1	C				\$1,544.32
61323	Decompressive lobectomy	Covered	N	1	C				\$1,601.72
61330	Decompress eye socket	Covered	N	1	T	0256	50.2882		
61332	Explore/biopsy eye socket	Covered	N	1	C				\$1,727.71
61333	Explore orbit/remove lesion	Covered	N	1	C				\$1,684.05
61340	Subtemporal decompression	Covered	N	1	C				\$1,181.20
61343	Incise skull (press relief)	Covered	N	1	C				\$1,989.20
61345	Relieve cranial pressure	Covered	N	1	C				\$1,683.36
61450	Incise skull for surgery	Covered	N	1	C				\$1,618.37
61458	Incise skull for brain wound	Covered	N	1	C				\$1,811.56
61460	Incise skull for surgery	Covered	N	1	C				\$1,814.17

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
61480	Incise skull for surgery	Covered	N	1	C				\$1,550.48
61500	Removal of skull lesion	Covered	N	1	C				\$1,220.93
61501	Remove infected skull bone	Covered	N	1	C				\$1,010.18
61510	Removal of brain lesion	Covered	N	1	C				\$1,865.77
61512	Remove brain lining lesion	Covered	N	1	C				\$2,220.92
61514	Removal of brain abscess	Covered	N	1	C				\$1,684.26
61516	Removal of brain lesion	Covered	N	1	C				\$1,676.35
61517	Implt brain chemotx add-on	Covered	N	1	C				\$66.21
61518	Removal of brain lesion	Covered	N	1	C				\$2,357.26
61519	Remove brain lining lesion	Covered	N	1	C				\$2,571.55
61520	Removal of brain lesion	Covered	N	1	C				\$3,252.82
61521	Removal of brain lesion	Covered	N	1	C				\$2,737.83
61522	Removal of brain abscess	Covered	N	1	C				\$1,799.66
61524	Removal of brain lesion	Covered	N	1	C				\$1,850.15
61526	Removal of brain lesion	Covered	N	1	C				\$3,070.51
61530	Removal of brain lesion	Covered	N	1	C				\$2,711.82
61531	Implant brain electrodes	Covered	N	1	C				\$999.52
61533	Implant brain electrodes	Covered	N	1	C				\$1,274.64
61534	Removal of brain lesion	Covered	N	1	C				\$1,148.68
61535	Remove brain electrodes	Covered	N	1	C				\$715.49
61536	Removal of brain lesion	Covered	N	1	C				\$2,132.60
61537	Removal of brain tissue	Covered	N	1	C				\$1,508.02
61538	Removal of brain tissue	Covered	N	1	C				\$1,834.47
61539	Removal of brain tissue	Covered	N	1	C				\$1,981.72
61540	Removal of brain tissue	Covered	N	1	C				\$1,710.07
61541	Incision of brain tissue	Covered	N	1	C				\$1,763.33
61543	Removal of brain tissue	Covered	N	1	C				\$1,726.04
61544	Remove & treat brain lesion	Covered	N	1	C				\$1,699.96
61545	Excision of brain tumor	Covered	N	1	C				\$2,593.04
61546	Removal of pituitary gland	Covered	N	1	C				\$2,009.67
61548	Removal of pituitary gland	Covered	N	1	C				\$1,467.32
61550	Release of skull seams	Covered	N	1	C				\$870.86
61552	Release of skull seams	Covered	N	1	C				\$1,112.14
61556	Incise skull/sutures	Covered	N	1	C				\$1,320.50
61557	Incise skull/sutures	Covered	N	1	C				\$1,349.56
61558	Excision of skull/sutures	Covered	N	1	C				\$1,553.01
61559	Excision of skull/sutures	Covered	N	1	C				\$2,010.45
61563	Excision of skull tumor	Covered	N	1	C				\$1,628.21
61564	Excision of skull tumor	Covered	N	1	C				\$1,952.21
61566	Removal of brain tissue	Covered	N	1	C				\$1,475.61
61567	Incision of brain tissue	Covered	N	1	C				\$1,475.61
61570	Remove foreign body brain	Covered	N	1	C				\$1,475.61

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
61571	Incise skull for brain wound	Covered	N	1	C				\$1,598.76
61575	Skull base/brainstem surgery	Covered	N	1	C				\$2,241.23
61576	Skull base/brainstem surgery	Covered	N	1	C				\$3,006.34
61580	Craniofacial approach skull	Covered	N	1	C				\$1,802.99
61581	Craniofacial approach skull	Covered	N	1	C				\$2,032.11
61582	Craniofacial approach skull	Covered	N	1	C				\$1,912.82
61583	Craniofacial approach skull	Covered	N	1	C				\$2,216.90
61584	Orbitocranial approach/skull	Covered	N	1	C				\$2,112.15
61585	Orbitocranial approach/skull	Covered	N	1	C				\$2,346.70
61586	Resect nasopharynx skull	Covered	N	1	C				\$1,577.74
61590	Infratemporal approach/skull	Covered	N	1	C				\$2,489.85
61591	Infratemporal approach/skull	Covered	N	1	C				\$2,628.88
61592	Orbitocranial approach/skull	Covered	N	1	C				\$2,422.77
61595	Transtemporal approach/skull	Covered	N	1	C				\$1,776.56
61596	Transcochlear approach/skull	Covered	N	1	C				\$2,133.30
61597	Transcondylar approach/skull	Covered	N	1	C				\$2,286.28
61598	Transpetrosal approach/skull	Covered	N	1	C				\$2,020.18
61600	Resect/excise cranial lesion	Covered	N	1	C				\$1,540.52
61601	Resect/excise cranial lesion	Covered	N	1	C				\$1,701.39
61605	Resect/excise cranial lesion	Covered	N	1	C				\$1,741.28
61606	Resect/excise cranial lesion	Covered	N	1	C				\$2,373.60
61607	Resect/excise cranial lesion	Covered	N	1	C				\$2,211.42
61608	Resect/excise cranial lesion	Covered	N	1	C				\$2,578.21
61610	Transect artery sinus	Covered	N	1	C				\$1,765.41
61611	Transect artery sinus	Covered	N	1	C				\$435.45
61612	Transect artery sinus	Covered	N	1	C				\$1,665.50
61613	Remove aneurysm sinus	Covered	N	1	C				\$2,513.17
61615	Resect/excise lesion skull	Covered	N	1	C				\$1,936.84
61616	Resect/excise lesion skull	Covered	N	1	C				\$2,645.48
61618	Repair dura	Covered	N	1	C				\$1,039.68
61619	Repair dura	Covered	N	1	C				\$1,259.62
61623	Endovasc tempory vessel occl	Covered	N	1	J1	0229	129.8028		
61624	Transcath occlusion cns	Covered	N	1	C				\$1,094.01
61626	Transcath occlusion non-cns	Covered	N	1	J1	0229	129.8028		
61630	Intracranial angioplasty	Covered	N	1	C				\$482.08
61635	Intracran angioplsty w/stent	Covered	N	1	C				\$1,030.67
61640	Dilate ic vasospasm init	Covered	N	1	E				\$482.08
61641	Dilate ic vasospasm add-on	Covered	N	1	E				\$482.08
61642	Dilate ic vasospasm add-on	Covered	N	1	E				\$482.08
61680	Intracranial vessel surgery	Covered	N	1	C				\$2,053.75
61682	Intracranial vessel surgery	Covered	N	1	C				\$3,602.28
61684	Intracranial vessel surgery	Covered	N	1	C				\$2,487.36

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
61686	Intracranial vessel surgery	Covered	N	1	C				\$3,772.26
61690	Intracranial vessel surgery	Covered	N	1	C				\$1,905.47
61692	Intracranial vessel surgery	Covered	N	1	C				\$2,999.54
61697	Brain aneurysm repr complx	Not Covered			C				
61698	Brain aneurysm repr complx	Covered	N		C				\$3,846.28
61700	Brain aneurysm repr simple	Not Covered			C				
61702	Inner skull vessel surgery	Covered	N	1	C				\$2,993.94
61703	Clamp neck artery	Covered	N	1	C				\$1,077.09
61705	Revise circulation to head	Covered	N	1	C				\$2,270.77
61708	Revise circulation to head	Covered	N	1	C				\$1,940.99
61710	Revise circulation to head	Covered	N	1	C				\$1,609.48
61711	Fusion of skull arteries	Covered	N	1	C				\$2,346.22
61720	Incise skull/brain surgery	Covered	N	1	T	0221	39.7387		
61735	Incise skull/brain surgery	Covered	N	1	C				\$1,240.36
61750	Incise skull/brain biopsy	Covered	N	1	C				\$1,133.44
61751	Brain biopsy w/ct/mr guide	Covered	N	1	C				\$1,210.51
61760	Implant brain electrodes	Covered	N	1	C				\$1,248.26
61770	Incise skull for treatment	Covered	N	1	T	0221	39.7387		
61781	Scan proc cranial intra	Covered	N	1	N				
61782	Scan proc cranial extra	Covered	N	1	N				
61783	Scan proc spinal	Covered	N	1	N				
61790	Treat trigeminal nerve	Covered	N	1	T	0220	18.6600		
61791	Treat trigeminal tract	Covered	N	1	T	0203	19.8190		
61796	Srs cranial lesion simple	Not Covered			B				
61797	Srs cran les simple addl	Not Covered			B				
61798	Srs cranial lesion complex	Not Covered			B				
61799	Srs cran les complex addl	Not Covered			B				
61800	Apply srs headframe add-on	Not Covered			B				
61850	Implant neuroelectrodes	Covered	N	1	C				\$814.16
61860	Implant neuroelectrodes	Covered	N	1	C				\$1,183.17
61863	Implant neuroelectrode	Covered	N	1	C				\$850.62
61864	Implant neuroelectrde addl	Covered	N	1	C				\$244.57
61867	Implant neuroelectrode	Covered	N	1	C				\$1,295.10
61868	Implant neuroelectrde addl	Covered	N	1	C				\$414.30
61870	Implant neuroelectrodes	Covered	N	1	C				\$807.81
61880	Revise/remove neuroelectrode	Covered	N	1	Q2	0688	28.7006		
61885	Insrt/redo neurostim 1 array	Covered	N	1	J1	0039	230.6235		
61886	Implant neurostim arrays	Covered	N	1	J1	0318	352.7212		
61888	Revise/remove neuroreceiver	Covered	N	1	J1	0061	71.3285		
62000	Treat skull fracture	Covered	N	1	T	0256	50.2882		
62005	Treat skull fracture	Covered	N	1	C				\$961.02
62010	Treatment of head injury	Covered	N	1	C				\$1,307.21

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
62100	Repair brain fluid leakage	Covered	N	1	C				\$1,464.51
62115	Reduction of skull defect	Covered	N	1	C				\$1,268.92
62117	Reduction of skull defect	Covered	N	1	C				\$1,646.15
62120	Repair skull cavity lesion	Covered	N	1	C				\$1,424.56
62121	Incise skull repair	Covered	N	1	C				\$1,363.42
62140	Repair of skull defect	Covered	N	1	C				\$908.99
62141	Repair of skull defect	Covered	N	1	C				\$1,031.91
62142	Remove skull plate/flap	Covered	N	1	C				\$752.09
62143	Replace skull plate/flap	Covered	N	1	C				\$817.01
62145	Repair of skull & brain	Covered	N	1	C				\$1,165.95
62146	Repair of skull with graft	Covered	N	1	C				\$990.69
62147	Repair of skull with graft	Covered	N	1	C				\$1,172.33
62148	Retr bone flap to fix skull	Covered	N	1	C				\$102.87
62160	Neuroendoscopy add-on	Covered	N	1	N				
62161	Dissect brain w/scope	Covered	N	1	C				\$1,063.06
62162	Remove colloid cyst w/scope	Covered	N	1	C				\$1,353.91
62163	Zneuroendoscopy w/fb removal	Covered	N	1	C				\$855.38
62164	Remove brain tumor w/scope	Covered	N	1	C				\$1,468.97
62165	Remove pituit tumor w/scope	Covered	N	1	C				\$1,160.00
62180	Establish brain cavity shunt	Covered	N	1	C				\$1,292.82
62190	Establish brain cavity shunt	Covered	N	1	C				\$768.98
62192	Establish brain cavity shunt	Covered	N	1	C				\$853.13
62194	Replace/irrigate catheter	Covered	N	1	T	0203	19.8190		
62200	Establish brain cavity shunt	Covered	N	1	C				\$1,209.14
62201	Brain cavity shunt w/scope	Covered	N	1	C				\$896.63
62220	Establish brain cavity shunt	Covered	N	1	C				\$903.72
62223	Establish brain cavity shunt	Covered	N	1	C				\$892.21
62225	Replace/irrigate catheter	Covered	N	1	T	0427	17.3792		
62230	Replace/revise brain shunt	Covered	N	1	T	0221	39.7387		
62252	Csf shunt reprogram	Covered	N	2	S	0692	1.7288		
62256	Remove brain cavity shunt	Covered	N	1	C				\$458.40
62258	Replace brain cavity shunt	Covered	N	1	C				\$973.56
62263	Epidural lysis mult sessions	Covered	N	1	T	0203	19.8190		
62264	Epidural lysis on single day	Covered	N	1	T	0207	9.0607		
62267	Interdiscal perq aspir dx	Covered	N	1	T	0004	6.5703		
62268	Drain spinal cord cyst	Covered	N	1	T	0207	9.0607		
62269	Needle biopsy spinal cord	Covered	N	1	T	0005	14.1916		
62270	Spinal fluid tap diagnostic	Covered	N	1	T	0206	5.0256		
62272	Drain cerebro spinal fluid	Covered	N	1	T	0206	5.0256		
62273	Inject epidural patch	Covered	N	1	T	0207	9.0607		
62280	Treat spinal cord lesion	Covered	N	1	T	0207	9.0607		
62281	Treat spinal cord lesion	Covered	N	1	T	0203	19.8190		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
62282	Treat spinal canal lesion	Covered	N	1	T	0203	19.8190		
62284	Injection for myelogram	Covered	N	1	N				
62287	Percutaneous discectomy	Covered	N	1	T	0221	39.7387		
62290	Inject for spine disk x-ray	Covered	N	2	N				
62291	Inject for spine disk x-ray	Covered	N	1	N				
62292	Injection into disk lesion	Covered	N	1	T	0203	19.8190		
62294	Injection into spinal artery	Covered	N	1	T	0207	9.0607		
62302	Myelography lumbar injection	Covered	N	1	Q2	0274	8.2817		
62303	Myelography lumbar injection	Covered	N	1	Q2	0274	8.2817		
62304	Myelography lumbar injection	Covered	N	1	Q2	0274	8.2817		
62305	Myelography lumbar injection	Covered	N	1	Q2	0274	8.2817		
62310	Inject spine cerv/thoracic	Covered	N	1	T	0207	9.0607		
62311	Inject spine lumbar/sacral	Covered	N	1	T	0207	9.0607		
62318	Inject spine w/cath crv/thrc	Covered	N	1	T	0207	9.0607		
62319	Inject spine w/cath lmb/scrl	Covered	N		T	0207	9.0607		
62350	Implant spinal canal cath	Covered	N	1	T	0224	49.3784		
62351	Implant spinal canal cath	Not Covered			T	0208	55.4537		
62355	Remove spinal canal catheter	Covered	N	1	Q2	0203	19.8190		
62360	Insert spine infusion device	Covered	N	1	T	0224	49.3784		
62361	Implant spine infusion pump	Covered	N	1	J1	0227	209.9474		
62362	Implant spine infusion pump	Covered	N	1	J1	0227	209.9474		
62365	Remove spine infusion device	Covered	N	1	Q2	0221	39.7387		
62367	Analyze spine infus pump	Covered	N	1	S	0691	3.3374		
62368	Analyze sp inf pump w/reprog	Covered	N	1	S	0691	3.3374		
62369	Anal sp inf pmp w/reprg&fill	Covered	N	1	S	0691	3.3374		
62370	Anl sp inf pmp w/mdreprg&fil	Covered	N	1	S	0691	3.3374		
63001	Remove spine lamina 1/2 crvl	Covered	N	1	T	0208	55.4537		
63003	Remove spine lamina 1/2 thrc	Covered	N	1	T	0208	55.4537		
63005	Remove spine lamina 1/2 lmb	Covered	N	1	T	0208	55.4537		
63011	Remove spine lamina 1/2 scrl	Covered	N	1	T	0208	55.4537		
63012	Remove lamina/facets lumbar	Covered	N	1	T	0208	55.4537		
63015	Remove spine lamina >2 crvcl	Covered	N	1	T	0208	55.4537		
63016	Remove spine lamina >2 thrc	Covered	N	1	T	0208	55.4537		
63017	Remove spine lamina >2 lmb	Covered	N	1	T	0208	55.4537		
63020	Neck spine disk surgery	Covered	N	1	T	0208	55.4537		
63030	Low back disk surgery	Covered	N	1	T	0208	55.4537		
63035	Spinal disk surgery add-on	Covered	N	1	N				
63040	Laminotomy single cervical	Covered	N	1	T	0208	55.4537		
63042	Laminotomy single lumbar	Covered	N	1	T	0208	55.4537		
63043	Laminotomy addl cervical	Covered	N		N				
63044	Laminotomy addl lumbar	Covered	N		N				
63045	Remove spine lamina 1 crvl	Covered	N	1	T	0208	55.4537		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
63046	Remove spine lamina 1 thrc	Covered	N	1	T	0208	55.4537		
63047	Remove spine lamina 1 lmb	Covered	N	1	T	0208	55.4537		
63048	Remove spinal lamina add-on	Covered	N	3	N				
63050	Cervical laminoplasty 2/> seg	Covered	N		C				\$1,277.70
63051	C-laminoplasty w/graft/plate	Covered	N	1	C				\$1,463.70
63055	Decompress spinal cord thrc	Covered	N	1	T	0208	55.4537		
63056	Decompress spinal cord lmb	Covered	N	1	T	0208	55.4537		
63057	Decompress spine cord add-on	Covered	N	1	N				
63064	Decompress spinal cord thrc	Covered	N	1	T	0208	55.4537		
63066	Decompress spine cord add-on	Covered	N	1	N				
63075	Neck spine disk surgery	Covered	N	1	T	0208	55.4537		
63076	Neck spine disk surgery	Covered	N	1	N				
63077	Spine disk surgery thorax	Covered	N	1	C				\$1,374.37
63078	Spine disk surgery thorax	Covered	N	1	C				\$196.97
63081	Remove vert body dcmprn crvl	Covered	N	1	C				\$1,643.50
63082	Remove vertebral body add-on	Covered	N	1	C				\$291.77
63085	Remove vert body dcmprn thrc	Covered	N	1	C				\$1,807.73
63086	Remove vertebral body add-on	Covered	N	1	C				\$211.41
63087	Remov vertbr dcmprn thrclmbr	Covered	N	1	C				\$2,203.43
63088	Remove vertebral body add-on	Covered	N	1	C				\$285.70
63090	Remove vert body dcmprn lmb	Covered	N	1	C				\$1,869.36
63091	Remove vertebral body add-on	Covered	N	1	C				\$187.53
63101	Remove vert body dcmprn thrc	Covered	N	1	C				\$1,787.45
63102	Remove vert body dcmprn lmb	Covered	N	1	C				\$1,787.45
63103	Remove vertebral body add-on	Covered	N	3	C				\$187.53
63170	Incise spinal cord tract(s)	Covered	N	1	C				\$1,331.03
63172	Drainage of spinal cyst	Covered	N	1	C				\$1,244.09
63173	Drainage of spinal cyst	Covered	N	1	C				\$1,379.58
63180	Revise spinal cord ligaments	Covered	N	1	C				\$1,115.02
63182	Revise spinal cord ligaments	Covered	N	1	C				\$1,281.83
63185	Incise spine nrv half segmnt	Covered	N	1	C				\$1,007.09
63190	Incise spine nrv >2 segmnts	Covered	N	1	C				\$1,202.86
63191	Incise spine accessory nerve	Covered	N	1	C				\$1,081.57
63194	Incise spine & cord cervical	Covered	N	1	C				\$1,185.84
63195	Incise spine & cord thoracic	Covered	N	1	C				\$1,193.82
63196	Incise spine&cord 2 trx crvl	Covered	N	1	C				\$1,348.17
63197	Incise spine&cord 2 trx thrc	Covered	N	1	C				\$1,284.53
63198	Incise spin&cord 2 stgs crvl	Covered	N	1	C				\$1,458.35
63199	Incise spin&cord 2 stgs thrc	Covered	N	1	C				\$1,688.44
63200	Release spinal cord lumbar	Covered	N	1	C				\$1,174.38
63250	Revise spinal cord vsls crvl	Covered	N	1	C				\$2,396.90
63251	Revise spinal cord vsls thrc	Covered	N	1	C				\$2,394.77

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
63252	Revise spine cord vsl thrlmb	Covered	N	1	C				\$2,480.03
63265	Excise intraspinal lesion crv	Covered	N	1	C				\$1,445.81
63266	Excise intraspinal lesion thrc	Covered	N	1	C				\$1,529.25
63267	Excise intraspinal lesion lmb	Covered	N	1	C				\$1,231.32
63268	Excise intraspinal lesion scr1	Covered	N	1	C				\$1,098.43
63270	Excise intraspinal lesion crvl	Covered	N	1	C				\$1,637.14
63271	Excise intraspinal lesion thrc	Covered	N	1	C				\$1,787.80
63272	Excise intraspinal lesion lmb	Covered	N	1	C				\$1,644.69
63273	Excise intraspinal lesion scr1	Covered	N	1	C				\$1,501.43
63275	Bx/exc xdr1 spine lesn crvl	Covered	N	1	C				\$1,614.34
63276	Bx/exc xdr1 spine lesn thrc	Covered	N	1	C				\$1,591.33
63277	Bx/exc xdr1 spine lesn lmb	Covered	N	1	C				\$1,420.85
63278	Bx/exc xdr1 spine lesn scr1	Covered	N	1	C				\$1,401.17
63280	Bx/exc idr1 spine lesn crvl	Covered	N	1	C				\$1,882.75
63281	Bx/exc idr1 spine lesn thrc	Covered	N	1	C				\$1,858.51
63282	Bx/exc idr1 spine lesn lmb	Covered	N	1	C				\$1,717.85
63283	Bx/exc idr1 spine lesn scr1	Covered	N	1	C				\$1,524.42
63285	Bx/exc idr1 imed lesn cervl	Covered	N	1	C				\$2,187.43
63286	Bx/exc idr1 imed lesn thrc	Covered	N	1	C				\$2,238.67
63287	Bx/exc idr1 imed lesn thrlmb	Covered	N	1	C				\$2,245.68
63290	Bx/exc xdr1/idr1 lsn any lvl	Covered	N	1	C				\$2,293.21
63295	Repair laminectomy defect	Covered	N	1	C				\$291.87
63300	Remove vert xdr1 body crvl	Covered	N	1	C				\$1,498.53
63301	Remove vert xdr1 body thrc	Covered	N	1	C				\$1,653.72
63302	Remove vert xdr1 body thrlmb	Covered	N	1	C				\$1,714.47
63303	Remov vert xdr1 bdy lmb/sac	Covered	N	1	C				\$1,771.35
63304	Remove vert idr1 body crvl	Not Covered			C				
63305	Remove vert idr1 body thrc	Covered	N	1	C				\$1,928.42
63306	Remov vert idr1 bdy thrlmb	Covered	N	1	C				\$1,943.36
63307	Remov vert idr1 bdy lmb/sac	Covered	N	1	C				\$1,897.82
63308	Remove vertebral body add-on	Covered	N	1	C				\$318.31
63600	Remove spinal cord lesion	Covered	N	1	T	0220	18.6600		
63610	Stimulation of spinal cord	Covered	N	1	T	0220	18.6600		
63615	Remove lesion of spinal cord	Covered	N	1	T	0220	18.6600		
63620	Srs spinal lesion	Not Covered			B				
63621	Srs spinal lesion addl	Not Covered			B				
63650	Implant neuroelectrodes	Covered	N	1	J1	0061	71.3285		
63655	Implant neuroelectrodes	Covered	N	1	J1	0039	230.6235		
63661	Remove spine eltrd perq aray	Covered	N	1	Q2	0220	18.6600		
63662	Remove spine eltrd plate	Covered	N	1	Q2	0688	28.7006		
63663	Revise spine eltrd perq aray	Covered	N	1	J1	0061	71.3285		
63664	Revise spine eltrd plate	Covered	N	1	J1	0061	71.3285		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
63685	Insr/redo spine n generator	Covered	N	1	J1	0318	352.7212		
63688	Revise/remove neuroreceiver	Covered	N	1	Q2	0688	28.7006		
63700	Repair of spinal herniation	Covered	N	1	C				\$1,005.33
63702	Repair of spinal herniation	Covered	N	1	C				\$1,132.19
63704	Repair of spinal herniation	Covered	N	1	C				\$1,275.91
63706	Repair of spinal herniation	Covered	N	1	C				\$1,415.26
63707	Repair spinal fluid leakage	Covered	N	1	C				\$777.68
63709	Repair spinal fluid leakage	Covered	N	1	C				\$980.16
63710	Graft repair of spine defect	Covered	N	1	C				\$870.54
63740	Install spinal shunt	Covered	N	1	C				\$790.26
63741	Install spinal shunt	Covered	N	1	T	0221	39.7387		
63744	Revision of spinal shunt	Covered	N	1	T	0221	39.7387		
63746	Removal of spinal shunt	Covered	N	1	Q2	0203	19.8190		
64400	N block inj trigeminal	Covered	N	1	T	0204	2.8475		
64402	N block inj facial	Covered	N	1	Q1	0420	1.7762		
64405	N block inj occipital	Covered	N	1	T	0206	5.0256		
64408	N block inj vagus	Covered	N	1	T	0204	2.8475		
64410	N block inj phrenic	Covered	N	1	T	0204	2.8475		
64412	N block inj spinal accessor	Covered	N	1	T	0206	5.0256		
64413	N block inj cervical plexus	Covered	N	1	T	0206	5.0256		
64415	N block inj brachial plexus	Covered	N	1	T	0206	5.0256		
64416	N block cont infuse b plex	Covered	N	1	T	0207	9.0607		
64417	N block inj axillary	Covered	N	1	T	0206	5.0256		
64418	N block inj suprascapular	Covered	N	1	T	0206	5.0256		
64420	N block inj intercost sng	Covered	N	1	T	0206	5.0256		
64421	N block inj intercost mlt	Covered	N	1	T	0207	9.0607		
64425	N block inj ilio-ing/hypogi	Covered	N	1	T	0206	5.0256		
64430	N block inj pudental	Covered	N	1	T	0207	9.0607		
64435	N block inj paracervical	Covered	N	1	T	0206	5.0256		
64445	N block inj sciatic sng	Covered	N	1	T	0207	9.0607		
64446	N blk inj sciatic cont inf	Covered	N	1	T	0207	9.0607		
64447	N block inj fem single	Covered	N	1	T	0206	5.0256		
64448	N block inj fem cont inf	Covered	N	1	T	0203	19.8190		
64449	N block inj lumbar plexus	Covered	N	1	T	0207	9.0607		
64450	N block other peripheral	Covered	N	2	T	0206	5.0256		
64455	N block inj plantar digit	Covered	N	1	T	0204	2.8475		
64479	Inj foramen epidural c/t	Covered	N	1	T	0207	9.0607		
64480	Inj foramen epidural add-on	Covered	N		N				
64483	Inj foramen epidural l/s	Covered	N	1	T	0207	9.0607		
64484	Inj foramen epidural add-on	Covered	N		N				
64486	Tap block unil by injection	Covered	N	1	N				
64487	Tap block uni by infusion	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
64488	Tap block bi injection	Covered	N	1	N				
64489	Tap block bi by infusion	Covered	N	1	N				
64490	Inj paravert f jnt c/t 1 lev	Covered	N	1	T	0207	9.0607		
64491	Inj paravert f jnt c/t 2 lev	Covered	N	1	N				
64492	Inj paravert f jnt c/t 3 lev	Covered	N		N				
64493	Inj paravert f jnt l/s 1 lev	Covered	N	1	T	0207	9.0607		
64494	Inj paravert f jnt l/s 2 lev	Covered	N	1	N				
64495	Inj paravert f jnt l/s 3 lev	Covered	N		N				
64505	N block spenopalatine gangl	Covered	N	1	T	0204	2.8475		
64508	N block carotid sinus s/p	Covered	N	1	T	0204	2.8475		
64510	N block stellate ganglion	Covered	N	1	T	0207	9.0607		
64517	N block inj hypogas plxs	Covered	N	1	T	0207	9.0607		
64520	N block lumbar/thoracic	Covered	N	1	T	0207	9.0607		
64530	N block inj celiac pelus	Covered	N	1	T	0207	9.0607		
64550	Apply neurostimulator	Covered	N	1	A				\$24.90
64553	Implant neuroelectrodes	Covered	N	1	J1	0061	71.3285		
64555	Implant neuroelectrodes	Covered	N	1	J1	0061	71.3285		
64561	Implant neuroelectrodes	Covered	N	1	J1	0061	71.3285		
64565	Implant neuroelectrodes	Covered	N	1	J1	0061	71.3285		
64566	Neuroeltrd stim post tibial	Covered	N	1	T	0204	2.8475		
64568	Inc for vagus n elect impl	Covered	N	1	J1	0318	352.7212		
64569	Revise/repl vagus n eltrd	Covered	N	1	J1	0061	71.3285		
64570	Remove vagus n eltrd	Covered	N	1	Q2	0221	39.7387		
64575	Implant neuroelectrodes	Covered	N	1	J1	0061	71.3285		
64580	Implant neuroelectrodes	Covered	N	1	J1	0039	230.6235		
64581	Implant neuroelectrodes	Covered	N	1	J1	0061	71.3285		
64585	Revise/remove neuroelectrode	Covered	N	1	Q2	0688	28.7006		
64590	Insrt/redo pn/gastr stimul	Covered	N	1	J1	0039	230.6235		
64595	Revise/rmv pn/gastr stimul	Covered	N	1	Q2	0688	28.7006		
64600	Injection treatment of nerve	Covered	N	1	T	0203	19.8190		
64605	Injection treatment of nerve	Covered	N	1	T	0220	18.6600		
64610	Injection treatment of nerve	Covered	N	1	T	0220	18.6600		
64611	Chemodener saliv glands	Covered	N	1	T	0204	2.8475		
64612	Destroy nerve face muscle	Covered	N	1	T	0204	2.8475		
64615	Chemodener musc migraine	Covered	N	1	T	0204	2.8475		
64616	Chemodener musc neck dyston	Covered	N	1	T	0206	5.0256		
64617	Chemodener muscle larynx emg	Covered	N	1	T	0206	5.0256		
64620	Injection treatment of nerve	Covered	N	1	T	0203	19.8190		
64630	Injection treatment of nerve	Covered	N	1	T	0207	9.0607		
64632	N block inj common digit	Covered	N	1	T	0204	2.8475		
64633	Destroy cerv/thor facet jnt	Covered	N	1	T	0203	19.8190		
64634	Destroy c/th facet jnt addl	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
64635	Destroy lumb/sac facet jnt	Covered	N	1	T	0203	19.8190		
64636	Destroy l/s facet jnt addl	Covered	N	1	N				
64640	Injection treatment of nerve	Covered	N	1	T	0207	9.0607		
64642	Chemodenerv 1 extremity 1-4	Covered	N	1	T	0206	5.0256		
64643	Chemodenerv 1 extrem 1-4 ea	Covered	N	3	N				
64644	Chemodenerv 1 extrem 5/> mus	Covered	N	1	T	0206	5.0256		
64645	Chemodenerv 1 extrem 5/> ea	Covered	N	3	N				
64646	Chemodenerv trunk musc 1-5	Covered	N	1	T	0206	5.0256		
64647	Chemodenerv trunk musc 6/>	Covered	N	1	T	0206	5.0256		
64650	Chemodenerv eccrine glands	Covered	N	1	T	0204	2.8475		
64653	Chemodenerv eccrine glands	Covered	N	1	T	0204	2.8475		
64680	Injection treatment of nerve	Covered	N	1	T	0203	19.8190		
64681	Injection treatment of nerve	Covered	N	1	T	0207	9.0607		
64702	Revise finger/toe nerve	Covered	N	1	T	0220	18.6600		
64704	Revise hand/foot nerve	Covered	N	1	T	0220	18.6600		
64708	Revise arm/leg nerve	Covered	N	1	T	0220	18.6600		
64712	Revision of sciatic nerve	Covered	N	1	T	0220	18.6600		
64713	Revision of arm nerve(s)	Covered	N	1	T	0220	18.6600		
64714	Revise low back nerve(s)	Covered	N	1	T	0220	18.6600		
64716	Revision of cranial nerve	Covered	N	1	T	0220	18.6600		
64718	Revise ulnar nerve at elbow	Covered	N	1	T	0220	18.6600		
64719	Revise ulnar nerve at wrist	Covered	N	1	T	0220	18.6600		
64721	Carpal tunnel surgery	Covered	N	1	T	0220	18.6600		
64722	Relieve pressure on nerve(s)	Covered	N	1	T	0220	18.6600		
64726	Release foot/toe nerve	Covered	N	1	T	0220	18.6600		
64727	Internal nerve revision	Covered	N	2	N				
64732	Incision of brow nerve	Covered	N	1	T	0220	18.6600		
64734	Incision of cheek nerve	Covered	N	1	T	0220	18.6600		
64736	Incision of chin nerve	Covered	N	1	T	0220	18.6600		
64738	Incision of jaw nerve	Covered	N	1	T	0220	18.6600		
64740	Incision of tongue nerve	Covered	N	1	T	0220	18.6600		
64742	Incision of facial nerve	Covered	N	1	T	0220	18.6600		
64744	Incise nerve back of head	Covered	N	1	T	0220	18.6600		
64746	Incise diaphragm nerve	Covered	N	1	T	0220	18.6600		
64755	Incision of stomach nerves	Covered	N	1	C				\$790.02
64760	Incision of vagus nerve	Covered	N	1	C				\$436.69
64763	Incise hip/thigh nerve	Covered	N	1	T	0220	18.6600		
64766	Incise hip/thigh nerve	Covered	N	1	T	0221	39.7387		
64771	Sever cranial nerve	Covered	N	1	T	0220	18.6600		
64772	Incision of spinal nerve	Covered	N	1	T	0220	18.6600		
64774	Remove skin nerve lesion	Covered	N	1	T	0220	18.6600		
64776	Remove digit nerve lesion	Covered	N	1	T	0220	18.6600		

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64778	Digit nerve surgery add-on	Covered	N	1	N				
64782	Remove limb nerve lesion	Covered	N	1	T	0220	18.6600		
64783	Limb nerve surgery add-on	Covered	N	1	N				
64784	Remove nerve lesion	Covered	N	1	T	0220	18.6600		
64786	Remove sciatic nerve lesion	Covered	N	1	T	0221	39.7387		
64787	Implant nerve end	Covered	N	1	N				
64788	Remove skin nerve lesion	Covered	N	1	T	0220	18.6600		
64790	Removal of nerve lesion	Covered	N	1	T	0220	18.6600		
64792	Removal of nerve lesion	Covered	N	1	T	0221	39.7387		
64795	Biopsy of nerve	Covered	N	2	T	0220	18.6600		
64802	Sympathectomy cervical	Covered	N	1	T	0220	18.6600		
64804	Remove sympathetic nerves	Covered	N	1	T	0220	18.6600		
64809	Remove sympathetic nerves	Covered	N	1	C				\$814.22
64818	Remove sympathetic nerves	Covered	N	1	C				\$637.35
64820	Sympathectomy digital artery	Covered	N	1	T	0220	18.6600		
64821	Remove sympathetic nerves	Covered	N		T	0054	29.7967		
64822	Remove sympathetic nerves	Covered	N	1	T	0054	29.7967		
64823	Sympathectomy supfc palmar	Covered	N		T	0054	29.7967		
64831	Repair of digit nerve	Covered	N	1	T	0221	39.7387		
64832	Repair nerve add-on	Covered	N	1	N				
64834	Repair of hand or foot nerve	Covered	N	1	T	0221	39.7387		
64835	Repair of hand or foot nerve	Covered	N	1	T	0221	39.7387		
64836	Repair of hand or foot nerve	Covered	N	1	T	0221	39.7387		
64837	Repair nerve add-on	Covered	N	1	N				
64840	Repair of leg nerve	Covered	N	1	T	0221	39.7387		
64856	Repair/transpose nerve	Covered	N	1	T	0221	39.7387		
64857	Repair arm/leg nerve	Covered	N	1	T	0221	39.7387		
64858	Repair sciatic nerve	Covered	N	1	T	0221	39.7387		
64859	Nerve surgery	Covered	N	1	N				
64861	Repair of arm nerves	Covered	N	1	T	0221	39.7387		
64862	Repair of low back nerves	Covered	N	1	T	0221	39.7387		
64864	Repair of facial nerve	Covered	N	1	T	0221	39.7387		
64865	Repair of facial nerve	Covered	N	1	T	0221	39.7387		
64866	Fusion of facial/other nerve	Covered	N	1	C				\$937.48
64868	Fusion of facial/other nerve	Covered	N	1	C				\$875.98
64872	Subsequent repair of nerve	Covered	N	1	N				
64874	Repair & revise nerve add-on	Covered	N	1	N				
64876	Repair nerve/shorten bone	Covered	N	1	N				
64885	Nerve graft head/neck </4 cm	Covered	N	1	T	0221	39.7387		
64886	Nerve graft head/neck >4 cm	Covered	N	1	T	0221	39.7387		
64890	Nerve graft hand/foot </4 cm	Covered	N	1	T	0221	39.7387		
64891	Nerve graft hand/foot >4 cm	Covered	N	1	T	0221	39.7387		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
64892	Nerve graft arm/leg <4 cm	Covered	N	1	T	0221	39.7387		
64893	Nerve graft arm/leg >4 cm	Covered	N	1	T	0221	39.7387		
64895	Nerve graft hand/foot </4 cm	Covered	N	1	T	0221	39.7387		
64896	Nerve graft hand/foot >4 cm	Covered	N	1	T	0221	39.7387		
64897	Nerve graft arm/leg </4 cm	Covered	N	1	T	0221	39.7387		
64898	Nerve graft arm/leg >4 cm	Covered	N	1	T	0221	39.7387		
64901	Nerve graft add-on	Covered	N	1	N				
64902	Nerve graft add-on	Covered	N	1	N				
64905	Nerve pedicle transfer	Covered	N	1	T	0221	39.7387		
64907	Nerve pedicle transfer	Covered	N	1	T	0221	39.7387		
64910	Nerve repair w/allograft	Covered	N	1	T	0221	39.7387		
64911	Neurorrhaphy w/vein autograft	Covered	N	1	T	0221	39.7387		
64999	Nervous system surgery	Covered	N	1	T	0204	2.8475		
65091	Revise eye	Covered	N	1	T	0240	20.6904		
65093	Revise eye with implant	Covered	N	1	T	0242	35.9699		
65101	Removal of eye	Covered	N	1	T	0242	35.9699		
65103	Remove eye/insert implant	Covered	N	1	T	0242	35.9699		
65105	Remove eye/attach implant	Covered	N	1	T	0242	35.9699		
65110	Removal of eye	Covered	N	1	T	0242	35.9699		
65112	Remove eye/revise socket	Covered	N	1	T	0242	35.9699		
65114	Remove eye/revise socket	Covered	N	1	T	0242	35.9699		
65125	Revise ocular implant	Covered	N	1	T	0240	20.6904		
65130	Insert ocular implant	Covered	N	1	T	0242	35.9699		
65135	Insert ocular implant	Covered	N	1	T	0242	35.9699		
65140	Attach ocular implant	Covered	N	1	T	0242	35.9699		
65150	Revise ocular implant	Covered	N	1	T	0240	20.6904		
65155	Reinsert ocular implant	Covered	N	1	T	0242	35.9699		
65175	Removal of ocular implant	Covered	N	1	T	0240	20.6904		
65205	Remove foreign body from eye	Covered	N	2	Q1	0698	1.3596		
65210	Remove foreign body from eye	Covered	N		Q1	0698	1.3596		
65220	Remove foreign body from eye	Covered	N	1	Q1	0698	1.3596		
65222	Remove foreign body from eye	Covered	N	2	Q1	0698	1.3596		
65235	Remove foreign body from eye	Covered	N	1	T	0233	23.6288		
65260	Remove foreign body from eye	Covered	N	1	S	0231	4.2389		
65265	Remove foreign body from eye	Covered	N	1	T	0233	23.6288		
65270	Repair of eye wound	Covered	N	1	T	0240	20.6904		
65272	Repair of eye wound	Covered	N	1	T	0240	20.6904		
65273	Repair of eye wound	Covered	N	1	C				\$285.68
65275	Repair of eye wound	Covered	N	1	T	0242	35.9699		
65280	Repair of eye wound	Covered	N	1	T	0233	23.6288		
65285	Repair of eye wound	Covered	N	1	T	0233	23.6288		
65286	Repair of eye wound	Covered	N	2	T	0255	10.1409		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
65290	Repair of eye socket wound	Covered	N	1	T	0240	20.6904		
65400	Removal of eye lesion	Covered	N	1	T	0239	9.4598		
65410	Biopsy of cornea	Covered	N	1	T	0239	9.4598		
65420	Removal of eye lesion	Covered	N	1	T	0240	20.6904		
65426	Removal of eye lesion	Covered	N	1	T	0240	20.6904		
65430	Corneal smear	Covered	N	1	Q1	0698	1.3596		
65435	Curette/treat cornea	Covered	N	1	T	0239	9.4598		
65436	Curette/treat cornea	Covered	N	1	T	0240	20.6904		
65450	Treatment of corneal lesion	Covered	N	1	T	0238	4.0224		
65600	Revision of cornea	Covered	N	1	T	0240	20.6904		
65710	Corneal transplant	Covered	N	1	T	0673	42.0983		
65730	Corneal transplant	Covered	N	1	T	0673	42.0983		
65750	Corneal transplant	Covered	N	1	T	0673	42.0983		
65755	Corneal transplant	Covered	N	1	T	0673	42.0983		
65756	Corneal trnspl endothelial	Covered	N	1	T	0673	42.0983		
65757	Prep corneal endo allograft	Covered	N	1	N				
65760	Revision of cornea	Not Covered			E				
65765	Revision of cornea	Covered	N	1	E				\$1,209.76
65767	Corneal tissue transplant	Covered	N	1	E				\$1,209.76
65770	Revise cornea with implant	Covered	N	1	J1	0293	113.9208		
65771	Radial keratotomy	Not Covered			E				
65772	Correction of astigmatism	Covered	N	1	T	0239	9.4598		
65775	Correction of astigmatism	Covered	N	1	T	0240	20.6904		
65778	Cover eye w/membrane	Covered	N	1	Q2	0239	9.4598		
65779	Cover eye w/membrane suture	Covered	N	1	Q2	0242	35.9699		
65780	Ocular reconst transplant	Covered	N	1	T	0242	35.9699		
65781	Ocular reconst transplant	Covered	N	1	T	0673	42.0983		
65782	Ocular reconst transplant	Covered	N	1	T	0242	35.9699		
65800	Drainage of eye	Covered	N	1	S	0231	4.2389		
65810	Drainage of eye	Covered	N	1	T	0233	23.6288		
65815	Drainage of eye	Covered	N	1	T	0233	23.6288		
65820	Relieve inner eye pressure	Covered	N	1	T	0233	23.6288		
65850	Incision of eye	Covered	N	1	T	0233	23.6288		
65855	Laser surgery of eye	Covered	N	1	T	0247	5.9810		
65860	Incise inner eye adhesions	Covered	N	1	T	0247	5.9810		
65865	Incise inner eye adhesions	Covered	N	1	T	0233	23.6288		
65870	Incise inner eye adhesions	Covered	N	1	T	0233	23.6288		
65875	Incise inner eye adhesions	Covered	N	1	T	0233	23.6288		
65880	Incise inner eye adhesions	Covered	N	1	T	0233	23.6288		
65900	Remove eye lesion	Covered	N	1	T	0233	23.6288		
65920	Remove implant of eye	Covered	N	1	T	0233	23.6288		
65930	Remove blood clot from eye	Covered	N	1	T	0233	23.6288		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
66020	Injection treatment of eye	Covered	N	1	T	0255	10.1409		
66030	Injection treatment of eye	Covered	N	1	T	0255	10.1409		
66130	Remove eye lesion	Covered	N	1	T	0240	20.6904		
66150	Glaucoma surgery	Covered	N	1	T	0233	23.6288		
66155	Glaucoma surgery	Covered	N	1	T	0233	23.6288		
66160	Glaucoma surgery	Covered	N	1	T	0233	23.6288		
66170	Glaucoma surgery	Covered	N	1	T	0233	23.6288		
66172	Incision of eye	Covered	N	1	T	0233	23.6288		
66174	Translum dil eye canal	Covered	N	1	T	0673	42.0983		
66175	Trnslum dil eye canal w/stnt	Covered	N	1	T	0673	42.0983		
66179	Aqueous shunt eye w/o graft	Covered	N	1	T	0673	42.0983		
66180	Aqueous shunt eye w/graft	Covered	N	1	T	0673	42.0983		
66183	Insert ant drainage device	Covered	N	1	T	0673	42.0983		
66184	Revision of aqueous shunt	Covered	N	1	T	0233	23.6288		
66185	Revise aqueous shunt eye	Covered	N	1	T	0233	23.6288		
66220	Repair eye lesion	Covered	N	1	T	0233	23.6288		
66225	Repair/graft eye lesion	Not Covered			T	0233	23.6288		
66250	Follow-up surgery of eye	Covered	N	1	T	0233	23.6288		
66500	Incision of iris	Covered	N	1	S	0231	4.2389		
66505	Incision of iris	Covered	N	1	T	0255	10.1409		
66600	Remove iris and lesion	Covered	N	1	T	0233	23.6288		
66605	Removal of iris	Covered	N	1	T	0673	42.0983		
66625	Removal of iris	Covered	N	1	T	0255	10.1409		
66630	Removal of iris	Covered	N	1	T	0255	10.1409		
66635	Removal of iris	Covered	N	1	T	0233	23.6288		
66680	Repair iris & ciliary body	Covered	N	1	T	0233	23.6288		
66682	Repair iris & ciliary body	Covered	N	1	T	0233	23.6288		
66700	Destruction ciliary body	Covered	N	1	T	0255	10.1409		
66710	Ciliary translseral therapy	Covered	N	1	T	0240	20.6904		
66711	Ciliary endoscopic ablation	Covered	N	1	T	0233	23.6288		
66720	Destruction ciliary body	Covered	N	1	T	0240	20.6904		
66740	Destruction ciliary body	Covered	N	1	T	0240	20.6904		
66761	Revision of iris	Covered	N	1	T	0247	5.9810		
66762	Revision of iris	Covered	N	1	T	0247	5.9810		
66770	Removal of inner eye lesion	Covered	N	1	T	0247	5.9810		
66820	Incision secondary cataract	Covered	N	1	S	0231	4.2389		
66821	After cataract laser surgery	Covered	N	1	T	0247	5.9810		
66825	Reposition intraocular lens	Covered	N	1	T	0233	23.6288		
66830	Removal of lens lesion	Covered	N	1	T	0233	23.6288		
66840	Removal of lens material	Covered	N	1	T	0233	23.6288		
66850	Removal of lens material	Covered	N	1	T	0233	23.6288		
66852	Removal of lens material	Covered	N	1	T	0673	42.0983		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
66920	Extraction of lens	Covered	N	1	T	0233	23.6288		
66930	Extraction of lens	Covered	N	1	T	0233	23.6288		
66940	Extraction of lens	Covered	N	1	T	0255	10.1409		
66982	Cataract surgery complex	Covered	N		T	0233	23.6288		
66983	Cataract surg w/iol 1 stage	Covered	N	1	T	0233	23.6288		
66984	Cataract surg w/iol 1 stage	Covered	N	1	T	0233	23.6288		
66985	Insert lens prosthesis	Covered	N	1	T	0233	23.6288		
66986	Exchange lens prosthesis	Covered	N	1	T	0233	23.6288		
66990	Ophthalmic endoscope add-on	Not Covered			N				
66999	Eye surgery procedure	Covered	N	1	T	0255	10.1409		
67005	Partial removal of eye fluid	Covered	N	1	T	0233	23.6288		
67010	Partial removal of eye fluid	Covered	N	1	T	0233	23.6288		
67015	Release of eye fluid	Covered	N	1	T	0233	23.6288		
67025	Replace eye fluid	Covered	N	1	T	0233	23.6288		
67027	Implant eye drug system	Covered	N	1	T	0673	42.0983		
67028	Injection eye drug	Covered	N	1	S	0231	4.2389		
67030	Incise inner eye strands	Covered	N	1	T	0233	23.6288		
67031	Laser surgery eye strands	Covered	N	1	T	0247	5.9810		
67036	Removal of inner eye fluid	Covered	N	1	T	0673	42.0983		
67039	Laser treatment of retina	Covered	N	1	T	0673	42.0983		
67040	Laser treatment of retina	Covered	N	1	T	0673	42.0983		
67041	Vit for macular pucker	Covered	N	1	T	0673	42.0983		
67042	Vit for macular hole	Covered	N	1	T	0673	42.0983		
67043	Vit for membrane dissect	Covered	N	1	T	0673	42.0983		
67101	Repair detached retina	Covered	N	1	T	0233	23.6288		
67105	Repair detached retina	Covered	N	1	T	0247	5.9810		
67107	Repair detached retina	Covered	N	1	T	0673	42.0983		
67108	Repair detached retina	Covered	N	1	T	0673	42.0983		
67110	Repair detached retina	Covered	N	1	T	0233	23.6288		
67112	Rerepair detached retina	Covered	N	1	T	0673	42.0983		
67113	Repair retinal detach cplx	Covered	N	1	T	0673	42.0983		
67115	Release encircling material	Covered	N	1	T	0233	23.6288		
67120	Remove eye implant material	Covered	N	1	T	0233	23.6288		
67121	Remove eye implant material	Covered	N	1	T	0673	42.0983		
67141	Treatment of retina	Covered	N	1	T	0238	4.0224		
67145	Treatment of retina	Covered	N	1	T	0247	5.9810		
67208	Treatment of retinal lesion	Covered	N	1	T	0238	4.0224		
67210	Treatment of retinal lesion	Covered	N	1	T	0247	5.9810		
67218	Treatment of retinal lesion	Covered	N	1	T	0240	20.6904		
67220	Treatment of choroid lesion	Covered	N	1	T	0247	5.9810		
67221	Ocular photodynamic ther	Covered	N	1	T	0247	5.9810		
67225	Eye photodynamic ther add-on	Covered	N		N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
67227	Treatment of retinal lesion	Covered	N	1	T	0242	35.9699		
67228	Treatment of retinal lesion	Covered	N	1	T	0247	5.9810		
67229	Tr retinal les preterm inf	Covered	N	1	T	0247	5.9810		
67250	Reinforce eye wall	Covered	N	1	T	0240	20.6904		
67255	Reinforce/graft eye wall	Covered	N	1	T	0233	23.6288		
67299	Eye surgery procedure	Covered	N	1	T	0255	10.1409		
67311	Revise eye muscle	Covered	N	1	T	0240	20.6904		
67312	Revise two eye muscles	Covered	N	1	T	0240	20.6904		
67314	Revise eye muscle	Covered	N	1	T	0240	20.6904		
67316	Revise two eye muscles	Covered	N	1	T	0240	20.6904		
67318	Revise eye muscle(s)	Covered	N	1	T	0240	20.6904		
67320	Revise eye muscle(s) add-on	Covered	N	1	N				
67331	Eye surgery follow-up add-on	Covered	N	1	N				
67332	Rerevise eye muscles add-on	Covered	N	1	N				
67334	Revise eye muscle w/suture	Covered	N	1	N				
67335	Eye suture during surgery	Covered	N	1	N				
67340	Revise eye muscle add-on	Covered	N	1	N				
67343	Release eye tissue	Covered	N	1	T	0240	20.6904		
67345	Destroy nerve of eye muscle	Covered	N	1	T	0238	4.0224		
67346	Biopsy eye muscle	Covered	N	1	T	0240	20.6904		
67399	Unlisted px extraocular musc	Covered	N	1	T	0240	20.6904		
67400	Explore/biopsy eye socket	Covered	N	1	T	0242	35.9699		
67405	Explore/drain eye socket	Covered	N	1	T	0240	20.6904		
67412	Explore/treat eye socket	Covered	N	1	T	0240	20.6904		
67413	Explore/treat eye socket	Covered	N	1	T	0240	20.6904		
67414	Explr/decompress eye socket	Covered	N	1	T	0242	35.9699		
67415	Aspiration orbital contents	Covered	N	1	T	0240	20.6904		
67420	Explore/treat eye socket	Covered	N	1	T	0242	35.9699		
67430	Explore/treat eye socket	Covered	N	1	T	0242	35.9699		
67440	Explore/drain eye socket	Covered	N	1	T	0242	35.9699		
67445	Explr/decompress eye socket	Covered	N	1	T	0242	35.9699		
67450	Explore/biopsy eye socket	Covered	N	1	T	0242	35.9699		
67500	Inject/treat eye socket	Covered	N	1	T	0238	4.0224		
67505	Inject/treat eye socket	Covered	N	1	T	0238	4.0224		
67515	Inject/treat eye socket	Covered	N	1	T	0238	4.0224		
67550	Insert eye socket implant	Covered	N	1	T	0242	35.9699		
67560	Revise eye socket implant	Covered	N	1	T	0240	20.6904		
67570	Decompress optic nerve	Covered	N	1	T	0240	20.6904		
67599	Orbit surgery procedure	Covered	N	1	T	0238	4.0224		
67700	Drainage of eyelid abscess	Covered	N	1	T	0238	4.0224		
67710	Incision of eyelid	Covered	N	1	T	0239	9.4598		
67715	Incision of eyelid fold	Covered	N	1	T	0240	20.6904		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
67800	Remove eyelid lesion	Covered	N	1	T	0238	4.0224		
67801	Remove eyelid lesions	Covered	N	1	T	0239	9.4598		
67805	Remove eyelid lesions	Covered	N	1	T	0238	4.0224		
67808	Remove eyelid lesion(s)	Covered	N	1	T	0240	20.6904		
67810	Biopsy eyelid & lid margin	Covered	N	1	T	0238	4.0224		
67820	Revise eyelashes	Covered	N	1	Q1	0698	1.3596		
67825	Revise eyelashes	Covered	N	1	T	0238	4.0224		
67830	Revise eyelashes	Covered	N	1	T	0239	9.4598		
67835	Revise eyelashes	Covered	N	1	T	0240	20.6904		
67840	Remove eyelid lesion	Covered	N	1	T	0239	9.4598		
67850	Treat eyelid lesion	Covered	N	1	T	0239	9.4598		
67875	Closure of eyelid by suture	Covered	N	1	T	0239	9.4598		
67880	Revision of eyelid	Covered	N	1	T	0240	20.6904		
67882	Revision of eyelid	Covered	N	1	T	0240	20.6904		
67900	Repair brow defect	Covered	N	1	T	0240	20.6904		
67901	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67902	Repair eyelid defect	Covered	N	1	T	0242	35.9699		
67903	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67904	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67906	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67908	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67909	Revise eyelid defect	Covered	N	1	T	0240	20.6904		
67911	Revise eyelid defect	Covered	N	1	T	0240	20.6904		
67912	Correction eyelid w/implant	Covered	N	2	T	0240	20.6904		
67914	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67915	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67916	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67917	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67921	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67922	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67923	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67924	Repair eyelid defect	Covered	N	1	T	0240	20.6904		
67930	Repair eyelid wound	Covered	N	1	T	0240	20.6904		
67935	Repair eyelid wound	Covered	N	1	T	0240	20.6904		
67938	Remove eyelid foreign body	Covered	N	1	T	0238	4.0224		
67950	Revision of eyelid	Covered	N	1	T	0240	20.6904		
67961	Revision of eyelid	Covered	N	1	T	0240	20.6904		
67966	Revision of eyelid	Covered	N	1	T	0240	20.6904		
67971	Reconstruction of eyelid	Covered	N	1	T	0240	20.6904		
67973	Reconstruction of eyelid	Covered	N	1	T	0240	20.6904		
67974	Reconstruction of eyelid	Covered	N	1	T	0240	20.6904		
67975	Reconstruction of eyelid	Covered	N	1	T	0240	20.6904		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
67999	Revision of eyelid	Covered	N	1	T	0238	4.0224		
68020	Incise/drain eyelid lining	Covered	N	1	T	0239	9.4598		
68040	Treatment of eyelid lesions	Covered	N	1	T	0238	4.0224		
68100	Biopsy of eyelid lining	Covered	N	1	T	0239	9.4598		
68110	Remove eyelid lining lesion	Covered	N	1	T	0240	20.6904		
68115	Remove eyelid lining lesion	Covered	N	1	T	0240	20.6904		
68130	Remove eyelid lining lesion	Covered	N	1	T	0240	20.6904		
68135	Remove eyelid lining lesion	Covered	N	1	T	0240	20.6904		
68200	Treat eyelid by injection	Covered	N	1	Q1	0698	1.3596		
68320	Revise/graft eyelid lining	Covered	N	1	T	0240	20.6904		
68325	Revise/graft eyelid lining	Covered	N	1	T	0242	35.9699		
68326	Revise/graft eyelid lining	Covered	N	1	T	0242	35.9699		
68328	Revise/graft eyelid lining	Covered	N	1	T	0240	20.6904		
68330	Revise eyelid lining	Covered	N	1	T	0233	23.6288		
68335	Revise/graft eyelid lining	Covered	N	1	T	0242	35.9699		
68340	Separate eyelid adhesions	Covered	N	1	T	0240	20.6904		
68360	Revise eyelid lining	Covered	N	1	T	0242	35.9699		
68362	Revise eyelid lining	Covered	N	1	T	0240	20.6904		
68371	Harvest eye tissue alograft	Covered	N	1	T	0240	20.6904		
68399	Eyelid lining surgery	Covered	N	1	T	0238	4.0224		
68400	Incise/drain tear gland	Covered	N	1	T	0239	9.4598		
68420	Incise/drain tear sac	Covered	N	1	T	0239	9.4598		
68440	Incise tear duct opening	Covered	N	1	T	0238	4.0224		
68500	Removal of tear gland	Covered	N	1	T	0242	35.9699		
68505	Partial removal tear gland	Covered	N	1	T	0240	20.6904		
68510	Biopsy of tear gland	Covered	N	1	T	0240	20.6904		
68520	Removal of tear sac	Covered	N	1	T	0242	35.9699		
68525	Biopsy of tear sac	Covered	N	1	T	0240	20.6904		
68530	Clearance of tear duct	Covered	N	1	T	0238	4.0224		
68540	Remove tear gland lesion	Covered	N	1	T	0240	20.6904		
68550	Remove tear gland lesion	Covered	N	1	T	0242	35.9699		
68700	Repair tear ducts	Covered	N	1	T	0240	20.6904		
68705	Revise tear duct opening	Covered	N	1	T	0238	4.0224		
68720	Create tear sac drain	Covered	N	1	T	0242	35.9699		
68745	Create tear duct drain	Covered	N	1	T	0242	35.9699		
68750	Create tear duct drain	Covered	N	1	T	0240	20.6904		
68760	Close tear duct opening	Covered	N	1	T	0238	4.0224		
68761	Close tear duct opening	Covered	N	2	T	0238	4.0224		
68770	Close tear system fistula	Covered	N	1	T	0239	9.4598		
68801	Dilate tear duct opening	Covered	N	1	Q1	0698	1.3596		
68810	Probe nasolacrimal duct	Covered	N	1	T	0238	4.0224		
68811	Probe nasolacrimal duct	Covered	N	1	T	0240	20.6904		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
68815	Probe nasolacrimal duct	Covered	N	1	T	0240	20.6904		
68816	Probe nl duct w/balloon	Covered	N	1	T	0240	20.6904		
68840	Explore/irrigate tear ducts	Covered	N	2	T	0238	4.0224		
68850	Injection for tear sac x-ray	Covered	N	1	N				
68899	Tear duct system surgery	Covered	N	1	T	0238	4.0224		
69000	Drain external ear lesion	Covered	N	1	T	0006	2.1836		
69005	Drain external ear lesion	Covered	N	1	T	0007	11.6749		
69020	Drain outer ear canal lesion	Covered	N	1	T	0006	2.1836		
69090	Pierce earlobes	Not Covered			E				
69100	Biopsy of external ear	Covered	N	1	T	0251	4.8979		
69105	Biopsy of external ear canal	Covered	N	1	T	0253	17.0798		
69110	Remove external ear partial	Covered	N	1	T	0021	18.0849		
69120	Removal of external ear	Covered	N	1	T	0254	26.2386		
69140	Remove ear canal lesion(s)	Covered	N	1	T	0256	50.2882		
69145	Remove ear canal lesion(s)	Covered	N	1	T	0021	18.0849		
69150	Extensive ear canal surgery	Covered	N	1	T	0254	26.2386		
69155	Extensive ear/neck surgery	Covered	N	1	C				\$1,273.21
69200	Clear outer ear canal	Covered	N	2	Q1	0420	1.7762		
69205	Clear outer ear canal	Covered	N	2	T	0022	24.5953		
69210	Remove impacted ear wax uni	Covered	N	1	Q1	0340	0.7061		
69220	Clean out mastoid cavity	Covered	N	1	Q1	0012	1.3279		
69222	Clean out mastoid cavity	Covered	N	2	T	0252	8.7183		
69300	Revise external ear	Covered	N	1	T	0254	26.2386		
69310	Rebuild outer ear canal	Covered	N	1	T	0256	50.2882		
69320	Rebuild outer ear canal	Covered	N	1	T	0256	50.2882		
69399	Outer ear surgery procedure	Covered	N	1	T	0250	1.7489		
69420	Incision of eardrum	Covered	N	2	T	0251	4.8979		
69421	Incision of eardrum	Covered	N	2	T	0253	17.0798		
69424	Remove ventilating tube	Covered	N	2	Q2	0253	17.0798		
69433	Create eardrum opening	Covered	N	2	T	0251	4.8979		
69436	Create eardrum opening	Covered	N	2	T	0253	17.0798		
69440	Exploration of middle ear	Covered	N	1	T	0256	50.2882		
69450	Eardrum revision	Covered	N	1	T	0256	50.2882		
69501	Mastoidectomy	Covered	N	1	T	0256	50.2882		
69502	Mastoidectomy	Covered	N	1	T	0256	50.2882		
69505	Remove mastoid structures	Covered	N	1	T	0256	50.2882		
69511	Extensive mastoid surgery	Covered	N	1	T	0256	50.2882		
69530	Extensive mastoid surgery	Covered	N	1	T	0256	50.2882		
69535	Remove part of temporal bone	Covered	N	1	C				\$2,145.24
69540	Remove ear lesion	Covered	N	2	T	0253	17.0798		
69550	Remove ear lesion	Covered	N	1	T	0256	50.2882		
69552	Remove ear lesion	Covered	N	1	T	0256	50.2882		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
69554	Remove ear lesion	Covered	N	1	C				\$1,969.90
69601	Mastoid surgery revision	Covered	N	1	T	0256	50.2882		
69602	Mastoid surgery revision	Covered	N	1	T	0256	50.2882		
69603	Mastoid surgery revision	Covered	N	1	T	0256	50.2882		
69604	Mastoid surgery revision	Covered	N	1	T	0256	50.2882		
69605	Mastoid surgery revision	Covered	N	1	T	0256	50.2882		
69610	Repair of eardrum	Covered	N	2	T	0254	26.2386		
69620	Repair of eardrum	Covered	N	1	T	0254	26.2386		
69631	Repair eardrum structures	Covered	N	1	T	0256	50.2882		
69632	Rebuild eardrum structures	Covered	N	1	T	0256	50.2882		
69633	Rebuild eardrum structures	Covered	N	1	T	0256	50.2882		
69635	Repair eardrum structures	Covered	N	1	T	0256	50.2882		
69636	Rebuild eardrum structures	Covered	N	1	T	0256	50.2882		
69637	Rebuild eardrum structures	Covered	N	1	T	0256	50.2882		
69641	Revise middle ear & mastoid	Covered	N	1	T	0256	50.2882		
69642	Revise middle ear & mastoid	Covered	N	1	T	0256	50.2882		
69643	Revise middle ear & mastoid	Covered	N	1	T	0256	50.2882		
69644	Revise middle ear & mastoid	Covered	N	1	T	0256	50.2882		
69645	Revise middle ear & mastoid	Covered	N	1	T	0256	50.2882		
69646	Revise middle ear & mastoid	Covered	N	1	T	0256	50.2882		
69650	Release middle ear bone	Covered	N	1	T	0256	50.2882		
69660	Revise middle ear bone	Covered	N	1	T	0256	50.2882		
69661	Revise middle ear bone	Covered	N	1	T	0256	50.2882		
69662	Revise middle ear bone	Covered	N	1	T	0256	50.2882		
69666	Repair middle ear structures	Covered	N	1	T	0254	26.2386		
69667	Repair middle ear structures	Covered	N	1	T	0254	26.2386		
69670	Remove mastoid air cells	Covered	N	1	T	0256	50.2882		
69676	Remove middle ear nerve	Covered	N	1	T	0254	26.2386		
69700	Close mastoid fistula	Covered	N	1	T	0254	26.2386		
69710	Implant/replace hearing aid	Covered	N	1	E				\$1,159.66
69711	Remove/repair hearing aid	Covered	N	1	Q2	0256	50.2882		
69714	Implant temple bone w/stimul	Covered	N		J1	0425	137.8399		
69715	Temple bne implnt w/stimulat	Covered	N		J1	0425	137.8399		
69717	Temple bone implant revision	Covered	N	1	T	0047	45.3575		
69718	Revise temple bone implant	Covered	N		J1	0425	137.8399		
69720	Release facial nerve	Covered	N	1	T	0256	50.2882		
69725	Release facial nerve	Covered	N	1	T	0256	50.2882		
69740	Repair facial nerve	Covered	N	1	T	0256	50.2882		
69745	Repair facial nerve	Covered	N	1	T	0256	50.2882		
69799	Middle ear surgery procedure	Covered	N	1	T	0250	1.7489		
69801	Incise inner ear	Covered	N	1	T	0253	17.0798		
69805	Explore inner ear	Covered	N	1	T	0256	50.2882		

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69806	Explore inner ear	Covered	N	1	T	0256	50.2882		
69820	Establish inner ear window	Covered	N	1	T	0256	50.2882		
69840	Revise inner ear window	Covered	N	1	T	0256	50.2882		
69905	Remove inner ear	Covered	N	1	T	0256	50.2882		
69910	Remove inner ear & mastoid	Covered	N	1	T	0256	50.2882		
69915	Incise inner ear nerve	Covered	N	1	T	0256	50.2882		
69930	Implant cochlear device	Covered	N	1	J1	0259	400.6642		
69949	Inner ear surgery procedure	Covered	N	1	T	0250	1.7489		
69950	Incise inner ear nerve	Covered	N	1	C				\$1,527.76
69955	Release facial nerve	Covered	N	1	T	0256	50.2882		
69960	Release inner ear canal	Covered	N	1	T	0256	50.2882		
69970	Remove inner ear lesion	Covered	N	1	T	0256	50.2882		
69979	Temporal bone surgery	Covered	N	1	T	0250	1.7489		
69990	Microsurgery add-on	Covered	N	1	N				
70010	Contrast x-ray of brain	Covered	N	1	Q2	0274	8.2817		
70015	Contrast x-ray of brain	Covered	N	1	Q2	0274	8.2817		
70030	X-ray eye for foreign body	Covered	N	1	Q1	0260	0.8004		
70100	X-ray exam of jaw <4views	Covered	N	1	Q1	0260	0.8004		
70110	X-ray exam of jaw 4/> views	Covered	N	1	Q1	0261	1.2810		
70120	X-ray exam of mastoids	Covered	N	1	Q1	0260	0.8004		
70130	X-ray exam of mastoids	Covered	N	1	Q1	0261	1.2810		
70134	X-ray exam of middle ear	Covered	N	1	Q1	0261	1.2810		
70140	X-ray exam of facial bones	Covered	N	1	Q1	0260	0.8004		
70150	X-ray exam of facial bones	Covered	N	1	Q1	0261	1.2810		
70160	X-ray exam of nasal bones	Covered	N	1	Q1	0260	0.8004		
70170	X-ray exam of tear duct	Covered	N	1	Q2	0263	4.5438		
70190	X-ray exam of eye sockets	Covered	N	1	Q1	0261	1.2810		
70200	X-ray exam of eye sockets	Covered	N	1	Q1	0261	1.2810		
70210	X-ray exam of sinuses	Covered	N	1	Q1	0260	0.8004		
70220	X-ray exam of sinuses	Covered	N	1	Q1	0261	1.2810		
70240	X-ray exam pituitary saddle	Covered	N	1	Q1	0260	0.8004		
70250	X-ray exam of skull	Covered	N	1	Q1	0261	1.2810		
70260	X-ray exam of skull	Covered	N	1	Q1	0261	1.2810		
70300	X-ray exam of teeth	Covered	N	1	Q1	0260	0.8004		
70310	X-ray exam of teeth	Covered	N	1	Q1	0261	1.2810		
70320	Full mouth x-ray of teeth	Covered	N	1	Q1	0260	0.8004		
70328	X-ray exam of jaw joint	Covered	N	1	Q1	0260	0.8004		
70330	X-ray exam of jaw joints	Covered	N	1	Q1	0260	0.8004		
70332	X-ray exam of jaw joint	Covered	N	2	Q2	0275	4.5657		
70336	Magnetic image jaw joint	Covered	H	2	Q3	0336	3.8614		
70350	X-ray head for orthodontia	Covered	N	1	Q1	0260	0.8004		
70355	Panoramic x-ray of jaws	Covered	N	1	Q1	0260	0.8004		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
70360	X-ray exam of neck	Covered	N	1	Q1	0260	0.8004		
70370	Throat x-ray & fluoroscopy	Covered	N	1	S	0272	2.1508		
70371	Speech evaluation complex	Covered	N	1	S	0272	2.1508		
70373	Contrast x-ray of larynx	Covered	N	1	Q2	0263	4.5438		
70380	X-ray exam of salivary gland	Covered	N	1	Q1	0260	0.8004		
70390	X-ray exam of salivary duct	Covered	N	1	Q2	0263	4.5438		
70450	Ct head/brain w/o dye	Covered	H	1	Q3	0332	1.6181		
70460	Ct head/brain w/dye	Covered	H	1	Q3	0283	3.2481		
70470	Ct head/brain w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
70480	Ct orbit/ear/fossa w/o dye	Covered	H	1	Q3	0332	1.6181		
70481	Ct orbit/ear/fossa w/dye	Covered	H	1	Q3	0283	3.2481		
70482	Ct orbit/ear/fossa w/o&w/dye	Covered	H	1	Q3	0333	3.6362		
70486	Ct maxillofacial w/o dye	Covered	H	1	Q3	0332	1.6181		
70487	Ct maxillofacial w/dye	Covered	H	1	Q3	0283	3.2481		
70488	Ct maxillofacial w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
70490	Ct soft tissue neck w/o dye	Covered	H	1	Q3	0332	1.6181		
70491	Ct soft tissue neck w/dye	Covered	H	1	Q3	0283	3.2481		
70492	Ct sft tsue nck w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
70496	Ct angiography head	Covered	H		Q3	0662	3.8011		
70498	Ct angiography neck	Covered	H	1	Q3	0662	3.8011		
70540	Mri orbit/face/neck w/o dye	Covered	H	1	Q3	0336	3.8614		
70542	Mri orbit/face/neck w/dye	Covered	H	1	Q3	0284	5.7574		
70543	Mri orbt/fac/nck w/o &w/dye	Covered	H	1	Q3	0337	6.5129		
70544	Mr angiography head w/o dye	Covered	H		Q3	0336	3.8614		
70545	Mr angiography head w/dye	Covered	H		Q3	0284	5.7574		
70546	Mr angiograph head w/o&w/dye	Covered	H	1	Q3	0337	6.5129		
70547	Mr angiography neck w/o dye	Covered	H		Q3	0336	3.8614		
70548	Mr angiography neck w/dye	Covered	H		Q3	0284	5.7574		
70549	Mr angiograph neck w/o&w/dye	Covered	H		Q3	0337	6.5129		
70551	Mri brain stem w/o dye	Covered	H	1	Q3	0336	3.8614		
70552	Mri brain stem w/dye	Covered	H	1	Q3	0284	5.7574		
70553	Mri brain stem w/o & w/dye	Covered	H	1	Q3	0337	6.5129		
70554	Fmri brain by tech	Covered	N	1	Q3	0336	3.8614		
70555	Fmri brain by phys/psych	Covered	N	1	S	0336	3.8614		
70557	Mri brain w/o dye	Covered	N	1	S	0336	3.8614		
70558	Mri brain w/dye	Covered	N	1	S	0284	5.7574		
70559	Mri brain w/o & w/dye	Covered	N	1	S	0337	6.5129		
71010	Chest x-ray 1 view frontal	Covered	N	5	Q3	0260	0.8004		
71015	Chest x-ray stereo frontal	Covered	N	3	Q3	0260	0.8004		
71020	Chest x-ray 2vw frontal&latl	Covered	N	3	Q3	0260	0.8004		
71021	Chest x-ray frnt lat lordotc	Covered	N	1	Q1	0260	0.8004		
71022	Chest x-ray frnt lat oblique	Covered	N	1	Q1	0261	1.2810		

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71023	Chest x-ray and fluoroscopy	Covered	N	1	Q1	0261	1.2810		
71030	Chest x-ray 4/> views	Covered	N	1	Q1	0261	1.2810		
71034	Chest x-ray&fluoro 4/> views	Covered	N	1	S	0272	2.1508		
71035	Chest x-ray special views	Covered	N	2	Q1	0260	0.8004		
71100	X-ray exam ribs uni 2 views	Covered	N	1	Q1	0260	0.8004		
71101	X-ray exam unilat ribs/chest	Covered	N	1	Q1	0261	1.2810		
71110	X-ray exam ribs bil 3 views	Covered	N	1	Q1	0261	1.2810		
71111	X-ray exam ribs/chest4/> vws	Covered	N	1	Q1	0261	1.2810		
71120	X-ray exam breastbone 2/>vws	Covered	N	1	Q1	0260	0.8004		
71130	X-ray strenoclavic jt 3/>vws	Covered	N	1	Q1	0260	0.8004		
71250	Ct thorax w/o dye	Covered	H	1	Q3	0332	1.6181		
71260	Ct thorax w/dye	Covered	H	1	Q3	0283	3.2481		
71270	Ct thorax w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
71275	Ct angiography chest	Covered	H	1	Q3	0662	3.8011		
71550	Mri chest w/o dye	Covered	H	1	Q3	0336	3.8614		
71551	Mri chest w/dye	Covered	H		Q3	0284	5.7574		
71552	Mri chest w/o & w/dye	Covered	H		Q3	0337	6.5129		
71555	Mri angio chest w or w/o dye	Not Covered			B				
72010	X-ray exam spine ap&lat	Covered	N	2	S	0272	2.1508		
72020	X-ray exam of spine 1 view	Covered	N	1	Q1	0260	0.8004		
72040	X-ray exam neck spine 2-3 vw	Covered	N	1	Q1	0261	1.2810		
72050	X-ray exam neck spine 4/5vws	Covered	N	1	Q1	0261	1.2810		
72052	X-ray exam neck spine 6/>vws	Covered	N	1	Q1	0261	1.2810		
72069	X-ray exam trunk spine stand	Covered	N	1	Q1	0260	0.8004		
72070	X-ray exam thorac spine 2vws	Covered	N	1	Q1	0261	1.2810		
72072	X-ray exam thorac spine 3vws	Covered	N	1	Q1	0261	1.2810		
72074	X-ray exam thorac spine4/>vw	Covered	N	1	Q1	0261	1.2810		
72080	X-ray exam trunk spine 2 vws	Covered	N	1	Q1	0260	0.8004		
72090	X-ray exam scloiosis erect	Covered	N	1	Q1	0261	1.2810		
72100	X-ray exam l-s spine 2/3 vws	Covered	N	1	Q1	0261	1.2810		
72110	X-ray exam l-2 spine 4/>vws	Covered	N	1	Q1	0261	1.2810		
72114	X-ray exam l-s spine bending	Covered	N	1	Q1	0261	1.2810		
72120	X-ray bend only l-s spine	Covered	N	1	Q1	0261	1.2810		
72125	Ct neck spine w/o dye	Covered	H	1	Q3	0332	1.6181		
72126	Ct neck spine w/dye	Covered	H	1	Q3	0283	3.2481		
72127	Ct neck spine w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
72128	Ct chest spine w/o dye	Covered	H	1	Q3	0332	1.6181		
72129	Ct chest spine w/dye	Covered	H	1	Q3	0283	3.2481		
72130	Ct chest spine w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
72131	Ct lumbar spine w/o dye	Covered	H	1	Q3	0332	1.6181		
72132	Ct lumbar spine w/dye	Covered	H	1	Q3	0283	3.2481		
72133	Ct lumbar spine w/o & w/dye	Covered	H	1	Q3	0333	3.6362		

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72141	Mri neck spine w/o dye	Covered	H	1	Q3	0336	3.8614		
72142	Mri neck spine w/dye	Covered	H	1	Q3	0284	5.7574		
72146	Mri chest spine w/o dye	Covered	H	1	Q3	0336	3.8614		
72147	Mri chest spine w/dye	Covered	H	1	Q3	0284	5.7574		
72148	Mri lumbar spine w/o dye	Covered	H	1	Q3	0336	3.8614		
72149	Mri lumbar spine w/dye	Covered	H	1	Q3	0284	5.7574		
72156	Mri neck spine w/o & w/dye	Covered	H	1	Q3	0337	6.5129		
72157	Mri chest spine w/o & w/dye	Covered	H	1	Q3	0337	6.5129		
72158	Mri lumbar spine w/o & w/dye	Covered	H	1	Q3	0337	6.5129		
72159	Mr angio spine w/o&w/dye	Not Covered			B				
72170	X-ray exam of pelvis	Covered	N	1	Q1	0261	1.2810		
72190	X-ray exam of pelvis	Covered	N	1	Q1	0261	1.2810		
72191	Ct angiograph pelv w/o&w/dye	Covered	H	1	Q3	0662	3.8011		
72192	Ct pelvis w/o dye	Covered	H	1	Q3	0332	1.6181		
72193	Ct pelvis w/dye	Covered	H	1	Q3	0283	3.2481		
72194	Ct pelvis w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
72195	Mri pelvis w/o dye	Covered	H		Q3	0336	3.8614		
72196	Mri pelvis w/dye	Covered	H	1	Q3	0284	5.7574		
72197	Mri pelvis w/o & w/dye	Covered	H	1	Q3	0337	6.5129		
72198	Mr angio pelvis w/o & w/dye	Not Covered			B				
72200	X-ray exam si joints	Covered	N	1	Q1	0260	0.8004		
72202	X-ray exam si joints 3/> vws	Covered	N	1	Q1	0261	1.2810		
72220	X-ray exam sacrum tailbone	Covered	N	1	Q1	0260	0.8004		
72240	Myelography neck spine	Covered	N	1	Q2	0274	8.2817		
72255	Myelography thoracic spine	Covered	N	1	Q2	0274	8.2817		
72265	Myelography l-s spine	Covered	N	1	Q2	0274	8.2817		
72270	Myelography 2/> spine regions	Covered	N	1	Q2	0274	8.2817		
72275	Epidurography	Covered	N	1	N				
72285	Discography cerv/thor spine	Covered	N	1	Q2	0388	44.9321		
72295	X-ray of lower spine disk	Covered	N	1	Q2	0388	44.9321		
73000	X-ray exam of collar bone	Covered	N	2	Q1	0260	0.8004		
73010	X-ray exam of shoulder blade	Covered	N	2	Q1	0260	0.8004		
73020	X-ray exam of shoulder	Covered	N	2	Q1	0260	0.8004		
73030	X-ray exam of shoulder	Covered	N	2	Q1	0261	1.2810		
73040	Contrast x-ray of shoulder	Covered	N	1	Q2	0275	4.5657		
73050	X-ray exam of shoulders	Covered	N	1	Q1	0261	1.2810		
73060	X-ray exam of humerus	Covered	N	2	Q1	0260	0.8004		
73070	X-ray exam of elbow	Covered	N	2	Q1	0260	0.8004		
73080	X-ray exam of elbow	Covered	N	2	Q1	0260	0.8004		
73085	Contrast x-ray of elbow	Covered	N	1	Q2	0275	4.5657		
73090	X-ray exam of forearm	Covered	N	2	Q1	0260	0.8004		
73092	X-ray exam of arm infant	Covered	N	2	Q1	0261	1.2810		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
73100	X-ray exam of wrist	Covered	N	3	Q1	0260	0.8004		
73110	X-ray exam of wrist	Covered	N	2	Q1	0260	0.8004		
73115	Contrast x-ray of wrist	Covered	N	2	Q2	0275	4.5657		
73120	X-ray exam of hand	Covered	N	2	Q1	0261	1.2810		
73130	X-ray exam of hand	Covered	N	2	Q1	0260	0.8004		
73140	X-ray exam of finger(s)	Covered	N	2	Q1	0260	0.8004		
73200	Ct upper extremity w/o dye	Covered	H	1	Q3	0332	1.6181		
73201	Ct upper extremity w/dye	Covered	H	1	Q3	0283	3.2481		
73202	Ct uppr extremity w/o&w/dye	Covered	H	1	Q3	0333	3.6362		
73206	Ct angio upr extrm w/o&w/dye	Covered	H		Q3	0662	3.8011		
73218	Mri upper extremity w/o dye	Covered	H		Q3	0336	3.8614		
73219	Mri upper extremity w/dye	Covered	H		Q3	0284	5.7574		
73220	Mri uppr extremity w/o&w/dye	Covered	H	2	Q3	0337	6.5129		
73221	Mri joint upr extrem w/o dye	Covered	H	2	Q3	0336	3.8614		
73222	Mri joint upr extrem w/dye	Covered	H		Q3	0284	5.7574		
73223	Mri joint upr extr w/o&w/dye	Covered	H	2	Q3	0337	6.5129		
73225	Mr angio upr extr w/o&w/dye	Not Covered			B				
73500	X-ray exam of hip	Covered	N	2	Q1	0260	0.8004		
73510	X-ray exam of hip	Covered	N	2	Q1	0260	0.8004		
73520	X-ray exam of hips	Covered	N	1	Q1	0261	1.2810		
73525	Contrast x-ray of hip	Covered	N	1	Q2	0275	4.5657		
73530	X-ray exam of hip	Covered	N	1	N				
73540	X-ray exam of pelvis & hips	Covered	N	1	Q1	0260	0.8004		
73550	X-ray exam of thigh	Covered	N	2	Q1	0260	0.8004		
73560	X-ray exam of knee 1 or 2	Covered	N	3	Q1	0260	0.8004		
73562	X-ray exam of knee 3	Covered	N	2	Q1	0261	1.2810		
73564	X-ray exam knee 4 or more	Covered	N	2	Q1	0261	1.2810		
73565	X-ray exam of knees	Covered	N	1	Q1	0260	0.8004		
73580	Contrast x-ray of knee joint	Covered	N	1	Q2	0275	4.5657		
73590	X-ray exam of lower leg	Covered	N	2	Q1	0260	0.8004		
73592	X-ray exam of leg infant	Covered	N	2	Q1	0261	1.2810		
73600	X-ray exam of ankle	Covered	N	2	Q1	0261	1.2810		
73610	X-ray exam of ankle	Covered	N	2	Q1	0261	1.2810		
73615	Contrast x-ray of ankle	Covered	N	1	Q2	0275	4.5657		
73620	X-ray exam of foot	Covered	N	3	Q1	0260	0.8004		
73630	X-ray exam of foot	Covered	N	3	Q1	0260	0.8004		
73650	X-ray exam of heel	Covered	N	2	Q1	0260	0.8004		
73660	X-ray exam of toe(s)	Covered	N	2	Q1	0260	0.8004		
73700	Ct lower extremity w/o dye	Covered	H	1	Q3	0332	1.6181		
73701	Ct lower extremity w/dye	Covered	H	1	Q3	0283	3.2481		
73702	Ct lwr extremity w/o&w/dye	Covered	H	1	Q3	0333	3.6362		
73706	Ct angio lwr extr w/o&w/dye	Covered	H	2	Q3	0662	3.8011		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
73718	Mri lower extremity w/o dye	Covered	H	2	Q3	0336	3.8614		
73719	Mri lower extremity w/dye	Covered	H		Q3	0284	5.7574		
73720	Mri lwr extremity w/o&w/dye	Covered	H	2	Q3	0337	6.5129		
73721	Mri jnt of lwr extre w/o dye	Covered	H	2	Q3	0336	3.8614		
73722	Mri joint of lwr extr w/dye	Covered	H		Q3	0284	5.7574		
73723	Mri joint lwr extr w/o&w/dye	Covered	H	4	Q3	0337	6.5129		
73725	Mr ang lwr ext w or w/o dye	Not Covered			B				
74000	X-ray exam of abdomen	Covered	N	2	Q1	0260	0.8004		
74010	X-ray exam of abdomen	Covered	N	2	Q1	0260	0.8004		
74020	X-ray exam of abdomen	Covered	N	2	Q1	0261	1.2810		
74022	X-ray exam series abdomen	Covered	N	2	Q1	0261	1.2810		
74150	Ct abdomen w/o dye	Covered	H	1	Q3	0332	1.6181		
74160	Ct abdomen w/dye	Covered	H	1	Q3	0283	3.2481		
74170	Ct abdomen w/o & w/dye	Covered	H	1	Q3	0333	3.6362		
74174	Ct angio abd&pelv w/o&w/dye	Covered	H	1	S	0334	5.0634		
74175	Ct angio abdom w/o & w/dye	Covered	H	1	Q3	0662	3.8011		
74176	Ct abd & pelvis w/o contrast	Covered	H	1	Q3	0331	3.1933		
74177	Ct abd & pelv w/contrast	Covered	H	1	Q3	0334	5.0634		
74178	Ct abd & pelv 1/> regns	Covered	H	1	Q3	0334	5.0634		
74181	Mri abdomen w/o dye	Covered	H	1	Q3	0336	3.8614		
74182	Mri abdomen w/dye	Covered	H	1	Q3	0284	5.7574		
74183	Mri abdomen w/o & w/dye	Covered	H	1	Q3	0337	6.5129		
74185	Mri angio abdom w orw/o dye	Not Covered			B				
74190	X-ray exam of peritoneum	Covered	N	1	Q2	0263	4.5438		
74210	Contrst x-ray exam of throat	Covered	N	1	S	0276	1.3710		
74220	Contrast x-ray esophagus	Covered	N	1	S	0276	1.3710		
74230	Cine/vid x-ray throat/esoph	Covered	N	1	S	0276	1.3710		
74235	Remove esophagus obstruction	Covered	N	1	N				
74240	X-ray upper gi delay w/o kub	Covered	N	1	S	0277	2.0357		
74241	X-rayupper gi delay w/kub	Covered	N	1	S	0277	2.0357		
74245	X-ray upper gi&small intest	Covered	N	1	S	0277	2.0357		
74246	Contrst x-ray uppr gi tract	Covered	N	1	S	0277	2.0357		
74247	Contrst x-ray uppr gi tract	Covered	N	1	S	0277	2.0357		
74249	Contrst x-ray uppr gi tract	Covered	N	1	S	0277	2.0357		
74250	X-ray exam of small bowel	Covered	N	1	S	0276	1.3710		
74251	X-ray exam of small bowel	Covered	N	1	S	0277	2.0357		
74260	X-ray exam of small bowel	Covered	N	1	S	0276	1.3710		
74261	Ct colonography dx	Not Covered			Q3	0332	1.6181		
74262	Ct colonography dx w/dye	Not Covered			Q3	0283	3.2481		
74263	Ct colonography screening	Not Covered			E				
74270	Contrast x-ray exam of colon	Covered	N	1	S	0277	2.0357		
74280	Contrast x-ray exam of colon	Covered	N	1	S	0277	2.0357		

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74283	Contrast x-ray exam of colon	Covered	N	1	S	0277	2.0357		
74290	Contrast x-ray gallbladder	Covered	N	1	S	0276	1.3710		
74300	X-ray bile ducts/pancreas	Covered	N	1	N				
74301	X-rays at surgery add-on	Covered	N	1	N				
74305	X-ray bile ducts/pancreas	Covered	N	1	Q2	0263	4.5438		
74320	Contrast x-ray of bile ducts	Covered	N	1	Q2	0317	10.9636		
74327	X-ray bile stone removal	Covered	N	1	N				
74328	X-ray bile duct endoscopy	Covered	N	1	N				
74329	X-ray for pancreas endoscopy	Covered	N	1	N				
74330	X-ray bile/panc endoscopy	Covered	N	1	N				
74340	X-ray guide for gi tube	Covered	N	1	N				
74355	X-ray guide intestinal tube	Covered	N	1	N				
74360	X-ray guide gi dilation	Covered	N	1	N				
74363	X-ray bile duct dilation	Covered	N	1	N				
74400	Contrst x-ray urinary tract	Covered	N	1	S	0278	3.5761		
74410	Contrst x-ray urinary tract	Covered	N	1	S	0278	3.5761		
74415	Contrst x-ray urinary tract	Covered	N	1	S	0278	3.5761		
74420	Contrst x-ray urinary tract	Covered	N	1	S	0278	3.5761		
74425	Contrst x-ray urinary tract	Covered	N	1	Q2	0278	3.5761		
74430	Contrast x-ray bladder	Covered	N	1	Q2	0278	3.5761		
74440	X-ray male genital tract	Covered	N	1	Q2	0278	3.5761		
74445	X-ray exam of penis	Covered	N	1	Q2	0278	3.5761		
74450	X-ray urethra/bladder	Covered	N	1	Q2	0278	3.5761		
74455	X-ray urethra/bladder	Covered	N	1	Q2	0278	3.5761		
74470	X-ray exam of kidney lesion	Covered	N	1	Q2	0317	10.9636		
74475	X-ray control cath insert	Covered	N	1	Q2	0161	16.5418		
74480	X-ray control cath insert	Covered	N	1	Q2	0161	16.5418		
74485	X-ray guide gu dilation	Covered	N	1	Q2	0161	16.5418		
74710	X-ray measurement of pelvis	Covered	N	1	Q1	0261	1.2810		
74740	X-ray female genital tract	Covered	N	1	Q2	0263	4.5438		
74742	X-ray fallopian tube	Covered	N	1	N				
74775	X-ray exam of perineum	Covered	N	1	S	0278	3.5761		
75557	Cardiac mri for morph	Covered	H	1	Q3	0336	3.8614		
75559	Cardiac mri w/stress img	Covered	H	1	Q3	0336	3.8614		
75561	Cardiac mri for morph w/dye	Covered	H	1	Q3	0337	6.5129		
75563	Card mri w/stress img & dye	Covered	H	1	Q3	0377	15.3768		
75565	Card mri veloc flow mapping	Covered	H		N				
75571	Ct hrt w/o dye w/ca test	Not Covered			Q1	0450	0.3942		
75572	Ct hrt w/3d image	Covered	H		S	0383	2.9128		
75573	Ct hrt w/3d image congen	Covered	H		S	0383	2.9128		
75574	Ct angio hrt w/3d image	Covered	H		S	0383	2.9128		
75600	Contrast exam thoracic aorta	Covered	N	1	Q2	0279	34.5196		

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75605	Contrast exam thoracic aorta	Covered	N	1	Q2	0279	34.5196		
75625	Contrast exam abdominl aorta	Covered	N	1	Q2	0279	34.5196		
75630	X-ray aorta leg arteries	Covered	N	1	Q2	0279	34.5196		
75635	Ct angio abdominal arteries	Covered	H	1	Q2	0662	3.8011		
75658	Artery x-rays arm	Covered	N	1	Q2	0279	34.5196		
75705	Artery x-rays spine	Covered	N	1	Q2	0280	71.7863		
75710	Artery x-rays arm/leg	Covered	N	1	Q2	0279	34.5196		
75716	Artery x-rays arms/legs	Covered	N	1	Q2	0279	34.5196		
75726	Artery x-rays abdomen	Covered	N	1	Q2	0280	71.7863		
75731	Artery x-rays adrenal gland	Covered	N	1	Q2	0279	34.5196		
75733	Artery x-rays adrenals	Covered	N	1	Q2	0279	34.5196		
75736	Artery x-rays pelvis	Covered	N	1	Q2	0279	34.5196		
75741	Artery x-rays lung	Covered	N	1	Q2	0279	34.5196		
75743	Artery x-rays lungs	Covered	N	1	Q2	0279	34.5196		
75746	Artery x-rays lung	Covered	N	1	Q2	0668	11.1566		
75756	Artery x-rays chest	Covered	N	1	Q2	0668	11.1566		
75774	Artery x-ray each vessel	Covered	N	3	N				
75791	Av dialysis shunt imaging	Covered	N	1	Q2	0668	11.1566		
75801	Lymph vessel x-ray arm/leg	Covered	N	1	Q2	0263	4.5438		
75803	Lymph vessel x-ray arms/legs	Covered	N	1	Q2	0317	10.9636		
75805	Lymph vessel x-ray trunk	Covered	N	1	Q2	0317	10.9636		
75807	Lymph vessel x-ray trunk	Covered	N	1	Q2	0317	10.9636		
75809	Nonvascular shunt x-ray	Covered	N	1	Q2	0261	1.2810		
75810	Vein x-ray spleen/liver	Covered	N	1	Q2	0279	34.5196		
75820	Vein x-ray arm/leg	Covered	N	1	Q2	0668	11.1566		
75822	Vein x-ray arms/legs	Covered	N	1	Q2	0317	10.9636		
75825	Vein x-ray trunk	Covered	N	1	Q2	0279	34.5196		
75827	Vein x-ray chest	Covered	N	1	Q2	0668	11.1566		
75831	Vein x-ray kidney	Covered	N	1	Q2	0279	34.5196		
75833	Vein x-ray kidneys	Covered	N	1	Q2	0279	34.5196		
75840	Vein x-ray adrenal gland	Covered	N	1	Q2	0279	34.5196		
75842	Vein x-ray adrenal glands	Covered	N	1	Q2	0279	34.5196		
75860	Vein x-ray neck	Covered	N	1	Q2	0668	11.1566		
75870	Vein x-ray skull	Covered	N	1	Q2	0263	4.5438		
75872	Vein x-ray skull epidural	Covered	N	1	Q2	0668	11.1566		
75880	Vein x-ray eye socket	Covered	N	1	Q2	0668	11.1566		
75885	Vein x-ray liver w/hemodynam	Covered	N	1	Q2	0279	34.5196		
75887	Vein x-ray liver w/o hemodyn	Covered	N	1	Q2	0668	11.1566		
75889	Vein x-ray liver w/hemodynam	Covered	N	1	Q2	0279	34.5196		
75891	Vein x-ray liver	Covered	N	1	Q2	0279	34.5196		
75893	Venous sampling by catheter	Covered	N	1	Q2	0279	34.5196		
75894	X-rays transcath therapy	Covered	N	1	N				

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75896	X-rays transcath therapy	Covered	N	1	N				
75898	Follow-up angiography	Covered	N	1	Q1	0668	11.1566		
75901	Remove cva device obstruct	Covered	N	1	N				
75902	Remove cva lumen obstruct	Covered	N	1	N				
75945	Intravascular us	Covered	N	1	Q2	0267	2.5565		
75946	Intravascular us add-on	Covered	N		N				
75952	Endovasc repair abdom aorta	Covered	N		C				\$216.16
75953	Abdom aneurysm endovas rpr	Covered	N		C				\$84.00
75954	Iliac aneurysm endovas rpr	Covered	N	1	C				\$107.69
75956	Xray endovasc thor ao repr	Covered	N	1	C				\$368.83
75957	Xray endovasc thor ao repr	Covered	N	1	C				\$289.12
75958	Xray place prox ext thor ao	Covered	N	1	C				\$191.42
75959	Xray place dist ext thor ao	Covered	N	1	C				\$168.92
75962	Repair arterial blockage	Covered	N	1	N				
75964	Repair artery blockage each	Covered	N	2	N				
75966	Repair arterial blockage	Covered	N	1	N				
75968	Repair artery blockage each	Covered	N	2	N				
75970	Vascular biopsy	Covered	N	1	N				
75978	Repair venous blockage	Covered	N	1	Q2	0093	33.7207		
75980	Contrast xray exam bile duct	Covered	N	1	N				
75982	Contrast xray exam bile duct	Covered	N	1	N				
75984	Xray control catheter change	Covered	N	2	N				
75989	Abscess drainage under x-ray	Covered	N	1	N				
76000	Fluoroscope examination	Covered	N	1	S	0272	2.1508		
76001	Fluoroscope exam extensive	Covered	N	1	N				
76010	X-ray nose to rectum	Covered	N	1	Q1	0260	0.8004		
76080	X-ray exam of fistula	Covered	N	1	Q2	0263	4.5438		
76098	X-ray exam breast specimen	Covered	N	2	Q2	0263	4.5438		
76100	X-ray exam of body section	Covered	N	1	Q1	0261	1.2810		
76101	Complex body section x-ray	Covered	N	1	S	0263	4.5438		
76102	Complex body section x-rays	Covered	N	1	S	0263	4.5438		
76120	Cine/video x-rays	Covered	N	1	S	0272	2.1508		
76125	Cine/video x-rays add-on	Covered	N	1	N				
76140	X-ray consultation	Covered	N	1	E				\$2.50
76376	3d render w/intrp postproces	Covered	N	1	N				
76377	3d render w/intrp postproces	Covered	N	1	N				
76380	Cat scan follow-up study	Covered	H	1	Q1	0260	0.8004		
76390	Mr spectroscopy	Covered	N	1	E				\$379.93
76496	Fluoroscopic procedure	Covered	N	1	S	0272	2.1508		
76497	Ct procedure	Covered	H	1	Q1	0260	0.8004		
76498	Mri procedure	Covered	H	1	S	0336	3.8614		
76499	Radiographic procedure	Covered	N		Q1	0260	0.8004		

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76506	Echo exam of head	Covered	N	1	S	0266	1.8181		
76510	Ophth us b & quant a	Covered	N	2	Q1	0698	1.3596		
76511	Ophth us quant a only	Covered	N	1	S	0266	1.8181		
76512	Ophth us b w/non-quant a	Covered	N	1	S	0266	1.8181		
76513	Echo exam of eye water bath	Covered	N	1	S	0266	1.8181		
76514	Echo exam of eye thickness	Covered	N	1	Q1	0450	0.3942		
76516	Echo exam of eye	Covered	N	1	Q1	0265	1.2362		
76519	Echo exam of eye	Covered	N	1	Q1	0265	1.2362		
76529	Echo exam of eye	Covered	N	1	S	0266	1.8181		
76536	Us exam of head and neck	Covered	N	1	S	0266	1.8181		
76604	Us exam chest	Covered	N	1	Q3	0266	1.8181		
76641	Ultrasound breast complete	Covered	N	1	Q1	0265	1.2362		
76642	Ultrasound breast limited	Covered	N	1	Q1	0265	1.2362		
76700	Us exam abdom complete	Covered	N	1	Q3	0266	1.8181		
76705	Echo exam of abdomen	Covered	N	1	Q3	0266	1.8181		
76770	Us exam abdo back wall comp	Covered	N	1	Q3	0266	1.8181		
76775	Us exam abdo back wall lim	Covered	N	1	Q3	0266	1.8181		
76776	Us exam k transpl w/doppler	Covered	N	1	Q3	0266	1.8181		
76800	Us exam spinal canal	Covered	N	1	Q1	0265	1.2362		
76801	Ob us < 14 wks single fetus	Covered	N	1	S	0266	1.8181		
76802	Ob us < 14 wks addl fetus	Covered	N	1	N				
76805	Ob us >= 14 wks sngl fetus	Covered	N	1	S	0266	1.8181		
76810	Ob us >= 14 wks addl fetus	Covered	N	1	N				
76811	Ob us detailed sngl fetus	Covered	N	1	S	0267	2.5565		
76812	Ob us detailed addl fetus	Covered	N	1	N				
76813	Ob us nuchal meas 1 gest	Covered	N	1	S	0266	1.8181		
76814	Ob us nuchal meas add-on	Covered	N	1	N				
76815	Ob us limited fetus(s)	Covered	N	1	S	0266	1.8181		
76816	Ob us follow-up per fetus	Covered	N	2	Q1	0265	1.2362		
76817	Transvaginal us obstetric	Covered	N	1	S	0266	1.8181		
76818	Fetal biophys profile w/nst	Covered	N	2	S	0266	1.8181		
76819	Fetal biophys profil w/o nst	Covered	N	2	S	0266	1.8181		
76820	Umbilical artery echo	Covered	N	2	Q1	0265	1.2362		
76821	Middle cerebral artery echo	Covered	N	2	Q1	0265	1.2362		
76825	Echo exam of fetal heart	Covered	N	1	S	0269	5.6995		
76826	Echo exam of fetal heart	Covered	N	1	S	0269	5.6995		
76827	Echo exam of fetal heart	Covered	N	1	Q1	0265	1.2362		
76828	Echo exam of fetal heart	Covered	N	1	Q1	0265	1.2362		
76830	Transvaginal us non-ob	Covered	N	1	S	0266	1.8181		
76831	Echo exam uterus	Covered	N	1	Q3	0267	2.5565		
76856	Us exam pelvic complete	Covered	N	1	Q3	0266	1.8181		
76857	Us exam pelvic limited	Covered	N	1	Q3	0265	1.2362		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
76870	Us exam scrotum	Covered	N	1	Q3	0266	1.8181		
76872	Us transrectal	Covered	N	1	S	0266	1.8181		
76873	Echograp trans r pros study	Covered	N	1	S	0267	2.5565		
76881	Us xtr non-vasc complete	Covered	N	1	S	0266	1.8181		
76882	Us xtr non-vasc lmtd	Covered	N	1	Q1	0265	1.2362		
76885	Us exam infant hips dynamic	Covered	N	1	Q1	0265	1.2362		
76886	Us exam infant hips static	Covered	N	1	Q1	0265	1.2362		
76930	Echo guide cardiocentesis	Covered	N	1	N				
76932	Echo guide for heart biopsy	Covered	N	1	N				
76936	Echo guide for artery repair	Covered	N	1	S	0096	4.4459		
76937	Us guide vascular access	Covered	N	1	N				
76940	Us guide tissue ablation	Covered	N	1	N				
76941	Echo guide for transfusion	Covered	N	1	N				
76942	Echo guide for biopsy	Covered	N	1	N				
76945	Echo guide villus sampling	Covered	N	1	N				
76946	Echo guide for amniocentesis	Covered	N	1	N				
76948	Echo guide ova aspiration	Covered	N	1	N				
76965	Echo guidance radiotherapy	Covered	N	1	N				
76970	Ultrasound exam follow-up	Not Covered			Q1	0265	1.2362		
76975	Gi endoscopic ultrasound	Covered	N	1	Q2	0267	2.5565		
76977	Us bone density measure	Covered	N	1	S	0340	0.7061		
76998	Us guide intraop	Covered	N	1	N				
76999	Echo examination procedure	Covered	N		Q1	0265	1.2362		
77001	Fluoroguide for vein device	Covered	N	1	N				
77002	Needle localization by xray	Covered	N	1	N				
77003	Fluoroguide for spine inject	Covered	N	1	N				
77011	Ct scan for localization	Covered	N	1	N				
77012	Ct scan for needle biopsy	Covered	N	1	N				
77013	Ct guide for tissue ablation	Covered	N	1	N				
77014	Ct scan for therapy guide	Covered	N	2	N				
77021	Mr guidance for needle place	Covered	N		N				
77022	Mri for tissue ablation	Covered	N		N				
77051	Computer dx mammogram add-on	Covered	N	1	A				\$12.05
77052	Comp screen mammogram add-on	Covered	N	1	A				\$12.05
77053	X-ray of mammary duct	Covered	N	1	Q2	0263	4.5438		
77054	X-ray of mammary ducts	Covered	N	1	Q2	0263	4.5438		
77055	Mammogram one breast	Covered	N	1	A				\$38.12
77056	Mammogram both breasts	Covered	N	1	A				\$47.87
77057	Mammogram screening	Covered	N	1	A				\$41.31
77058	Mri one breast	Not Covered			B				
77059	Mri both breasts	Not Covered			B				
77061	Breast tomosynthesis uni	Covered	N	1	E				By Report

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
77062	Breast tomosynthesis bi	Covered	N	1	E				By Report
77063	Breast tomosynthesis bi	Covered	N	1	A				\$50.08
77071	X-ray stress view	Covered	N	1	Q1	0260	0.8004		
77072	X-rays for bone age	Covered	N	1	Q1	0261	1.2810		
77073	X-rays bone length studies	Covered	N	1	Q1	0261	1.2810		
77074	X-rays bone survey limited	Covered	N	1	Q1	0261	1.2810		
77075	X-rays bone survey complete	Covered	N	1	S	0272	2.1508		
77076	X-rays bone survey infant	Covered	N	1	Q1	0261	1.2810		
77077	Joint survey single view	Covered	N	1	Q1	0261	1.2810		
77078	Ct bone density axial	Covered	N	1	S	0260	0.8004		
77080	Dxa bone density axial	Covered	N	1	S	0261	1.2810		
77081	Dxa bone density/peripheral	Covered	N	1	S	0260	0.8004		
77084	Magnetic image bone marrow	Covered	N	1	S	0336	3.8614		
77085	Dxa bone density study	Covered	N	1	Q1	0261	1.2810		
77086	Fracture assessment via dxa	Covered	N	1	Q1	0260	0.8004		
77261	Radiation therapy planning	Not Covered			B				
77262	Radiation therapy planning	Not Covered			B				
77263	Radiation therapy planning	Not Covered			B				
77280	Set radiation therapy field	Covered	N	1	S	0304	1.5257		
77285	Set radiation therapy field	Covered	N	1	S	0305	4.2408		
77290	Set radiation therapy field	Covered	N	1	S	0305	4.2408		
77293	Respirator motion mgmt simul	Covered	N		N				
77295	3-d radiotherapy plan	Covered	N	1	S	0310	14.0014		
77299	Radiation therapy planning	Covered	N	1	S	0304	1.5257		
77300	Radiation therapy dose plan	Covered	N	1	S	0304	1.5257		
77301	Radiotherapy dose plan imrt	Covered	N		S	0310	14.0014		
77306	Telethx isodose plan simple	Covered	N	1	S	0304	1.5257		
77307	Telethx isodose plan cplx	Covered	N	1	S	0304	1.5257		
77316	Brachytx isodose plan simple	Covered	N	1	S	0304	1.5257		
77317	Brachytx isodose intermed	Covered	N	1	S	0305	4.2408		
77318	Brachytx isodose complex	Covered	N	1	S	0305	4.2408		
77321	Special teletx port plan	Covered	N	1	S	0305	4.2408		
77331	Special radiation dosimetry	Covered	N	1	S	0304	1.5257		
77332	Radiation treatment aid(s)	Covered	N	1	S	0303	2.9071		
77333	Radiation treatment aid(s)	Covered	N	1	S	0303	2.9071		
77334	Radiation treatment aid(s)	Covered	N	1	S	0303	2.9071		
77336	Radiation physics consult	Covered	N	1	S	0304	1.5257		
77338	Design mlc device for imrt	Covered	N	1	S	0305	4.2408		
77370	Radiation physics consult	Covered	N	1	S	0304	1.5257		
77371	Srs multisource	Covered	N	1	J1	0067	131.7086		
77372	Srs linear based	Covered	N	1	J1	0067	131.7086		
77373	Sbrt delivery	Covered	N	1	S	0066	25.6592		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
77385	Ntsty modul rad tx dlvr smpl	Covered	N	1	S	0412	6.8455		
77386	Ntsty modul rad tx dlvr cplx	Covered	N	1	S	0412	6.8455		
77387	Guidance for radiaj tx dlvr	Covered	N	1	N				
77399	External radiation dosimetry	Covered	N		S	0304	1.5257		
77401	Radiation treatment delivery	Covered	N	1	S	0300	1.3500		
77402	Radiation treatment delivery	Covered	N	1	S	0300	1.3500		
77407	Radiation treatment delivery	Covered	N	1	S	0300	1.3500		
77412	Radiation treatment delivery	Covered	N	1	S	0301	2.6053		
77417	Radiology port film(s)	Covered	N	1	N				
77422	Neutron beam tx simple	Covered	N	1	S	0301	2.6053		
77423	Neutron beam tx complex	Covered	N	1	S	0301	2.6053		
77424	lo rad tx delivery by x-ray	Covered	N	1	J1	0648	100.6339		
77425	lo rad tx deliver by elctrns	Covered	N	1	J1	0648	100.6339		
77427	Radiation tx management x5	Not Covered			B				
77431	Radiation therapy management	Not Covered			B				
77432	Stereotactic radiation trmt	Not Covered			B				
77435	Sbrt management	Covered	N	1	N				
77469	lo radiation tx management	Not Covered			B				
77470	Special radiation treatment	Covered	N	1	S	0412	6.8455		
77499	Radiation therapy management	Not Covered			B				
77520	Proton trmt simple w/o comp	Covered	N	1	S	0412	6.8455		
77522	Proton trmt simple w/comp	Covered	N		S	0667	14.4577		
77523	Proton trmt intermediate	Covered	N	1	S	0667	14.4577		
77525	Proton treatment complex	Covered	N	1	S	0667	14.4577		
77600	Hyperthermia treatment	Covered	N	1	S	0301	2.6053		
77605	Hyperthermia treatment	Covered	N	1	S	0412	6.8455		
77610	Hyperthermia treatment	Covered	N	1	S	0412	6.8455		
77615	Hyperthermia treatment	Covered	N	1	S	0412	6.8455		
77620	Hyperthermia treatment	Covered	N	1	S	0412	6.8455		
77750	Infuse radioactive materials	Covered	N	1	S	0301	2.6053		
77761	Apply intrcav radiat simple	Covered	N	1	S	0312	5.3378		
77762	Apply intrcav radiat interm	Covered	N	1	S	0312	5.3378		
77763	Apply intrcav radiat compl	Covered	N	1	S	0312	5.3378		
77776	Apply interstit radiat simpl	Covered	N	1	S	0312	5.3378		
77777	Apply interstit radiat inter	Covered	N	1	S	0312	5.3378		
77778	Apply interstit radiat compl	Covered	N	1	Q3	0651	12.8413		
77785	Hdr brachytx 1 channel	Covered	N	1	S	0313	9.8375		
77786	Hdr brachytx 2-12 channel	Covered	N	1	S	0313	9.8375		
77787	Hdr brachytx over 12 chan	Covered	N	1	S	0313	9.8375		
77789	Apply surface radiation	Covered	N	1	S	0301	2.6053		
77790	Radiation handling	Covered	N	1	N				
77799	Radium/radioisotope therapy	Covered	N		S	0312	5.3378		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
78012	Thyroid uptake measurement	Covered	N	1	S	0389	2.5502		
78013	Thyroid imaging w/blood flow	Covered	N	1	S	0390	2.5605		
78014	Thyroid imaging w/blood flow	Covered	N	1	S	0391	3.8019		
78015	Thyroid met imaging	Covered	N	1	S	0406	5.0871		
78016	Thyroid met imaging/studies	Covered	N	1	S	0406	5.0871		
78018	Thyroid met imaging body	Covered	N	1	S	0406	5.0871		
78020	Thyroid met uptake	Covered	N	1	N				
78070	Parathyroid planar imaging	Covered	N	1	S	0391	3.8019		
78071	Parathyrd planar w/wo subtrj	Covered	N	1	S	0406	5.0871		
78072	Parathyrd planar w/spect&ct	Covered	N	1	S	0406	5.0871		
78075	Adrenal cortex & medulla img	Covered	N	1	S	0408	16.0266		
78099	Endocrine nuclear procedure	Covered	N	1	S	0390	2.5605		
78102	Bone marrow imaging ltd	Covered	N	1	S	0400	4.9830		
78103	Bone marrow imaging mult	Covered	N	1	S	0400	4.9830		
78104	Bone marrow imaging body	Covered	N	1	S	0400	4.9830		
78110	Plasma volume single	Covered	N	1	S	0393	8.4693		
78111	Plasma volume multiple	Covered	N	1	S	0393	8.4693		
78120	Red cell mass single	Covered	N	1	S	0393	8.4693		
78121	Red cell mass multiple	Covered	N	1	S	0393	8.4693		
78122	Blood volume	Covered	N	1	S	0393	8.4693		
78130	Red cell survival study	Covered	N	1	S	0393	8.4693		
78135	Red cell survival kinetics	Covered	N	1	S	0393	8.4693		
78140	Red cell sequestration	Covered	N	1	S	0393	8.4693		
78185	Spleen imaging	Covered	N	1	S	0400	4.9830		
78190	Platelet survival kinetics	Covered	N	1	S	0392	3.7786		
78191	Platelet survival	Covered	N	1	S	0392	3.7786		
78195	Lymph system imaging	Covered	N	1	S	0400	4.9830		
78199	Blood/lymph nuclear exam	Covered	N		S	0400	4.9830		
78201	Liver imaging	Covered	N	1	S	0394	5.0295		
78202	Liver imaging with flow	Covered	N	1	S	0394	5.0295		
78205	Liver imaging (3d)	Covered	N	1	S	0394	5.0295		
78206	Liver image (3d) with flow	Covered	N	1	S	0394	5.0295		
78215	Liver and spleen imaging	Covered	N	1	S	0394	5.0295		
78216	Liver & spleen image/flow	Covered	N	1	S	0394	5.0295		
78226	Hepatobiliary system imaging	Covered	N	1	S	0394	5.0295		
78227	Hepatobil syst image w/drug	Covered	N	1	S	0394	5.0295		
78230	Salivary gland imaging	Covered	N	1	S	0395	4.4080		
78231	Serial salivary imaging	Covered	N	1	S	0395	4.4080		
78232	Salivary gland function exam	Covered	N	1	S	0395	4.4080		
78258	Esophageal motility study	Covered	N	1	S	0395	4.4080		
78261	Gastric mucosa imaging	Covered	N	1	S	0395	4.4080		
78262	Gastroesophageal reflux exam	Covered	N	1	S	0395	4.4080		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
78264	Gastric emptying study	Covered	N	1	S	0395	4.4080		
78267	Breath tst attain/anal c-14	Covered	N	1	A				\$10.27
78268	Breath test analysis c-14	Covered	N	1	A				\$87.95
78270	Vit b-12 absorption exam	Covered	N	1	S	0392	3.7786		
78271	Vit b-12 absrp exam int fac	Covered	N	1	S	0392	3.7786		
78272	Vit b-12 absorp combined	Covered	N	1	S	0392	3.7786		
78278	Acute gi blood loss imaging	Covered	N	1	S	0395	4.4080		
78282	Gi protein loss exam	Covered	N	1	S	0395	4.4080		
78290	Meckels divert exam	Covered	N	1	S	0395	4.4080		
78291	Leveen/shunt patency exam	Covered	N	1	S	0395	4.4080		
78299	Gi nuclear procedure	Covered	N		S	0395	4.4080		
78300	Bone imaging limited area	Covered	N	1	S	0396	4.4802		
78305	Bone imaging multiple areas	Covered	N	1	S	0396	4.4802		
78306	Bone imaging whole body	Covered	N	1	S	0396	4.4802		
78315	Bone imaging 3 phase	Covered	N	1	S	0396	4.4802		
78320	Bone imaging (3d)	Covered	N	1	S	0396	4.4802		
78350	Bone mineral single photon	Covered	N	1	E				\$25.74
78351	Bone mineral dual photon	Covered	N	1	E				\$24.89
78399	Musculoskeletal nuclear exam	Covered	N		S	0396	4.4802		
78414	Non-imaging heart function	Covered	N	1	S	0398	5.0364		
78428	Cardiac shunt imaging	Covered	N	1	S	0398	5.0364		
78445	Vascular flow imaging	Covered	N	1	S	0263	4.5438		
78451	Ht muscle image spect sing	Covered	N	1	S	0377	15.3768		
78452	Ht muscle image spect mult	Covered	N	1	S	0377	15.3768		
78453	Ht muscle image planar sing	Covered	N	1	S	0377	15.3768		
78454	Ht musc image planar mult	Covered	N	1	S	0377	15.3768		
78456	Acute venous thrombus image	Covered	N		S	0317	10.9636		
78457	Venous thrombosis imaging	Covered	N	1	S	0263	4.5438		
78458	Ven thrombosis images bilat	Covered	N	1	S	0263	4.5438		
78459	Heart muscle imaging (pet)	Covered	H	1	S	0308	17.3409		
78466	Heart infarct image	Covered	N	1	S	0398	5.0364		
78468	Heart infarct image (ef)	Covered	N	1	S	0398	5.0364		
78469	Heart infarct image (3d)	Covered	N	1	S	0398	5.0364		
78472	Gated heart planar single	Covered	N	1	S	0398	5.0364		
78473	Gated heart multiple	Covered	N	1	S	0398	5.0364		
78481	Heart first pass single	Covered	N	1	S	0398	5.0364		
78483	Heart first pass multiple	Covered	N	1	S	0377	15.3768		
78491	Heart image (pet) single	Covered	H	1	S	0308	17.3409		
78492	Heart image (pet) multiple	Covered	H	1	S	0308	17.3409		
78494	Heart image spect	Covered	N	1	S	0398	5.0364		
78496	Heart first pass add-on	Covered	N	1	N				
78499	Cardiovascular nuclear exam	Covered	N	1	S	0398	5.0364		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
78579	Lung ventilation imaging	Covered	N	1	S	0401	4.2588		
78580	Lung perfusion imaging	Covered	N	1	S	0401	4.2588		
78582	Lung ventilat&perfus imaging	Covered	N	1	S	0378	5.9367		
78597	Lung perfusion differential	Covered	N	1	S	0401	4.2588		
78598	Lung perf&ventilat diferentl	Covered	N	1	S	0378	5.9367		
78599	Respiratory nuclear exam	Covered	N	1	S	0401	4.2588		
78600	Brain image < 4 views	Covered	N	1	S	0403	2.3871		
78601	Brain image w/flow < 4 views	Covered	N	1	S	0402	7.5128		
78605	Brain image 4+ views	Covered	N	1	S	0402	7.5128		
78606	Brain image w/flow 4 + views	Covered	N	1	S	0402	7.5128		
78607	Brain imaging (3d)	Covered	N	1	S	0408	16.0266		
78608	Brain imaging (pet)	Covered	H	1	S	0308	17.3409		
78609	Brain imaging (pet)	Covered	H	1	E				By Report
78610	Brain flow imaging only	Covered	N	1	S	0402	7.5128		
78630	Cerebrospinal fluid scan	Covered	N	1	S	0402	7.5128		
78635	Csf ventriculography	Covered	N	1	S	0402	7.5128		
78645	Csf shunt evaluation	Covered	N	1	S	0402	7.5128		
78647	Cerebrospinal fluid scan	Covered	N	1	S	0402	7.5128		
78650	Csf leakage imaging	Covered	N	1	S	0402	7.5128		
78660	Nuclear exam of tear flow	Covered	N	1	S	0403	2.3871		
78699	Nervous system nuclear exam	Covered	N	1	S	0403	2.3871		
78700	Kidney imaging morphol	Covered	N	1	S	0404	5.6713		
78701	Kidney imaging with flow	Covered	N	1	S	0404	5.6713		
78707	K flow/funct image w/o drug	Covered	N	1	S	0404	5.6713		
78708	K flow/funct image w/drug	Covered	N	1	S	0404	5.6713		
78709	K flow/funct image multiple	Covered	N	1	S	0404	5.6713		
78710	Kidney imaging (3d)	Covered	N	1	S	0404	5.6713		
78725	Kidney function study	Covered	N	1	S	0392	3.7786		
78730	Urinary bladder retention	Covered	N	1	N				
78740	Ureteral reflux study	Covered	N	1	S	0404	5.6713		
78761	Testicular imaging w/flow	Covered	N	1	S	0404	5.6713		
78799	Genitourinary nuclear exam	Covered	N	1	S	0404	5.6713		
78800	Tumor imaging limited area	Covered	N	1	S	0406	5.0871		
78801	Tumor imaging mult areas	Covered	N	1	S	0406	5.0871		
78802	Tumor imaging whole body	Covered	N	1	S	0414	9.5281		
78803	Tumor imaging (3d)	Covered	N	1	S	0414	9.5281		
78804	Tumor imaging whole body	Covered	N		S	0408	16.0266		
78805	Abscess imaging ltd area	Covered	N	1	S	0414	9.5281		
78806	Abscess imaging whole body	Covered	N	1	S	0414	9.5281		
78807	Nuclear localization/abscess	Covered	N	1	S	0414	9.5281		
78808	Iv inj ra drug dx study	Covered	N	1	Q1	0392	3.7786		
78811	Pet image ltd area	Covered	H	1	S	0308	17.3409		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
78812	Pet image skull-thigh	Covered	H	1	S	0308	17.3409		
78813	Pet image full body	Covered	H	1	S	0308	17.3409		
78814	Pet image w/ct lmtd	Covered	H	1	S	0308	17.3409		
78815	Pet image w/ct skull-thigh	Covered	H	1	S	0308	17.3409		
78816	Pet image w/ct full body	Covered	H	1	S	0308	17.3409		
78999	Nuclear diagnostic exam	Covered	N	1	S	0389	2.5502		
79005	Nuclear rx oral admin	Covered	N	1	S	0407	3.7336		
79101	Nuclear rx iv admin	Covered	N	1	S	0407	3.7336		
79200	Nuclear rx intracav admin	Covered	N	1	S	0407	3.7336		
79300	Nuclr rx interstit colloid	Covered	N	1	S	0407	3.7336		
79403	Hematopoietic nuclear tx	Covered	N	1	S	0407	3.7336		
79440	Nuclear rx intra-articular	Covered	N	1	S	0407	3.7336		
79445	Nuclear rx intra-arterial	Covered	N	1	S	0407	3.7336		
79999	Nuclear medicine therapy	Covered	N	1	S	0407	3.7336		
80047	Metabolic panel ionized ca	Covered	N	1	N				
80048	Metabolic panel total ca	Covered	N	1	N				
80050	General health panel	Covered	N		E				\$51.39
80051	Electrolyte panel	Covered	N	1	N				
80053	Comprehen metabolic panel	Covered	N		N				
80055	Obstetric panel	Covered	N		E				\$26.61
80061	Lipid panel	Covered	N	1	N				
80069	Renal function panel	Covered	N	1	N				
80074	Acute hepatitis panel	Covered	N	1	N				
80076	Hepatic function panel	Covered	N	1	N				
80150	Assay of amikacin	Covered	N	1	N				
80155	Drug assay coffeine	Covered	N	1	A				\$18.47
80156	Assay carbamazepine total	Covered	N	2	N				
80157	Assay carbamazepine free	Covered	N		N				
80158	Drug assay cyclosporine	Covered	N	1	N				
80159	Drug assay clozapine	Covered	N	1	A				\$24.15
80162	Assay of digoxin total	Covered	N	1	N				
80163	Assay of digoxin free	Covered	N	1	N				
80164	Assay dipropylacetic acid tot	Covered	N	1	N				
80165	Dipropylacetic acid free	Covered	N	1	N				
80168	Assay of ethosuximide	Covered	N	2	N				
80169	Drug assay everolimus	Covered	N	1	A				\$17.94
80170	Assay of gentamicin	Covered	N	2	N				
80171	Drug screen quant gabapentin	Covered	N	1	A				\$17.31
80173	Assay of haloperidol	Covered	N	2	N				
80175	Drug screen quan lamotrigine	Covered	N	1	A				\$17.31
80176	Assay of lidocaine	Covered	N	1	N				
80177	Drug scrn quan levetiracetam	Covered	N	1	A				\$17.31

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
80178	Assay of lithium	Covered	N	2	N				
80180	Drug scrn quan mycophenolate	Covered	N	1	A				\$23.58
80183	Drug scrn quant oxcarbazepin	Covered	N	1	A				\$17.31
80184	Assay of phenobarbital	Covered	N	1	N				
80185	Assay of phenytoin total	Covered	N	1	N				
80186	Assay of phenytoin free	Covered	N	2	N				
80188	Assay of primidone	Covered	N	1	N				
80190	Assay of procainamide	Covered	N	1	N				
80192	Assay of procainamide	Covered	N	1	N				
80194	Assay of quinidine	Covered	N	2	N				
80195	Assay of sirolimus	Covered	N	1	N				
80197	Assay of tacrolimus	Covered	N		N				
80198	Assay of theophylline	Covered	N	2	N				
80199	Drug screen quant tiagabine	Covered	N	1	A				\$23.59
80200	Assay of tobramycin	Covered	N	1	N				
80201	Assay of topiramate	Covered	N	1	N				
80202	Assay of vancomycin	Covered	N	2	N				
80203	Drug screen quant zonisamide	Covered	N	1	A				\$17.31
80299	Quantitative assay drug	Covered	N	3	N				
80300	Drug screen non tlc devices	Not Covered			B				
80301	Drug screen class list a	Not Covered			B				
80302	Drug screen prsmptv 1 class	Not Covered			B				
80303	Drug screen one/mult class	Not Covered			B				
80304	Drug screen one/mult class	Not Covered			B				
80320	Drug screen quantalcohols	Not Covered			B				
80321	Alcohols biomarkers 1or 2	Not Covered			B				
80322	Alcohols biomarkers 3/more	Not Covered			B				
80323	Alkaloids nos	Not Covered			B				
80324	Drug screen amphetamines 1/2	Not Covered			B				
80325	Amphetamines 3or 4	Not Covered			B				
80326	Amphetamines 5 or more	Not Covered			B				
80327	Anabolic steroid 1 or 2	Not Covered			B				
80328	Anabolic steroid 3 or more	Not Covered			B				
80329	Analgesics non-opioid 1 or 2	Not Covered			B				
80330	Analgesics non-opioid 3-5	Not Covered			B				
80331	Analgesics non-opioid 6/more	Not Covered			B				
80332	Antidepressants class 1 or 2	Not Covered			B				
80333	Antidepressants class 3-5	Not Covered			B				
80334	Antidepressants class 6/more	Not Covered			B				
80335	Antidepressant tricyclic 1/2	Not Covered			B				
80336	Antidepressant tricyclic 3-5	Not Covered			B				
80337	Tricyclic & cyclicals 6/more	Not Covered			B				

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80338	Antidepressant not specified	Not Covered			B				
80339	Antiepileptics nos 1-3	Not Covered			B				
80340	Antiepileptics nos 4-6	Not Covered			B				
80341	Antiepileptics nos 7/more	Not Covered			B				
80342	Antipsychotics nos 1-3	Not Covered			B				
80343	Antipsychotics nos 4-6	Not Covered			B				
80344	Antipsychotics nos 7/more	Not Covered			B				
80345	Drug screening barbiturates	Not Covered			B				
80346	Benzodiazepines1-12	Not Covered			B				
80347	Benzodiazepines 13 or more	Not Covered			B				
80348	Drug screening buprenorphine	Not Covered			B				
80349	Cannabinoids natural	Not Covered			B				
80350	Cannabinoids synthetic 1-3	Not Covered			B				
80351	Cannabinoids synthetic 4-6	Not Covered			B				
80352	Cannabinoid synthetic 7/more	Not Covered			B				
80353	Drug screening cocaine	Not Covered			B				
80354	Drug screening fentanyl	Not Covered			B				
80355	Gabapentin non-blood	Not Covered			B				
80356	Heroin metabolite	Not Covered			B				
80357	Ketamine and norketamine	Not Covered			B				
80358	Drug screening methadone	Not Covered			B				
80359	Methylenedioxyamphetamines	Not Covered			B				
80360	Methylphenidate	Not Covered			B				
80361	Opiates 1 or more	Not Covered			B				
80362	Opioids & opiate analogs 1/2	Not Covered			B				
80363	Opioids & opiate analogs 3/4	Not Covered			B				
80364	Opioid & opiate analog 5/more	Not Covered			B				
80365	Drug screening oxycodone	Not Covered			B				
80366	Drug screening pregabalin	Not Covered			B				
80367	Drug screening propoxyphene	Not Covered			B				
80368	Sedative hypnotics	Not Covered			B				
80369	Skeletal muscle relaxant 1/2	Not Covered			B				
80370	Skel musc relaxant 3 or more	Not Covered			B				
80371	Stimulants synthetic	Not Covered			B				
80372	Drug screening tapentadol	Not Covered			B				
80373	Drug screening tramadol	Not Covered			B				
80374	Stereoisomer analysis	Not Covered			B				
80375	Drug/substance nos 1-3	Not Covered			B				
80376	Drug/substance nos 4-6	Not Covered			B				
80377	Drug/substance nos 7/more	Not Covered			B				
80400	Acth stimulation panel	Covered	N	1	N				
80402	Acth stimulation panel	Covered	N	1	N				

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80406	Acth stimulation panel	Covered	N	1	N				
80408	Aldosterone suppression eval	Covered	N	1	N				
80410	Calcitonin stimul panel	Covered	N	1	N				
80412	Crh stimulation panel	Covered	N	1	N				
80414	Testosterone response	Covered	N	1	N				
80415	Estradiol response panel	Covered	N	1	N				
80416	Renin stimulation panel	Covered	N	1	N				
80417	Renin stimulation panel	Covered	N	1	N				
80418	Pituitary evaluation panel	Covered	N	1	N				
80420	Dexamethasone panel	Covered	N	1	N				
80422	Glucagon tolerance panel	Covered	N	1	N				
80424	Glucagon tolerance panel	Covered	N	1	N				
80426	Gonadotropin hormone panel	Covered	N	1	N				
80428	Growth hormone panel	Covered	N	1	N				
80430	Growth hormone panel	Covered	N	1	N				
80432	Insulin suppression panel	Covered	N	1	N				
80434	Insulin tolerance panel	Covered	N	1	N				
80435	Insulin tolerance panel	Covered	N	1	N				
80436	Metyrapone panel	Covered	N	1	N				
80438	Trh stimulation panel	Covered	N	1	N				
80439	Trh stimulation panel	Covered	N	1	N				
80500	Lab pathology consultation	Not Covered			Q1	0433	2.4765		
80502	Lab pathology consultation	Not Covered			Q1	0342	0.7318		
81000	Urinalysis nonauto w/scope	Covered	N	2	N				
81001	Urinalysis auto w/scope	Covered	N	2	N				
81002	Urinalysis nonauto w/o scope	Covered	N	2	N				
81003	Urinalysis auto w/o scope	Covered	N	2	N				
81005	Urinalysis	Covered	N	2	N				
81007	Urine screen for bacteria	Covered	N	1	N				
81015	Microscopic exam of urine	Covered	N	1	N				
81020	Urinalysis glass test	Covered	N	2	N				
81025	Urine pregnancy test	Covered	N	1	N				
81050	Urinalysis volume measure	Covered	N	3	N				
81099	Urinalysis test procedure	Covered	N	1	N				
81161	Dmd dup/delet analysis	Not Covered			E				
81200	Aspa gene	Covered	N	1	A				By Report
81201	Apc gene full sequence	Covered	R	1	A				By Report
81202	Apc gene known fam variants	Covered	R	1	A				By Report
81203	Apc gene dup/delet variants	Covered	R	1	A				By Report
81205	Bckdhd gene	Not Covered		1	A				
81206	Bcr/abl1 gene major bp	Covered	N	1	A				By Report
81207	Bcr/abl1 gene minor bp	Not Covered		1	A				

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81208	Bcr/abl1 gene other bp	Not Covered			A				
81209	Blm gene	Not Covered			A				
81210	Braf gene	Covered	N		A				By Report
81211	Brca1&2 seq & com dup/del	Covered	R	1	A				\$2,089.83
81212	Brca1&2 185&5385&6174 var	Covered	R	1	A				\$169.12
81213	Brca1&2 uncom dup/del var	Covered	R	1	A				\$557.72
81214	Brca1 full seq & com dup/del	Covered	R	1	A				\$1,376.45
81215	Brca1 gene known fam variant	Covered	R	1	A				\$89.24
81216	Brca2 gene full sequence	Covered	R	1	A				\$1,672.67
81217	Brca2 gene known fam variant	Covered	R	1	A				\$89.24
81220	Cftr gene com variants	Covered	N	1	A				\$764.09
81221	Cftr gene known fam variants	Not Covered			A				
81222	Cftr gene dup/delet variants	Covered	N	1	A				\$55.60
81223	Cftr gene full sequence	Covered	N	1	A				\$764.08
81224	Cftr gene intron poly t	Covered	N	1	A				\$427.28
81225	Cyp2c19 gene com variants	Not Covered			A				
81226	Cyp2d6 gene com variants	Covered	N	1	A				By Report
81227	Cyp2c9 gene com variants	Not Covered			A				
81228	Cytogen micrarray copy nibr	Not Covered			A				
81229	Cytogen m array copy no&snp	Covered	N	1	A				\$1,898.10
81235	Egfr gene com variants	Covered	R		A				\$315.85
81240	F2 gene	Covered	N		A				By Report
81241	F5 gene	Covered	N		A				By Report
81242	Fancc gene	Not Covered			A				
81243	Fmr1 gene detection	Covered	N	1	A				By Report
81244	Fmr1 gene characterization	Covered	N	1	A				By Report
81245	Flt3 gene	Not Covered			A				
81246	Flt3 gene analysis	Covered	N		A				By Report
81250	G6pc gene	Not Covered			A				
81251	Gba gene	Not Covered			A				
81252	Gjb2 gene full sequence	Covered	R		A				By Report
81253	Gjb2 gene known fam variants	Covered	R		A				By Report
81254	Gjb6 gene com variants	Covered	R		A				By Report
81255	Hexa gene	Covered	N		A				By Report
81256	Hfe gene	Not Covered			A				
81257	Hba1/hba2 gene	Not Covered			A				
81260	Ikbkap gene	Not Covered			A				
81261	Igh gene rearrange amp meth	Not Covered			A				
81262	Igh gene rearrang dir probe	Not Covered			A				
81263	Igh vari regional mutation	Not Covered			A				
81264	Igk rearrangeabn clonal pop	Not Covered			A				
81265	Str markers specimen anal	Not Covered			A				

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81266	Str markers spec anal addl	Not Covered			A				
81267	Chimerism anal no cell selec	Not Covered			A				
81268	Chimerism anal w/cell select	Not Covered			A				
81270	Jak2 gene	Not Covered			A				
81275	Kras gene	Covered	N		A				By Report
81280	Long qt synd gene full seq	Not Covered			A				
81281	Long qt synd known fam var	Covered	N		A				By Report
81282	Long qt syn gene dup/dlt var	Not Covered			A				
81287	Mgmt gene methylation anal	Covered	N		A				By Report
81288	Mlh1 gene	Covered	N		A				By Report
81290	Mcoln1 gene	Covered	N		A				By Report
81291	Mthfr gene	Covered	N		A				By Report
81292	Mlh1 gene full seq	Covered	N		A				\$620.07
81293	Mlh1 gene known variants	Not Covered			A				
81294	Mlh1 gene dup/delete variant	Covered	N		A				\$182.96
81295	Msh2 gene full seq	Covered	N		A				\$145.57
81296	Msh2 gene known variants	Not Covered			A				
81297	Msh2 gene dup/delete variant	Covered	N		A				\$145.57
81298	Msh6 gene full seq	Covered	N		A				\$276.17
81299	Msh6 gene known variants	Not Covered			A				
81300	Msh6 gene dup/delete variant	Covered	N		A				\$155.14
81301	Microsatellite instability	Not Covered			A				
81302	Mecp2 gene full seq	Covered	N		A				By Report
81303	Mecp2 gene known variant	Not Covered			A				
81304	Mecp2 gene dup/delet variant	Covered	N	1	A				\$67.17
81310	Npm1 gene	Not Covered			A				
81313	Pca3/klk3 antigen	Covered	N		A				By Report
81315	Pml/raralpha com breakpoints	Not Covered			A				
81316	Pml/raralpha 1 breakpoint	Not Covered			A				
81317	Pms2 gene full seq analysis	Covered	N		A				\$749.65
81318	Pms2 known familial variants	Not Covered			A				
81319	Pms2 gene dup/delet variants	Covered	N		A				\$212.69
81321	Pten gene full sequence	Covered	R		A				\$574.93
81322	Pten gene known fam variant	Covered	R		A				\$55.89
81323	Pten gene dup/delet variant	Covered	R		A				\$83.84
81324	Pmp22 gene dup/delet	Covered	R		A				By Report
81325	Pmp22 gene full sequence	Covered	R		A				By Report
81326	Pmp22 gene known fam variant	Covered	R		A				By Report
81330	Smpd1 gene common variants	Covered	N		A				By Report
81331	Snrpn/ube3a gene	Not Covered			A				
81332	Serpina1 gene	Not Covered			A				
81340	Trb@ gene rearrange amplify	Not Covered			A				

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81341	Trb@ gene rearrange dirprobe	Not Covered			A				
81342	Trg gene rearrangement anal	Not Covered			A				
81350	Ugt1a1 gene	Not Covered			A				
81355	Vkorc1 gene	Not Covered			A				
81370	Hla i & ii typing lr	Not Covered			A				
81371	Hla i & ii type verify lr	Not Covered			A				
81372	Hla i typing complete lr	Not Covered			A				
81373	Hla i typing 1 locus lr	Not Covered			A				
81374	Hla i typing 1 antigen lr	Not Covered			A				
81375	Hla ii typing ag equiv lr	Not Covered			A				
81376	Hla ii typing 1 locus lr	Not Covered			A				
81377	Hla ii type 1 ag equiv lr	Not Covered			A				
81378	Hla i & ii typing hr	Not Covered			A				
81379	Hla i typing complete hr	Not Covered			A				
81380	Hla i typing 1 locus hr	Not Covered			A				
81381	Hla i typing 1 allele hr	Not Covered			A				
81382	Hla ii typing 1 loc hr	Not Covered			A				
81383	Hla ii typing 1 allele hr	Not Covered			A				
81400	Mopath procedure level 1	Covered	N		A				By Report
81401	Mopath procedure level 2	Not Covered			A				
81402	Mopath procedure level 3	Not Covered			A				
81403	Mopath procedure level 4	Covered	N		A				By Report
81404	Mopath procedure level 5	Covered	R		A				By Report
81405	Mopath procedure level 6	Covered	N		A				By Report
81406	Mopath procedure level 7	Covered	N		A				By Report
81407	Mopath procedure level 8	Covered	R		A				By Report
81408	Mopath procedure level 9	Covered	R		A				By Report
81410	Aortic dysfunction/dilation	Covered	N		N				
81411	Aortic dysfunction/dilation	Covered	N		N				
81415	Exome sequence analysis	Covered	N		N				
81416	Exome sequence analysis	Covered	N		N				
81417	Exome re-evaluation	Covered	N		N				
81420	Fetal chr moml aneuploidy	Covered	N		N				
81425	Genome sequence analysis	Covered	N		N				
81426	Genome sequence analysis	Covered	N		N				
81427	Genome re-evaluation	Covered	N		N				
81430	Hearing loss sequence analys	Covered	N		N				
81431	Hearing loss dup/del analys	Covered	N		N				
81435	Hereditary colon cancer	Covered	N		N				
81436	Hereditary colon ca synd	Covered	N		N				
81440	Mitochondrial gene	Covered	N		N				
81445	Targeted genomic seq analys	Covered	N		N				

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81450	Targeted genomic seq analys	Covered	N		N				
81455	Targeted genomic seq analys	Covered	N		N				
81460	Whole mitochondrial genome	Covered	N		N				
81465	Whole mitochondrial genome	Covered	N		N				
81470	X-linked intellectual dblt	Covered	N		N				
81471	X-linked intellectual dblt	Covered	N		N				
81479	Unlisted molecular pathology	Covered	R		A				By Report
81500	Onco (ovar) two proteins	Not Covered			E				
81503	Onco (ovar) five proteins	Not Covered			E				
81504	Oncology tissue of origin	Covered	N		A				By Report
81506	Endo assay seven anal	Not Covered			E				
81507	Fetal aneuploidy trisom risk	Covered	N		A				By Report
81508	Ftl cgen abnor two proteins	Not Covered			E				
81509	Ftl cgen abnor 3 proteins	Not Covered			E				
81510	Ftl cgen abnor three anal	Not Covered			E				
81511	Ftl cgen abnor four anal	Not Covered			E				
81512	Ftl cgen abnor five anal	Not Covered			E				
81519	Oncology breast mrna	Covered	N		N				
81599	Unlisted maaa	Not Covered			E				
82009	Test for acetone/ketones	Covered	N	2	N				
82010	Acetone assay	Covered	N	2	N				
82013	Acetylcholinesterase assay	Covered	N	2	N				
82016	Acylcarnitines qual	Covered	N		N				
82017	Acylcarnitines quant	Covered	N	1	N				
82024	Assay of acth	Covered	N		N				
82030	Assay of adp & amp	Covered	N	1	N				
82040	Assay of serum albumin	Covered	N	1	N				
82042	Assay of urine albumin	Covered	N	2	N				
82043	Microalbumin quantitative	Covered	N		N				
82044	Microalbumin semiquant	Covered	N		N				
82045	Albumin ischemia modified	Covered	N	1	N				
82075	Assay of breath ethanol	Covered	N	2	N				
82085	Assay of aldolase	Covered	N	1	N				
82088	Assay of aldosterone	Covered	N		N				
82103	Alpha-1-antitrypsin total	Covered	N		N				
82104	Alpha-1-antitrypsin pheno	Covered	N	1	N				
82105	Alpha-fetoprotein serum	Covered	N	1	N				
82106	Alpha-fetoprotein amniotic	Covered	N	1	N				
82107	Alpha-fetoprotein l3	Covered	N	1	N				
82108	Assay of aluminum	Covered	N	1	N				
82120	Amines vaginal fluid qual	Covered	N	1	N				
82127	Amino acid single qual	Covered	N	1	N				

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82128	Amino acids mult qual	Covered	N	1	N				
82131	Amino acids single quant	Covered	N	3	N				
82135	Assay aminolevulinic acid	Covered	N	1	N				
82136	Amino acids quant 2-5	Covered	N		N				
82139	Amino acids quan 6 or more	Covered	N		N				
82140	Assay of ammonia	Covered	N	2	N				
82143	Amniotic fluid scan	Covered	N	2	N				
82150	Assay of amylase	Covered	N	4	N				
82154	Androstenediol glucuronide	Covered	N	1	N				
82157	Assay of androstenedione	Covered	N	1	N				
82160	Assay of androsterone	Covered	N	1	N				
82163	Assay of angiotensin ii	Covered	N	1	N				
82164	Angiotensin i enzyme test	Covered	N	1	N				
82172	Assay of apolipoprotein	Covered	N	3	N				
82175	Assay of arsenic	Covered	N	2	N				
82180	Assay of ascorbic acid	Covered	N	1	N				
82190	Atomic absorption	Covered	N	4	N				
82232	Assay of beta-2 protein	Covered	N	1	N				
82239	Bile acids total	Covered	N	1	N				
82240	Bile acids cholyglycine	Covered	N	1	N				
82247	Bilirubin total	Covered	N	1	N				
82248	Bilirubin direct	Covered	N	1	N				
82252	Fecal bilirubin test	Covered	N	1	N				
82261	Assay of biotinidase	Covered	N		N				
82270	Occult blood feces	Covered	N	1	N				
82271	Occult blood other sources	Covered	N	1	N				
82272	Occult bld feces 1-3 tests	Covered	N	1	N				
82274	Assay test for blood fecal	Covered	N	1	N				
82286	Assay of bradykinin	Covered	N	1	N				
82300	Assay of cadmium	Covered	N	1	N				
82306	Vitamin d 25 hydroxy	Covered	N	1	N				
82308	Assay of calcitonin	Covered	N	1	N				
82310	Assay of calcium	Covered	N	8	N				
82330	Assay of calcium	Covered	N	8	N				
82331	Calcium infusion test	Covered	N	1	N				
82340	Assay of calcium in urine	Covered	N	1	N				
82355	Calculus analysis qual	Covered	N	1	N				
82360	Calculus assay quant	Covered	N	1	N				
82365	Calculus spectroscopy	Covered	N	3	N				
82370	X-ray assay calculus	Covered	N	1	N				
82373	Assay c-d transfer measure	Covered	N	1	N				
82374	Assay blood carbon dioxide	Covered	N	2	N				

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82375	Assay carboxyhb quant	Covered	N	2	N				
82376	Assay carboxyhb qual	Covered	N		N				
82378	Carcinoembryonic antigen	Covered	N		N				
82379	Assay of carnitine	Covered	N	1	N				
82380	Assay of carotene	Covered	N	1	N				
82382	Assay urine catecholamines	Covered	N	1	N				
82383	Assay blood catecholamines	Covered	N	2	N				
82384	Assay three catecholamines	Covered	N	2	N				
82387	Assay of cathepsin-d	Covered	N		N				
82390	Assay of ceruloplasmin	Covered	N	1	N				
82397	Chemiluminescent assay	Covered	N		N				
82415	Assay of chloramphenicol	Covered	N	1	N				
82435	Assay of blood chloride	Covered	N	2	N				
82436	Assay of urine chloride	Covered	N	1	N				
82438	Assay other fluid chlorides	Covered	N	1	N				
82441	Test for chlorohydrocarbons	Covered	N	1	N				
82465	Assay bld/serum cholesterol	Covered	N	1	N				
82480	Assay serum cholinesterase	Covered	N	2	N				
82482	Assay rbc cholinesterase	Covered	N	1	N				
82485	Assay chondroitin sulfate	Covered	N	1	N				
82486	Gas/liquid chromatography	Covered	N	2	N				
82487	Paper chromatography	Covered	N	2	N				
82488	Paper chromatography	Covered	N	1	N				
82489	Thin layer chromatography	Covered	N	1	N				
82491	Chromotography quant sing	Covered	N		N				
82492	Chromotography quant mult	Covered	N		N				
82495	Assay of chromium	Covered	N	1	N				
82507	Assay of citrate	Covered	N	1	N				
82523	Collagen crosslinks	Covered	N		N				
82525	Assay of copper	Covered	N	1	N				
82528	Assay of corticosterone	Covered	N	1	N				
82530	Cortisol free	Covered	N	1	N				
82533	Total cortisol	Covered	N	1	N				
82540	Assay of creatine	Covered	N	2	N				
82541	Column chromatography qual	Covered	N		N				
82542	Column chromatography quant	Covered	N		N				
82543	Column chromatograph/isotope	Covered	N		N				
82544	Column chromatograph/isotope	Covered	N		N				
82550	Assay of ck (cpk)	Covered	N	2	N				
82552	Assay of cpk in blood	Covered	N	2	N				
82553	Creatine mb fraction	Covered	N	1	N				
82554	Creatine isoforms	Covered	N	2	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
82565	Assay of creatinine	Covered	N	2	N				
82570	Assay of urine creatinine	Covered	N	3	N				
82575	Creatinine clearance test	Covered	N	1	N				
82585	Assay of cryofibrinogen	Covered	N	1	N				
82595	Assay of cryoglobulin	Covered	N	1	N				
82600	Assay of cyanide	Covered	N	1	N				
82607	Vitamin b-12	Covered	N	1	N				
82608	B-12 binding capacity	Covered	N	1	N				
82610	Cystatin c	Not Covered			N				
82615	Test for urine cystines	Covered	N	1	N				
82626	Dehydroepiandrosterone	Covered	N	1	N				
82627	Dehydroepiandrosterone	Covered	N	1	N				
82633	Desoxycorticosterone	Covered	N	1	N				
82634	Deoxycortisol	Covered	N	2	N				
82638	Assay of dibucaine number	Covered	N	1	N				
82652	Vit d 1 25-dihydroxy	Covered	N	1	N				
82656	Pancreatic elastase fecal	Covered	N	1	N				
82657	Enzyme cell activity	Covered	N		N				
82658	Enzyme cell activity ra	Covered	N		N				
82664	Electrophoretic test	Covered	N	1	N				
82668	Assay of erythropoietin	Covered	N	1	N				
82670	Assay of estradiol	Covered	N	2	N				
82671	Assay of estrogens	Covered	N	1	N				
82672	Assay of estrogen	Covered	N	1	N				
82677	Assay of estriol	Covered	N	1	N				
82679	Assay of estrone	Covered	N	1	N				
82693	Assay of ethylene glycol	Covered	N		N				
82696	Assay of etiocholanolone	Covered	N	1	N				
82705	Fats/lipids feces qual	Covered	N	1	N				
82710	Fats/lipids feces quant	Covered	N	1	N				
82715	Assay of fecal fat	Covered	N	1	N				
82725	Assay of blood fatty acids	Covered	N	1	N				
82726	Long chain fatty acids	Covered	N	1	N				
82728	Assay of ferritin	Covered	N	1	N				
82731	Assay of fetal fibronectin	Covered	N	1	N				
82735	Assay of fluoride	Covered	N	1	N				
82746	Assay of folic acid serum	Covered	N	1	N				
82747	Assay of folic acid rbc	Covered	N	1	N				
82757	Assay of semen fructose	Covered	N	1	N				
82759	Assay of rbc galactokinase	Covered	N	1	N				
82760	Assay of galactose	Covered	N	1	N				
82775	Assay galactose transferase	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
82776	Galactose transferase test	Covered	N	1	N				
82777	Galectin-3	Not Covered			N				
82784	Assay iga/igd/igg/igm each	Covered	N	4	N				
82785	Assay of ige	Covered	N	1	N				
82787	Igg 1 2 3 or 4 each	Covered	N	4	N				
82800	Blood ph	Covered	N		N				
82803	Blood gases any combination	Covered	N		N				
82805	Blood gases w/o2 saturation	Covered	N		N				
82810	Blood gases o2 sat only	Covered	N		N				
82820	Hemoglobin-oxygen affinity	Covered	N		N				
82930	Gastric analy w/ph ea spec	Covered	N	1	N				
82938	Gastrin test	Covered	N	1	N				
82941	Assay of gastrin	Covered	N	1	N				
82943	Assay of glucagon	Covered	N	1	N				
82945	Glucose other fluid	Covered	N		N				
82946	Glucagon tolerance test	Covered	N	1	N				
82947	Assay glucose blood quant	Covered	N		N				
82948	Reagent strip/blood glucose	Covered	N		N				
82950	Glucose test	Covered	N	3	N				
82951	Glucose tolerance test (gtt)	Covered	N	1	N				
82952	Gtt-added samples	Covered	N	4	N				
82955	Assay of g6pd enzyme	Covered	N	1	N				
82960	Test for g6pd enzyme	Covered	N	1	N				
82962	Glucose blood test	Covered	N	1	N				
82963	Assay of glucosidase	Covered	N	1	N				
82965	Assay of gdh enzyme	Covered	N	1	N				
82977	Assay of ggt	Covered	N	1	N				
82978	Assay of glutathione	Covered	N	1	N				
82979	Assay rbc glutathione	Covered	N	1	N				
82985	Assay of glycated protein	Covered	N	1	N				
83001	Assay of gonadotropin (fsh)	Covered	N		N				
83002	Assay of gonadotropin (lh)	Covered	N		N				
83003	Assay growth hormone (hgh)	Covered	N		N				
83006	Growth stimulation gene 2	Covered	N		N				
83009	H pylori (c-13) blood	Covered	N	1	N				
83010	Assay of haptoglobin quant	Covered	N	1	N				
83012	Assay of haptoglobins	Covered	N	1	N				
83013	H pylori (c-13) breath	Covered	N	1	N				
83014	H pylori drug admin	Covered	N		N				
83015	Heavy metal screen	Covered	N	1	N				
83018	Quantitative screen metals	Covered	N	4	N				
83020	Hemoglobin electrophoresis	Covered	N	2	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
83021	Hemoglobin chromatography	Covered	N	2	N				
83026	Hemoglobin copper sulfate	Covered	N		N				
83030	Fetal hemoglobin chemical	Covered	N	1	N				
83033	Fetal hemoglobin assay qual	Covered	N	1	N				
83036	Glycosylated hemoglobin test	Covered	N	2	N				
83037	Glycosylated hb home device	Covered	N	1	N				
83045	Blood methemoglobin test	Covered	N	2	N				
83050	Blood methemoglobin assay	Covered	N	2	N				
83051	Assay of plasma hemoglobin	Covered	N	2	N				
83060	Blood sulfhemoglobin assay	Covered	N	1	N				
83065	Assay of hemoglobin heat	Covered	N	2	N				
83068	Hemoglobin stability screen	Covered	N	2	N				
83069	Assay of urine hemoglobin	Covered	N	1	N				
83070	Assay of hemosiderin qual	Covered	N	1	N				
83080	Assay of b hexosaminidase	Covered	N		N				
83088	Assay of histamine	Covered	N	1	N				
83090	Assay of homocystine	Covered	N		N				
83150	Assay of homovanillic acid	Covered	N	1	N				
83491	Assay of corticosteroids 17	Covered	N	1	N				
83497	Assay of 5-hiaa	Covered	N	1	N				
83498	Assay of progesterone 17-d	Covered	N	1	N				
83499	Assay of progesterone 20-	Covered	N	1	N				
83500	Assay free hydroxyproline	Covered	N	1	N				
83505	Assay total hydroxyproline	Covered	N	1	N				
83516	Immunoassay nonantibody	Covered	N	1	N				
83518	Immunoassay dipstick	Covered	N	1	N				
83519	Ria nonantibody	Covered	N	1	N				
83520	Immunoassay quant nos nonab	Covered	N		N				
83525	Assay of insulin	Covered	N	4	N				
83527	Assay of insulin	Covered	N	1	N				
83528	Assay of intrinsic factor	Covered	N	1	N				
83540	Assay of iron	Covered	N	2	N				
83550	Iron binding test	Covered	N	1	N				
83570	Assay of idh enzyme	Covered	N	1	N				
83582	Assay of ketogenic steroids	Covered	N	1	N				
83586	Assay 17- ketosteroids	Covered	N	1	N				
83593	Fractionation ketosteroids	Covered	N	1	N				
83605	Assay of lactic acid	Covered	N	3	N				
83615	Lactate (ld) (ldh) enzyme	Covered	N	1	N				
83625	Assay of ldh enzymes	Covered	N	1	N				
83630	Lactoferrin fecal (qual)	Covered	N	1	N				
83631	Lactoferrin fecal (quant)	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
83632	Placental lactogen	Covered	N	1	N				
83633	Test urine for lactose	Covered	N	1	N				
83655	Assay of lead	Covered	N	2	N				
83661	L/s ratio fetal lung	Covered	N	1	N				
83662	Foam stability fetal lung	Covered	N	4	N				
83663	Fluoro polarize fetal lung	Covered	N		N				
83664	Lamellar bdy fetal lung	Covered	N	4	N				
83670	Assay of lap enzyme	Covered	N	1	N				
83690	Assay of lipase	Covered	N	2	N				
83695	Assay of lipoprotein(a)	Covered	N	1	N				
83698	Assay lipoprotein pla2	Covered	N	1	N				
83700	Lipopro bld electrophoretic	Covered	N	1	N				
83701	Lipoprotein bld hr fraction	Covered	N	1	N				
83704	Lipoprotein bld by nmr	Covered	N	1	N				
83718	Assay of lipoprotein	Covered	N	1	N				
83719	Assay of blood lipoprotein	Covered	N	1	N				
83721	Assay of blood lipoprotein	Covered	N		N				
83727	Assay of lrh hormone	Covered	N	1	N				
83735	Assay of magnesium	Covered	N	4	N				
83775	Assay malate dehydrogenase	Covered	N	1	N				
83785	Assay of manganese	Covered	N	1	N				
83788	Mass spectrometry qual	Covered	N		N				
83789	Mass spectrometry quant	Covered	N		N				
83825	Assay of mercury	Covered	N	2	N				
83835	Assay of metanephrines	Covered	N	1	N				
83857	Assay of methemalbumin	Covered	N	1	N				
83861	Microfluid analy tears	Covered	N	1	N				
83864	Mucopolysaccharides	Covered	N	1	N				
83872	Assay synovial fluid mucin	Covered	N	2	N				
83873	Assay of csf protein	Covered	N	1	N				
83874	Assay of myoglobin	Covered	N	1	N				
83876	Assay myeloperoxidase	Covered	N	1	N				
83880	Assay of natriuretic peptide	Covered	N	1	N				
83883	Assay nephelometry not spec	Covered	N		N				
83885	Assay of nickel	Covered	N	1	N				
83915	Assay of nucleotidase	Covered	N	1	N				
83916	Oligoclonal bands	Covered	N	2	N				
83918	Organic acids total quant	Covered	N	1	N				
83919	Organic acids qual each	Covered	N	1	N				
83921	Organic acid single quant	Covered	N		N				
83930	Assay of blood osmolality	Covered	N	2	N				
83935	Assay of urine osmolality	Covered	N	2	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
83937	Assay of osteocalcin	Covered	N	1	N				
83945	Assay of oxalate	Covered	N	1	N				
83950	Oncoprotein her-2/neu	Covered	N	1	N				
83951	Oncoprotein dcp	Covered	N	1	N				
83970	Assay of parathormone	Covered	N	1	N				
83986	Assay ph body fluid nos	Covered	N	2	N				
83987	Exhaled breath condensate	Not Covered			N				
83992	Assay for phencyclidine	Covered	N	2	N				
83993	Assay for calprotectin fecal	Covered	N	1	N				
84030	Assay of blood pku	Covered	N	1	N				
84035	Assay of phenylketones	Covered	N	1	N				
84060	Assay acid phosphatase	Covered	N	2	N				
84061	Phosphatase forensic exam	Covered	N		N				
84066	Assay prostate phosphatase	Covered	N	1	N				
84075	Assay alkaline phosphatase	Covered	N	2	N				
84078	Assay alkaline phosphatase	Covered	N	1	N				
84080	Assay alkaline phosphatases	Covered	N	1	N				
84081	Assay phosphatidylglycerol	Covered	N	1	N				
84085	Assay of rbc pg6d enzyme	Covered	N	1	N				
84087	Assay phosphohexose enzymes	Covered	N	1	N				
84100	Assay of phosphorus	Covered	N	1	N				
84105	Assay of urine phosphorus	Covered	N	1	N				
84106	Test for porphobilinogen	Covered	N	1	N				
84110	Assay of porphobilinogen	Covered	N	1	N				
84112	Eval amniotic fluid protein	Covered	N	1	N				
84119	Test urine for porphyrins	Covered	N	1	N				
84120	Assay of urine porphyrins	Covered	N	1	N				
84126	Assay of feces porphyrins	Covered	N	1	N				
84132	Assay of serum potassium	Covered	N	8	N				
84133	Assay of urine potassium	Covered	N	2	N				
84134	Assay of prealbumin	Covered	N	1	N				
84135	Assay of pregnanediol	Covered	N	1	N				
84138	Assay of pregnanetriol	Covered	N	1	N				
84140	Assay of pregnenolone	Covered	N	1	N				
84143	Assay of 17-hydroxypregнено	Covered	N	1	N				
84144	Assay of progesterone	Covered	N	1	N				
84145	Procalcitonin (pct)	Covered	N	1	N				
84146	Assay of prolactin	Covered	N	1	N				
84150	Assay of prostaglandin	Covered	N	2	N				
84152	Assay of psa complexed	Covered	N		N				
84153	Assay of psa total	Covered	N	1	N				
84154	Assay of psa free	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
84155	Assay of protein serum	Covered	N	1	N				
84156	Assay of protein urine	Covered	N	1	N				
84157	Assay of protein other	Covered	N	1	N				
84160	Assay of protein any source	Covered	N	2	N				
84163	Pappa serum	Covered	N	1	N				
84165	Protein e-phoresis serum	Covered	N	1	N				
84166	Protein e-phoresis/urine/csf	Covered	N	1	N				
84181	Western blot test	Covered	N		N				
84182	Protein western blot test	Covered	N		N				
84202	Assay rbc protoporphyryn	Covered	N	1	N				
84203	Test rbc protoporphyryn	Covered	N	1	N				
84206	Assay of proinsulin	Covered	N	1	N				
84207	Assay of vitamin b-6	Covered	N	1	N				
84210	Assay of pyruvate	Covered	N	1	N				
84220	Assay of pyruvate kinase	Covered	N	1	N				
84228	Assay of quinine	Covered	N	1	N				
84233	Assay of estrogen	Covered	N	1	N				
84234	Assay of progesterone	Covered	N	2	N				
84235	Assay of endocrine hormone	Covered	N	1	N				
84238	Assay nonendocrine receptor	Covered	N	1	N				
84244	Assay of renin	Covered	N		N				
84252	Assay of vitamin b-2	Covered	N	1	N				
84255	Assay of selenium	Covered	N	1	N				
84260	Assay of serotonin	Covered	N	1	N				
84270	Assay of sex hormone globul	Covered	N	1	N				
84275	Assay of sialic acid	Covered	N	1	N				
84285	Assay of silica	Covered	N	1	N				
84295	Assay of serum sodium	Covered	N	4	N				
84300	Assay of urine sodium	Covered	N	2	N				
84302	Assay of sweat sodium	Covered	N	8	N				
84305	Assay of somatomedin	Covered	N	1	N				
84307	Assay of somatostatin	Covered	N	1	N				
84311	Spectrophotometry	Covered	N		N				
84315	Body fluid specific gravity	Covered	N	1	N				
84375	Chromatogram assay sugars	Covered	N	1	N				
84376	Sugars single qual	Covered	N	1	N				
84377	Sugars multiple qual	Covered	N	1	N				
84378	Sugars single quant	Covered	N	1	N				
84379	Sugars multiple quant	Covered	N	1	N				
84392	Assay of urine sulfate	Covered	N	1	N				
84402	Assay of free testosterone	Covered	N	1	N				
84403	Assay of total testosterone	Covered	N	2	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
84425	Assay of vitamin b-1	Covered	N	1	N				
84430	Assay of thiocyanate	Covered	N	1	N				
84431	Thromboxane urine	Covered	N	1	N				
84432	Assay of thyroglobulin	Covered	N	1	N				
84436	Assay of total thyroxine	Covered	N	1	N				
84437	Assay of neonatal thyroxine	Covered	N	1	N				
84439	Assay of free thyroxine	Covered	N	1	N				
84442	Assay of thyroid activity	Covered	N	1	N				
84443	Assay thyroid stim hormone	Covered	N		N				
84445	Assay of tsi globulin	Covered	N	1	N				
84446	Assay of vitamin e	Covered	N	1	N				
84449	Assay of transcortin	Covered	N	1	N				
84450	Transferase (ast) (sgot)	Covered	N	1	N				
84460	Alanine amino (alt) (sgpt)	Covered	N	1	N				
84466	Assay of transferrin	Covered	N	1	N				
84478	Assay of triglycerides	Covered	N	1	N				
84479	Assay of thyroid (t3 or t4)	Covered	N	1	N				
84480	Assay triiodothyronine (t3)	Covered	N	1	N				
84481	Free assay (ft-3)	Covered	N	1	N				
84482	T3 reverse	Covered	N		N				
84484	Assay of troponin quant	Covered	N	1	N				
84485	Assay duodenal fluid trypsin	Covered	N	1	N				
84488	Test feces for trypsin	Covered	N	1	N				
84490	Assay of feces for trypsin	Covered	N	1	N				
84510	Assay of tyrosine	Covered	N	1	N				
84512	Assay of troponin qual	Covered	N	1	N				
84520	Assay of urea nitrogen	Covered	N	3	N				
84525	Urea nitrogen semi-quant	Covered	N	1	N				
84540	Assay of urine/urea-n	Covered	N	2	N				
84545	Urea-n clearance test	Covered	N	1	N				
84550	Assay of blood/uric acid	Covered	N	1	N				
84560	Assay of urine/uric acid	Covered	N	1	N				
84577	Assay of feces/urobilinogen	Covered	N	1	N				
84578	Test urine urobilinogen	Covered	N	1	N				
84580	Assay of urine urobilinogen	Covered	N	1	N				
84583	Assay of urine urobilinogen	Covered	N	1	N				
84585	Assay of urine vma	Covered	N	1	N				
84586	Assay of vip	Covered	N	1	N				
84588	Assay of vasopressin	Covered	N	1	N				
84590	Assay of vitamin a	Covered	N	1	N				
84591	Assay of nos vitamin	Covered	N	1	N				
84597	Assay of vitamin k	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
84600	Assay of volatiles	Covered	N	2	N				
84620	Xylose tolerance test	Covered	N	1	N				
84630	Assay of zinc	Covered	N	2	N				
84681	Assay of c-peptide	Covered	N		N				
84702	Chorionic gonadotropin test	Covered	N	2	N				
84703	Chorionic gonadotropin assay	Covered	N	1	N				
84704	Hcg free betachain test	Not Covered			N				
84830	Ovulation tests	Covered	N		N				
84999	Clinical chemistry test	Covered	N		N				
85002	Bleeding time test	Covered	N	2	N				
85004	Automated diff wbc count	Covered	N	6	N				
85007	Bl smear w/diff wbc count	Covered	N	1	N				
85008	Bl smear w/o diff wbc count	Covered	N		N				
85009	Manual diff wbc count b-coat	Covered	N	1	N				
85013	Spun microhematocrit	Covered	N	1	N				
85014	Hematocrit	Covered	N	4	N				
85018	Hemoglobin	Covered	N	6	N				
85025	Complete cbc w/auto diff wbc	Covered	N	2	N				
85027	Complete cbc automated	Covered	N	6	N				
85032	Manual cell count each	Covered	N	3	N				
85041	Automated rbc count	Covered	N	6	N				
85044	Manual reticulocyte count	Covered	N	1	N				
85045	Automated reticulocyte count	Covered	N	1	N				
85046	Reticyte/hgb concentrate	Covered	N	1	N				
85048	Automated leukocyte count	Covered	N	6	N				
85049	Automated platelet count	Covered	N	2	N				
85055	Reticulated platelet assay	Covered	N		N				
85060	Blood smear interpretation	Not Covered			B				
85097	Bone marrow interpretation	Not Covered			S	0661	3.9671		
85130	Chromogenic substrate assay	Covered	N		N				
85170	Blood clot retraction	Covered	N	1	N				
85175	Blood clot lysis time	Covered	N	1	N				
85210	Clot factor ii prothrom spec	Covered	N	2	N				
85220	Blooc clot factor v test	Covered	N	2	N				
85230	Clot factor vii proconvertin	Covered	N	2	N				
85240	Clot factor viii ahg 1 stage	Covered	N	4	N				
85244	Clot factor viii reltd antgn	Covered	N	4	N				
85245	Clot factor viii vw ristoctn	Covered	N		N				
85246	Clot factor viii vw antigen	Covered	N		N				
85247	Clot factor viii multimetric	Covered	N		N				
85250	Clot factor ix ptc/chrstmas	Covered	N	2	N				
85260	Clot factor x stuart-power	Covered	N	4	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
85270	Clot factor xi pta	Covered	N	4	N				
85280	Clot factor xii hageman	Covered	N	4	N				
85290	Clot factor xiii fibrin stab	Covered	N	2	N				
85291	Clot factor xiii fibrin scrn	Covered	N	2	N				
85292	Clot factor fletcher fact	Covered	N	2	N				
85293	Clot factor wght kininogen	Covered	N	2	N				
85300	Antithrombin iii activity	Covered	N	2	N				
85301	Antithrombin iii antigen	Covered	N	2	N				
85302	Clot inhibit prot c antigen	Covered	N	2	N				
85303	Clot inhibit prot c activity	Covered	N	2	N				
85305	Clot inhibit prot s total	Covered	N	2	N				
85306	Clot inhibit prot s free	Covered	N	2	N				
85307	Assay activated protein c	Covered	N	2	N				
85335	Factor inhibitor test	Covered	N		N				
85337	Thrombomodulin	Covered	N		N				
85345	Coagulation time lee & white	Covered	N	2	N				
85347	Coagulation time activated	Covered	N		N				
85348	Coagulation time otr method	Covered	N	2	N				
85360	Euglobulin lysis	Covered	N	1	N				
85362	Fibrin degradation products	Covered	N	2	N				
85366	Fibrinogen test	Covered	N		N				
85370	Fibrinogen test	Covered	N		N				
85378	Fibrin degrade semiquant	Covered	N	1	N				
85379	Fibrin degradation quant	Covered	N	2	N				
85380	Fibrin degradj d-dimer	Covered	N	4	N				
85384	Fibrinogen activity	Covered	N		N				
85385	Fibrinogen antigen	Covered	N		N				
85390	Fibrinolysins screen i&r	Covered	N	3	N				
85396	Clotting assay whole blood	Covered	N	1	N				
85397	Clotting funct activity	Covered	N	1	N				
85400	Fibrinolytic plasmin	Covered	N	2	N				
85410	Fibrinolytic antiplasmin	Covered	N	2	N				
85415	Fibrinolytic plasminogen	Covered	N		N				
85420	Fibrinolytic plasminogen	Covered	N	2	N				
85421	Fibrinolytic plasminogen	Covered	N	1	N				
85441	Heinz bodies direct	Covered	N	1	N				
85445	Heinz bodies induced	Covered	N	1	N				
85460	Hemoglobin fetal	Covered	N	1	N				
85461	Hemoglobin fetal	Covered	N	1	N				
85475	Hemolysin acid	Covered	N	1	N				
85520	Heparin assay	Covered	N	1	N				
85525	Heparin neutralization	Covered	N		N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
85530	Heparin-protamine tolerance	Covered	N	1	N				
85536	Iron stain peripheral blood	Covered	N		N				
85540	Wbc alkaline phosphatase	Covered	N	1	N				
85547	Rbc mechanical fragility	Covered	N	1	N				
85549	Muramidase	Covered	N	1	N				
85555	Rbc osmotic fragility	Covered	N	1	N				
85557	Rbc osmotic fragility	Covered	N	1	N				
85576	Blood platelet aggregation	Covered	N		N				
85597	Phospholipid pltlt neutraliz	Covered	N		N				
85598	Hexagnal phosph pltlt neutr	Covered	N	1	N				
85610	Prothrombin time	Covered	N		N				
85611	Prothrombin test	Covered	N		N				
85612	Viper venom prothrombin time	Covered	N	1	N				
85613	Russell viper venom diluted	Covered	N		N				
85635	Reptilase test	Covered	N	1	N				
85651	Rbc sed rate nonautomated	Covered	N	1	N				
85652	Rbc sed rate automated	Covered	N	1	N				
85660	Rbc sickle cell test	Covered	N	1	N				
85670	Thrombin time plasma	Covered	N	2	N				
85675	Thrombin time titer	Covered	N	2	N				
85705	Thromboplastin inhibition	Covered	N	1	N				
85730	Thromboplastin time partial	Covered	N		N				
85732	Thromboplastin time partial	Covered	N	2	N				
85810	Blood viscosity examination	Covered	N	1	N				
85999	Hematology procedure	Covered	N		N				
86000	Agglutinins febrile antigen	Covered	N		N				
86001	Allergen specific igg	Covered	N		N				
86003	Allergen specific ige	Covered	N	4	N				
86005	Allergen specific ige	Covered	N	1	N				
86021	Wbc antibody identification	Covered	N		N				
86022	Platelet antibodies	Covered	N		N				
86023	Immunoglobulin assay	Covered	N	1	N				
86038	Antinuclear antibodies	Covered	N	1	N				
86039	Antinuclear antibodies (ana)	Covered	N	1	N				
86060	Antistreptolysin o titer	Covered	N	1	N				
86063	Antistreptolysin o screen	Covered	N	1	N				
86077	Phys blood bank serv xmatch	Not Covered			Q1	0450	0.3942		
86078	Phys blood bank serv reactj	Not Covered			Q1	0433	2.4765		
86079	Phys blood bank serv authrj	Not Covered			Q1	0433	2.4765		
86140	C-reactive protein	Covered	N	1	N				
86141	C-reactive protein hs	Covered	N	1	N				
86146	Beta-2 glycoprotein antibody	Covered	N	3	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
86147	Cardiolipin antibody ea ig	Covered	N		N				
86148	Anti-phospholipid antibody	Covered	N		N				
86152	Cell enumeration & id	Not Covered			N				
86153	Cell enumeration phys interp	Not Covered			B				
86155	Chemotaxis assay	Covered	N	1	N				
86156	Cold agglutinin screen	Covered	N	1	N				
86157	Cold agglutinin titer	Covered	N	1	N				
86160	Complement antigen	Covered	N		N				
86161	Complement/function activity	Covered	N		N				
86162	Complement total (ch50)	Covered	N	1	N				
86171	Complement fixation each	Covered	N	3	N				
86185	Counterimmunoelectrophoresis	Covered	N	1	N				
86200	Ccp antibody	Covered	N	1	N				
86215	Deoxyribonuclease antibody	Covered	N	1	N				
86225	Dna antibody native	Covered	N	1	N				
86226	Dna antibody single strand	Covered	N		N				
86235	Nuclear antigen antibody	Covered	N		N				
86243	Fc receptor	Covered	N	1	N				
86255	Fluorescent antibody screen	Covered	N		N				
86256	Fluorescent antibody titer	Covered	N		N				
86277	Growth hormone antibody	Covered	N	1	N				
86280	Hemagglutination inhibition	Covered	N	1	N				
86294	Immunoassay tumor qual	Covered	N		N				
86300	Immunoassay tumor ca 15-3	Covered	N	1	N				
86301	Immunoassay tumor ca 19-9	Covered	N		N				
86304	Immunoassay tumor ca 125	Covered	N		N				
86305	Human epididymis protein 4	Covered	N	1	N				
86308	Heterophile antibody screen	Covered	N	2	N				
86309	Heterophile antibody titer	Covered	N		N				
86310	Heterophile antibody absrbj	Covered	N	1	N				
86316	Immunoassay tumor other	Covered	N	1	N				
86317	Immunoassay infectious agent	Covered	N	1	N				
86318	Immunoassay infectious agent	Covered	N	1	N				
86320	Serum immunoelectrophoresis	Covered	N	1	N				
86325	Other immunoelectrophoresis	Covered	N	2	N				
86327	Immunoelectrophoresis assay	Covered	N	1	N				
86329	Immunodiffusion nes	Covered	N		N				
86331	Immunodiffusion ouchterlony	Covered	N	4	N				
86332	Immune complex assay	Covered	N	1	N				
86334	Immunofix e-phoresis serum	Covered	N	1	N				
86335	Immunifix e-phorsis/urine/csf	Covered	N	2	N				
86336	Inhibin a	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
86337	Insulin antibodies	Covered	N	1	N				
86340	Intrinsic factor antibody	Covered	N	1	N				
86341	Islet cell antibody	Covered	N	1	N				
86343	Leukocyte histamine release	Covered	N	1	N				
86344	Leukocyte phagocytosis	Covered	N	1	N				
86352	Cell function assay w/stim	Covered	N	1	N				
86353	Lymphocyte transformation	Covered	N		N				
86355	B cells total count	Covered	N	1	N				
86356	Mononuclear cell antigen	Not Covered			N				
86357	Nk cells total count	Covered	N	1	N				
86359	T cells total count	Covered	N	1	N				
86360	T cell absolute count/ratio	Covered	N	1	N				
86361	T cell absolute count	Covered	N	1	N				
86367	Stem cells total count	Covered	N	1	N				
86376	Microsomal antibody each	Covered	N	1	N				
86378	Migration inhibitory factor	Covered	N	1	N				
86382	Neutralization test viral	Covered	N	3	N				
86384	Nitroblue tetrazolium dye	Covered	N	1	N				
86386	Nuclear matrix protein 22	Covered	N		N				
86403	Particle agglut antbdy scrn	Covered	N		N				
86406	Particle agglut antbdy titr	Covered	N	2	N				
86430	Rheumatoid factor test qual	Covered	N	2	N				
86431	Rheumatoid factor quant	Covered	N		N				
86480	Tb test cell immun measure	Covered	N	1	N				
86481	Tb ag response t-cell susp	Covered	N	1	N				
86485	Skin test candida	Covered	N	1	Q1	0340	0.7061		
86486	Skin test nos antigen	Covered	N	1	Q1	0340	0.7061		
86490	Coccidioidomycosis skin test	Covered	N	1	Q1	0420	1.7762		
86510	Histoplasmosis skin test	Covered	N	1	Q1	0340	0.7061		
86580	Tb intradermal test	Covered	N	1	Q1	0450	0.3942		
86590	Streptokinase antibody	Covered	N	1	N				
86592	Syphilis test non-trep qual	Covered	N	2	N				
86593	Syphilis test non-trep quant	Covered	N	2	N				
86602	Antinomyces antibody	Covered	N	3	N				
86603	Adenovirus antibody	Covered	N		N				
86606	Aspergillus antibody	Covered	N		N				
86609	Bacterium antibody	Covered	N		N				
86611	Bartonella antibody	Covered	N		N				
86612	Blastomyces antibody	Covered	N		N				
86615	Bordetella antibody	Covered	N		N				
86617	Lyme disease antibody	Covered	N	1	N				
86618	Lyme disease antibody	Covered	N	2	N				

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86619	Borrelia antibody	Covered	N		N				
86622	Brucella antibody	Covered	N		N				
86625	Campylobacter antibody	Covered	N		N				
86628	Candida antibody	Covered	N		N				
86631	Chlamydia antibody	Covered	N	1	N				
86632	Chlamydia igm antibody	Covered	N	1	N				
86635	Coccidioides antibody	Covered	N		N				
86638	Q fever antibody	Covered	N		N				
86641	Cryptococcus antibody	Covered	N		N				
86644	Cmv antibody	Covered	N		N				
86645	Cmv antibody igm	Covered	N		N				
86648	Diphtheria antibody	Covered	N		N				
86651	Encephalitis californ antbdy	Covered	N	2	N				
86652	Encephalitis east eqne antbdy	Covered	N	2	N				
86653	Encephalitis st louis antbdy	Covered	N		N				
86654	Encephalitis west eqne antbdy	Covered	N		N				
86658	Enterovirus antibody	Covered	N		N				
86663	Epstein-barr antibody	Covered	N		N				
86664	Epstein-barr nuclear antigen	Covered	N	2	N				
86665	Epstein-barr capsid vca	Covered	N	1	N				
86666	Ehrlichia antibody	Covered	N		N				
86668	Francisella tularensis	Covered	N		N				
86671	Fungus nes antibody	Covered	N		N				
86674	Giardia lamblia antibody	Covered	N	3	N				
86677	Helicobacter pylori antibody	Covered	N	1	N				
86682	Helminth antibody	Covered	N		N				
86684	Hemophilus influenza antbdy	Covered	N		N				
86687	Htlv-i antibody	Covered	N	1	N				
86688	Htlv-ii antibody	Covered	N	2	N				
86689	Htlv/hiv confirmj antibody	Covered	N	1	N				
86692	Hepatitis delta agent antbdy	Covered	N	2	N				
86694	Herpes simplex nes antbdy	Covered	N	1	N				
86695	Herpes simplex type 1 test	Covered	N		N				
86696	Herpes simplex type 2 test	Covered	N		N				
86698	Histoplasma antibody	Covered	N	3	N				
86701	Hiv-1antibody	Covered	N	2	N				
86702	Hiv-2 antibody	Covered	N		N				
86703	Hiv-1/hiv-2 1 result antbdy	Covered	N	2	N				
86704	Hep b core antibody total	Covered	N		N				
86705	Hep b core antibody igm	Covered	N		N				
86706	Hep b surface antibody	Covered	N		N				
86707	Hepatitis be antibody	Covered	N		N				

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86708	Hepatitis a total antibody	Covered	N	1	N				
86709	Hepatitis a igm antibody	Covered	N	1	N				
86710	Influenza virus antibody	Covered	N		N				
86711	John cunningham antibody	Not Covered			N				
86713	Legionella antibody	Covered	N		N				
86717	Leishmania antibody	Covered	N		N				
86720	Leptospira antibody	Covered	N		N				
86723	Listeria monocytogenes	Covered	N		N				
86727	Lymph choriomeningitis ab	Covered	N		N				
86729	Lympho venereum antibody	Covered	N		N				
86732	Mucormycosis antibody	Covered	N		N				
86735	Mumps antibody	Covered	N		N				
86738	Mycoplasma antibody	Covered	N	2	N				
86741	Neisseria meningitidis	Covered	N		N				
86744	Nocardia antibody	Covered	N		N				
86747	Parvovirus antibody	Covered	N	2	N				
86750	Malaria antibody	Covered	N		N				
86753	Protozoa antibody nos	Covered	N		N				
86756	Respiratory virus antibody	Covered	N	1	N				
86757	Rickettsia antibody	Covered	N		N				
86759	Rotavirus antibody	Covered	N		N				
86762	Rubella antibody	Covered	N		N				
86765	Rubeola antibody	Covered	N		N				
86768	Salmonella antibody	Covered	N		N				
86771	Shigella antibody	Covered	N		N				
86774	Tetanus antibody	Covered	N		N				
86777	Toxoplasma antibody	Covered	N	2	N				
86778	Toxoplasma antibody igm	Covered	N		N				
86780	Treponema pallidum	Covered	N	1	N				
86784	Trichinella antibody	Covered	N	2	N				
86787	Varicella-zoster antibody	Covered	N		N				
86788	West Nile virus ab igm	Covered	N		N				
86789	West Nile virus antibody	Covered	N		N				
86790	Virus antibody nos	Covered	N		N				
86793	Yersinia antibody	Covered	N		N				
86800	Thyroglobulin antibody	Covered	N	1	N				
86803	Hepatitis c ab test	Covered	N		N				
86804	Hep c ab test confirm	Covered	N		N				
86805	Lymphocytotoxicity assay	Covered	N	1	N				
86806	Lymphocytotoxicity assay	Covered	N	1	N				
86807	Cytotoxic antibody screening	Covered	N	1	N				
86808	Cytotoxic antibody screening	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
86812	Hla typing a b or c	Covered	N	1	N				
86813	Hla typing a b or c	Covered	N	1	N				
86816	Hla typing dr/dq	Covered	N	1	N				
86817	Hla typing dr/dq	Covered	N	1	N				
86821	Lymphocyte culture mixed	Covered	N	1	N				
86822	Lymphocyte culture primed	Covered	N	1	N				
86825	Hla x-math non-cytotoxic	Covered	N	1	N				
86826	Hla x-match noncytotoxc addl	Covered	N	1	N				
86828	Hla class i&ii antibody qual	Covered	N	1	N				
86829	Hla class i/ii antibody qual	Covered	N	1	N				
86830	Hla class i phenotype qual	Covered	N	1	N				
86831	Hla class ii phenotype qual	Covered	N	1	N				
86832	Hla class i high defin qual	Covered	N	1	N				
86833	Hla class ii high defin qual	Covered	N	1	N				
86834	Hla class i semiquant panel	Covered	N	1	N				
86835	Hla class ii semiquant panel	Covered	N	1	N				
86849	Immunology procedure	Covered	N		N				
86850	Rbc antibody screen	Covered	N	1	Q1	0345	1.0256		
86860	Rbc antibody elution	Covered	N	1	S	0346	1.6869		
86870	Rbc antibody identification	Covered	N		Q1	0433	2.4765		
86880	Coombs test direct	Covered	N		S	0346	1.6869		
86885	Coombs test indirect qual	Covered	N	1	S	0346	1.6869		
86886	Coombs test indirect titer	Covered	N	3	Q1	0433	2.4765		
86890	Autologous blood process	Covered	N		S	0346	1.6869		
86891	Autologous blood op salvage	Covered	N		S	0346	1.6869		
86900	Blood typing serologic abo	Covered	N		Q1	0345	1.0256		
86901	Blood typing serologic rh(d)	Covered	N	1	Q1	0345	1.0256		
86902	Blood type antigen donor ea	Covered	N		Q1	0345	1.0256		
86904	Blood typing patient serum	Covered	N		Q1	0345	1.0256		
86905	Blood typing rbc antigens	Covered	N		Q1	0345	1.0256		
86906	Bld typing serologic rh phnt	Covered	N		Q1	0345	1.0256		
86910	Blood typing paternity test	Covered	N		E				\$26.75
86911	Blood typing antigen system	Covered	N		E				\$7.59
86920	Compatibility test spin	Covered	N	1	S	0346	1.6869		
86921	Compatibility test incubate	Covered	N		Q1	0345	1.0256		
86922	Compatibility test antiglob	Covered	N		S	0346	1.6869		
86923	Compatibility test electric	Covered	N	6	S	0346	1.6869		
86927	Plasma fresh frozen	Covered	N		S	0438	1.4593		
86930	Frozen blood prep	Covered	N	3	Q1	0345	1.0256		
86931	Frozen blood thaw	Covered	N		S	0346	1.6869		
86932	Frozen blood freeze/thaw	Covered	N		Q1	0345	1.0256		
86940	Hemolysins/agglutinins auto	Covered	N		N				

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86941	Hemolysins/aggglutinins	Covered	N		N				
86945	Blood product/irradiation	Covered	N	3	Q1	0345	1.0256		
86950	Leukocyte transfusion	Covered	N	1	Q1	0345	1.0256		
86960	Vol reduction of blood/prod	Covered	N	1	S	0346	1.6869		
86965	Pooling blood platelets	Covered	N	1	S	0346	1.6869		
86970	Rbc pretx incubatj w/chemicl	Covered	N		Q1	0450	0.3942		
86971	Rbc pretx incubatj w/enzymes	Covered	N		S	0346	1.6869		
86972	Rbc pretx incubatj w/density	Covered	N		S	0346	1.6869		
86975	Rbc serum pretx incubj drugs	Covered	N	1	S	0346	1.6869		
86976	Rbc serum pretx id dilution	Covered	N	1	Q1	0345	1.0256		
86977	Rbc serum pretx incubj/inhib	Covered	N	1	Q1	0345	1.0256		
86978	Rbc pretreatment serum	Covered	N	1	Q1	0345	1.0256		
86985	Split blood or products	Covered	N		S	0346	1.6869		
86999	Transfusion procedure	Covered	N		Q1	0345	1.0256		
87003	Small animal inoculation	Covered	N	1	N				
87015	Specimen infect agnt concntj	Covered	N		N				
87040	Blood culture for bacteria	Covered	N		N				
87045	Feces culture aerobic bact	Covered	N	3	N				
87046	Stool cultr aerobic bact ea	Covered	N		N				
87070	Culture othr specimn aerobic	Covered	N	4	N				
87071	Culture aerobic quant other	Covered	N		N				
87073	Culture bacteria anaerobic	Covered	N		N				
87075	Cultr bacteria except blood	Covered	N	4	N				
87076	Culture anaerobe ident each	Covered	N		N				
87077	Culture aerobic identify	Covered	N		N				
87081	Culture screen only	Covered	N		N				
87084	Culture of specimen by kit	Covered	N	1	N				
87086	Urine culture/colony count	Covered	N	2	N				
87088	Urine bacteria culture	Covered	N	2	N				
87101	Skin fungi culture	Covered	N		N				
87102	Fungus isolation culture	Covered	N		N				
87103	Blood fungus culture	Covered	N	4	N				
87106	Fungi identification yeast	Covered	N		N				
87107	Fungi identification mold	Covered	N		N				
87109	Mycoplasma	Covered	N	3	N				
87110	Chlamydia culture	Covered	N	2	N				
87116	Mycobacteria culture	Covered	N	1	N				
87118	Mycobacteric identification	Covered	N	1	N				
87140	Culture type immunofluoresc	Covered	N		N				
87143	Culture typing glc/hplc	Covered	N	1	N				
87147	Culture type immunologic	Covered	N		N				
87149	Dna/rna direct probe	Covered	N		N				

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87150	Dna/rna amplified probe	Covered	N	1	N				
87152	Culture type pulse field gel	Covered	N		N				
87153	Dna/rna sequencing	Covered	N	1	N				
87158	Culture typing added method	Covered	N		N				
87164	Dark field examination	Covered	N	1	N				
87166	Dark field examination	Covered	N	1	N				
87168	Macroscopic exam arthropod	Covered	N		N				
87169	Macroscopic exam parasite	Covered	N	2	N				
87172	Pinworm exam	Covered	N		N				
87176	Tissue homogenization cultr	Covered	N	1	N				
87177	Ova and parasites smears	Covered	N	3	N				
87181	Microbe susceptible diffuse	Covered	N		N				
87184	Microbe susceptible disk	Covered	N	4	N				
87185	Microbe susceptible enzyme	Covered	N		N				
87186	Microbe susceptible mic	Covered	N	4	N				
87187	Microbe susceptible mlc	Covered	N	1	N				
87188	Microbe suscept macrobroth	Covered	N	4	N				
87190	Microbe suscept mycobacteri	Covered	N		N				
87197	Bactericidal level serum	Covered	N	1	N				
87205	Smear gram stain	Covered	N		N				
87206	Smear fluorescent/acid stai	Covered	N		N				
87207	Smear special stain	Covered	N	1	N				
87209	Smear complex stain	Covered	N	1	N				
87210	Smear wet mount saline/ink	Covered	N		N				
87220	Tissue exam for fungi	Covered	N	1	N				
87230	Assay toxin or antitoxin	Covered	N	1	N				
87250	Virus inoculate eggs/animal	Covered	N	3	N				
87252	Virus inoculation tissue	Covered	N	1	N				
87253	Virus inoculate tissue addl	Covered	N		N				
87254	Virus inoculation shell via	Covered	N		N				
87255	Genet virus isolate hsv	Covered	N	1	N				
87260	Adenovirus ag if	Covered	N	2	N				
87265	Pertussis ag if	Covered	N		N				
87267	Enterovirus antibody dfa	Covered	N	1	N				
87269	Giardia ag if	Covered	N		N				
87270	Chlamydia trachomatis ag if	Covered	N	2	N				
87271	Cytomegalovirus dfa	Covered	N	1	N				
87272	Cryptosporidium ag if	Covered	N		N				
87273	Herpes simplex 2 ag if	Covered	N		N				
87274	Herpes simplex 1 ag if	Covered	N		N				
87275	Influenza b ag if	Covered	N		N				
87276	Influenza a ag if	Covered	N		N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
87277	Legionella micdadei ag if	Covered	N		N				
87278	Legion pneumophilia ag if	Covered	N		N				
87279	Parainfluenza ag if	Covered	N		N				
87280	Respiratory syncytial ag if	Covered	N	2	N				
87281	Pneumocystis carinii ag if	Covered	N		N				
87283	Rubeola ag if	Covered	N		N				
87285	Treponema pallidum ag if	Covered	N		N				
87290	Varicella zoster ag if	Covered	N		N				
87299	Antibody detection nos if	Covered	N		N				
87300	Ag detection polyval if	Covered	N		N				
87301	Adenovirus ag eia	Covered	N		N				
87305	Aspergillus ag eia	Covered	N		N				
87320	Chylmd trach ag eia	Covered	N	1	N				
87324	Clostridium ag eia	Covered	N		N				
87327	Cryptococcus neoform ag eia	Covered	N		N				
87328	Cryptosporidium ag eia	Covered	N		N				
87329	Giardia ag eia	Covered	N	3	N				
87332	Cytomegalovirus ag eia	Covered	N		N				
87335	E coli 0157 ag eia	Covered	N	2	N				
87336	Entamoeb hist dispr ag eia	Covered	N		N				
87337	Entamoeb hist group ag eia	Covered	N		N				
87338	Hpylori stool eia	Covered	N	1	N				
87339	H pylori ag eia	Covered	N		N				
87340	Hepatitis b surface ag eia	Covered	N	1	N				
87341	Hepatitis b surface ag eia	Covered	N	1	N				
87350	Hepatitis be ag eia	Covered	N	1	N				
87380	Hepatitis delta ag eia	Covered	N		N				
87385	Histoplasma capsul ag eia	Covered	N		N				
87389	Hiv-1 ag w/hiv-1 & hiv-2 ab	Covered	N		N				
87390	Hiv-1 ag eia	Covered	N	2	N				
87391	Hiv-2 ag eia	Covered	N	1	N				
87400	Influenza a/b ag eia	Covered	N	2	N				
87420	Resp syncytial ag eia	Covered	N	1	N				
87425	Rotavirus ag eia	Covered	N	1	N				
87427	Shiga-like toxin ag eia	Covered	N		N				
87430	Strep a ag eia	Covered	N	1	N				
87449	Ag detect nos eia mult	Covered	N		N				
87450	Ag detect nos eia single	Covered	N		N				
87451	Ag detect polyval eia mult	Covered	N	2	N				
87470	Bartonella dna dir probe	Covered	N	1	N				
87471	Bartonella dna amp probe	Covered	N	1	N				
87472	Bartonella dna quant	Covered	N		N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
87475	Lyme dis dna dir probe	Covered	N	1	N				
87476	Lyme dis dna amp probe	Covered	N	1	N				
87477	Lyme dis dna quant	Covered	N	1	N				
87480	Candida dna dir probe	Covered	N	1	N				
87481	Candida dna amp probe	Covered	N	1	N				
87482	Candida dna quant	Covered	N	1	N				
87485	Chylmd pneum dna dir probe	Covered	N	1	N				
87486	Chylmd pneum dna amp probe	Covered	N	1	N				
87487	Chylmd pneum dna quant	Covered	N	1	N				
87490	Chylmd trach dna dir probe	Covered	N	1	N				
87491	Chylmd trach dna amp probe	Covered	N	1	N				
87492	Chylmd trach dna quant	Covered	N	1	N				
87493	C diff amplified probe	Covered	N	1	N				
87495	Cytomeg dna dir probe	Covered	N	1	N				
87496	Cytomeg dna amp probe	Covered	N	1	N				
87497	Cytomeg dna quant	Covered	N	1	N				
87498	Enterovirus probe&revrs trns	Covered	N	1	N				
87500	Vanomycin dna amp probe	Covered	N	1	N				
87501	Influenza dna amp prob 1+	Covered	N	1	N				
87502	Influenza dna amp probe	Covered	N	1	N				
87503	Influenza dna amp prob addl	Covered	N	1	N				
87505	Nfct agent detection gi	Covered	N	1	N				
87506	Iadna-dna/rna probe tq 6-11	Covered	N	1	N				
87507	Iadna-dna/rna probe tq 12-25	Covered	N	1	N				
87510	Gardner vag dna dir probe	Covered	N	1	N				
87511	Gardner vag dna amp probe	Covered	N	1	N				
87512	Gardner vag dna quant	Covered	N	1	N				
87515	Hepatitis b dna dir probe	Covered	N	1	N				
87516	Hepatitis b dna amp probe	Covered	N	1	N				
87517	Hepatitis b dna quant	Covered	N	1	N				
87520	Hepatitis c rna dir probe	Covered	N	1	N				
87521	Hepatitis c probe&rvrs trnsc	Covered	N	1	N				
87522	Hepatitis c revrs trnscrpj	Covered	N	1	N				
87525	Hepatitis g dna dir probe	Covered	N	1	N				
87526	Hepatitis g dna amp probe	Covered	N	1	N				
87527	Hepatitis g dna quant	Covered	N	1	N				
87528	Hsv dna dir probe	Covered	N	1	N				
87529	Hsv dna amp probe	Covered	N	1	N				
87530	Hsv dna quant	Covered	N	1	N				
87531	Hhv-6 dna dir probe	Covered	N	1	N				
87532	Hhv-6 dna amp probe	Covered	N	1	N				
87533	Hhv-6 dna quant	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
87534	Hiv-1 dna dir probe	Covered	N	1	N				
87535	Hiv-1 probe&reverse trnscrpj	Covered	N	2	N				
87536	Hiv-1 quant&revrse trnscrpj	Covered	N	2	N				
87537	Hiv-2 dna dir probe	Covered	N		N				
87538	Hiv-2 probe&revrse trnscripj	Covered	N		N				
87539	Hiv-2 quant&revrse trnscripj	Covered	N		N				
87540	Legion pneumo dna dir prob	Covered	N	2	N				
87541	Legion pneumo dna amp prob	Covered	N	1	N				
87542	Legion pneumo dna quant	Covered	N	1	N				
87550	Mycobacteria dna dir probe	Covered	N		N				
87551	Mycobacteria dna amp probe	Covered	N		N				
87552	Mycobacteria dna quant	Covered	N	2	N				
87555	M.tuberculo dna dir probe	Covered	N		N				
87556	M.tuberculo dna amp probe	Covered	N		N				
87557	M.tuberculo dna quant	Covered	N		N				
87560	M.avium-intra dna dir prob	Covered	N		N				
87561	M.avium-intra dna amp prob	Covered	N		N				
87562	M.avium-intra dna quant	Covered	N		N				
87580	M.pneumon dna dir probe	Covered	N	2	N				
87581	M.pneumon dna amp probe	Covered	N	2	N				
87582	M.pneumon dna quant	Covered	N		N				
87590	N.gonorrhoeae dna dir prob	Covered	N		N				
87591	N.gonorrhoeae dna amp prob	Covered	N		N				
87592	N.gonorrhoeae dna quant	Covered	N		N				
87623	Hpv low-risk types	Covered	N	1	N				
87624	Hpv high-risk types	Covered	N	1	N				
87625	Hpv types 16 & 18 only	Covered	N	1	N				
87631	Resp virus 3-5 targets	Covered	N	1	N				
87632	Resp virus 6-11 targets	Covered	N	1	N				
87633	Resp virus 12-25 targets	Covered	N	1	N				
87640	Staph a dna amp probe	Covered	N	1	N				
87641	Mr-staph dna amp probe	Covered	N	1	N				
87650	Strep a dna dir probe	Covered	N		N				
87651	Strep a dna amp probe	Covered	N		N				
87652	Strep a dna quant	Covered	N	1	N				
87653	Strep b dna amp probe	Covered	N	1	N				
87660	Trichomonas vagin dir probe	Covered	N	1	N				
87661	Trichomonas vaginalis amplif	Covered	N	1	A				\$45.83
87797	Detect agent nos dna dir	Covered	N	3	N				
87798	Detect agent nos dna amp	Covered	N		N				
87799	Detect agent nos dna quant	Covered	N		N				
87800	Detect agnt mult dna direc	Covered	N	2	N				

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87801	Detect agnt mult dna ampli	Covered	N		N				
87802	Strep b assay w/optic	Covered	N	2	N				
87803	Clostridium toxin a w/optic	Covered	N	2	N				
87804	Influenza assay w/optic	Covered	N		N				
87806	Hiv antigen w/hiv antibodies	Covered	N	1	N				
87807	Rsv assay w/optic	Covered	N	1	N				
87808	Trichomonas assay w/optic	Covered	N	1	N				
87809	Adenovirus assay w/optic	Not Covered			N				
87810	Chylmd trach assay w/optic	Covered	N	2	N				
87850	N. gonorrhoeae assay w/optic	Covered	N		N				
87880	Strep a assay w/optic	Covered	N	2	N				
87899	Agent nos assay w/optic	Covered	N		N				
87900	Phenotype infect agent drug	Covered	N		N				
87901	Genotype dna hiv reverse t	Covered	N		N				
87902	Genotype dna/rna hep c	Covered	N	1	N				
87903	Phenotype dna hiv w/culture	Covered	N	1	N				
87904	Phenotype dna hiv w/clt add	Covered	N		N				
87905	Sialidase enzyme assay	Covered	N	1	N				
87906	Genotype dna/rna hiv	Covered	N	1	N				
87910	Genotype cytomegalovirus	Not Covered			N				
87912	Genotype dna hepatitis b	Covered	N	1	N				
87999	Microbiology procedure	Covered	N	1	N				
88000	Autopsy (necropsy) gross	Covered	N		E				Review Required
88005	Autopsy (necropsy) gross	Covered	N		E				Review Required
88007	Autopsy (necropsy) gross	Covered	N		E				Review Required
88012	Autopsy (necropsy) gross	Covered	N		E				Review Required
88014	Autopsy (necropsy) gross	Covered	N		E				Review Required
88016	Autopsy (necropsy) gross	Covered	N		E				Review Required
88020	Autopsy (necropsy) complete	Covered	N	1	E				Review Required
88025	Autopsy (necropsy) complete	Covered	N		E				Review Required
88027	Autopsy (necropsy) complete	Covered	N		E				Review Required
88028	Autopsy (necropsy) complete	Covered	N		E				Review Required
88029	Autopsy (necropsy) complete	Covered	N		E				Review Required
88036	Limited autopsy	Covered	N		E				Review Required
88037	Limited autopsy	Covered	N		E				Review Required
88040	Forensic autopsy (necropsy)	Covered	N		E				Review Required
88045	Coroners autopsy (necropsy)	Covered	N		E				Review Required
88099	Necropsy (autopsy) procedure	Covered	N		E				Review Required
88104	Cytopath fl nongyn smears	Covered	N	2	Q1	0450	0.3942		
88106	Cytopath fl nongyn filter	Covered	N	2	Q1	0450	0.3942		
88108	Cytopath concentrate tech	Covered	N		Q1	0450	0.3942		
88112	Cytopath cell enhance tech	Covered	N	4	Q1	0342	0.7318		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
88120	Cytp urne 3-5 probes ea spec	Covered	N	1	Q1	0433	2.4765		
88121	Cytp urine 3-5 probes cmptr	Covered	N	1	Q1	0433	2.4765		
88125	Forensic cytopathology	Covered	N	1	Q1	0433	2.4765		
88130	Sex chromatin identification	Covered	N	1	N				
88140	Sex chromatin identification	Covered	N	1	N				
88141	Cytopath c/v interpret	Covered	N	1	N				
88142	Cytopath c/v thin layer	Covered	N	1	N				
88143	Cytopath c/v thin layer redo	Covered	N	1	N				
88147	Cytopath c/v automated	Covered	N	1	N				
88148	Cytopath c/v auto rescreen	Covered	N		N				
88150	Cytopath c/v manual	Covered	N	1	N				
88152	Cytopath c/v auto redo	Covered	N		N				
88153	Cytopath c/v redo	Covered	N		N				
88154	Cytopath c/v select	Covered	N	1	N				
88155	Cytopath c/v index add-on	Covered	N	1	N				
88160	Cytopath smear other source	Not Covered			Q1	0450	0.3942		
88161	Cytopath smear other source	Not Covered			Q1	0450	0.3942		
88162	Cytopath smear other source	Not Covered			Q1	0342	0.7318		
88164	Cytopath tbs c/v manual	Covered	N	1	N				
88165	Cytopath tbs c/v redo	Covered	N	1	N				
88166	Cytopath tbs c/v auto redo	Covered	N		N				
88167	Cytopath tbs c/v select	Covered	N		N				
88172	Cytp dx eval fna 1st ea site	Covered	N		Q1	0342	0.7318		
88173	Cytopath eval fna report	Covered	N	2	Q1	0342	0.7318		
88174	Cytopath c/v auto in fluid	Covered	N		N				
88175	Cytopath c/v auto fluid redo	Covered	N	1	N				
88177	Cytp fna eval ea addl	Covered	N	1	N				
88182	Cell marker study	Covered	N	2	S	0661	3.9671		
88184	Flowcytometry/ tc 1 marker	Covered	N	1	Q1	0433	2.4765		
88185	Flowcytometry/tc add-on	Covered	N	1	N				
88187	Flowcytometry/read 2-8	Not Covered			B				
88188	Flowcytometry/read 9-15	Not Covered			B				
88189	Flowcytometry/read 16 & >	Not Covered			B				
88199	Cytopathology procedure	Covered	N	1	Q1	0342	0.7318		
88230	Tissue culture lymphocyte	Covered	N	2	N				
88233	Tissue culture skin/biopsy	Covered	N	1	N				
88235	Tissue culture placenta	Covered	N	2	N				
88237	Tissue culture bone marrow	Covered	N		N				
88239	Tissue culture tumor	Covered	N	1	N				
88240	Cell cryopreserve/storage	Covered	N	2	N				
88241	Frozen cell preparation	Covered	N	2	N				
88245	Chromosome analysis 20-25	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
88248	Chromosome analysis 50-100	Covered	N	1	N				
88249	Chromosome analysis 100	Covered	N		N				
88261	Chromosome analysis 5	Covered	N	1	N				
88262	Chromosome analysis 15-20	Covered	N	1	N				
88263	Chromosome analysis 45	Covered	N	1	N				
88264	Chromosome analysis 20-25	Covered	N		N				
88267	Chromosome analys placenta	Covered	N	2	N				
88269	Chromosome analys amniotic	Covered	N	1	N				
88271	Cytogenetics dna probe	Covered	N	1	N				
88272	Cytogenetics 3-5	Covered	N	1	N				
88273	Cytogenetics 10-30	Covered	N	1	N				
88274	Cytogenetics 25-99	Covered	N	1	N				
88275	Cytogenetics 100-300	Covered	N	2	N				
88280	Chromosome karyotype study	Covered	N	4	N				
88283	Chromosome banding study	Covered	N	2	N				
88285	Chromosome count additional	Covered	N		N				
88289	Chromosome study additional	Covered	N	1	N				
88291	Cyto/molecular report	Covered	N	1	M				\$5.70
88299	Cytogenetic study	Covered	N	1	Q1	0342	0.7318		
88300	Surgical path gross	Covered	N	6	Q1	0450	0.3942		
88302	Tissue exam by pathologist	Covered	N	2	Q1	0450	0.3942		
88304	Tissue exam by pathologist	Covered	N		Q1	0342	0.7318		
88305	Tissue exam by pathologist	Covered	N	12	Q1	0342	0.7318		
88307	Tissue exam by pathologist	Covered	N	12	Q1	0433	2.4765		
88309	Tissue exam by pathologist	Covered	N	3	S	0661	3.9671		
88311	Decalcify tissue	Covered	N	4	N				
88312	Special stains group 1	Covered	N	6	Q1	0342	0.7318		
88313	Special stains group 2	Covered	N		Q1	0342	0.7318		
88314	Histochemical stains add-on	Not Covered			N				
88319	Enzyme histochemistry	Not Covered			S	0661	3.9671		
88321	Microslide consultation	Covered	N		Q1	0450	0.3942		
88323	Microslide consultation	Covered	N		Q1	0433	2.4765		
88325	Comprehensive review of data	Covered	N		Q1	0342	0.7318		
88329	Path consult introp	Not Covered			Q1	0450	0.3942		
88331	Path consult intraop 1 bloc	Covered	N		Q1	0433	2.4765		
88332	Path consult intraop addl	Covered	N	6	N				
88333	Intraop cyto path consult 1	Covered	N	3	S	0661	3.9671		
88334	Intraop cyto path consult 2	Covered	N	6	N				
88341	Immunohisto antibody slide	Covered	N	1	N				
88342	Immunohisto antibody stain	Covered	N	2	Q1	0433	2.4765		
88344	Immunohisto antibody slide	Covered	N	1	Q1	0433	2.4765		
88346	Immunofluorescent study	Covered	N		Q1	0433	2.4765		

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88347	Immunofluorescent study	Covered	N	1	Q1	0433	2.4765		
88348	Electron microscopy	Covered	N	1	S	0661	3.9671		
88355	Analysis skeletal muscle	Covered	N	1	Q1	0433	2.4765		
88356	Analysis nerve	Covered	N	1	Q1	0342	0.7318		
88358	Analysis tumor	Covered	N	1	S	0661	3.9671		
88360	Tumor immunohistochem/manual	Covered	N		Q1	0433	2.4765		
88361	Tumor immunohistochem/comput	Covered	N	1	Q1	0433	2.4765		
88362	Nerve teasing preparations	Covered	N	1	S	0661	3.9671		
88363	Xm archive tissue molec anal	Covered	N	1	Q1	0450	0.3942		
88364	Insitu hybridization (fish)	Covered	N	1	N				
88365	Insitu hybridization (fish)	Covered	N	1	Q1	0342	0.7318		
88366	Insitu hybridization (fish)	Covered	N	1	Q1	0342	0.7318		
88367	Insitu hybridization auto	Covered	N	1	Q1	0433	2.4765		
88368	Insitu hybridization manual	Covered	N	1	Q1	0433	2.4765		
88369	M/phmtrc alyshquant/semiq	Covered	N	1	N				
88371	Protein western blot tissue	Covered	N		N				
88372	Protein analysis w/probe	Covered	N		N				
88373	M/phmtrc alyshquant/semiq	Covered	N	1	N				
88374	M/phmtrc alyshquant/semiq	Not Covered			Q1	0433	2.4765		
88375	Optical endomicroscopy interp	Covered	N	1	Q1	0342	0.7318		
88377	M/phmtrc alyshquant/semiq	Not Covered			Q1	0433	2.4765		
88380	Microdissection laser	Not Covered			B				
88381	Microdissection manual	Not Covered			B				
88387	Tiss exam molecular study	Not Covered			B				
88388	Tiss ex molecul study add-on	Covered	N	1	N				
88399	Surgical pathology procedure	Covered	N		Q1	0342	0.7318		
88720	Bilirubin total transcut	Covered	N	1	N				
88738	Hgb quant transcutaneous	Covered	N	1	N				
88740	Transcutaneous carboxyhb	Covered	N	1	N				
88741	Transcutaneous methb	Covered	N	1	N				
88749	In vivo lab service	Covered	N		N				
89049	Chct for mal hyperthermia	Covered	N	1	Q1	0433	2.4765		
89050	Body fluid cell count	Covered	N	2	N				
89051	Body fluid cell count	Covered	N	1	N				
89055	Leukocyte assessment fecal	Covered	N	6	N				
89060	Exam synovial fluid crystals	Covered	N	1	N				
89125	Specimen fat stain	Covered	N	2	N				
89160	Exam feces for meat fibers	Covered	N	1	N				
89190	Nasal smear for eosinophils	Covered	N	1	N				
89220	Sputum specimen collection	Not Covered			Q1	0433	2.4765		
89230	Collect sweat for test	Covered	N		Q1	0342	0.7318		
89240	Pathology lab procedure	Covered	N		Q1	0342	0.7318		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
89250	Cultr oocyte/embryo <4 days	Covered	N	1	Q1	0433	2.4765		
89251	Cultr oocyte/embryo <4 days	Not Covered			Q1	0433	2.4765		
89253	Embryo hatching	Not Covered			Q1	0433	2.4765		
89254	Oocyte identification	Not Covered			Q1	0433	2.4765		
89255	Prepare embryo for transfer	Not Covered			Q1	0433	2.4765		
89257	Sperm identification	Not Covered			Q1	0342	0.7318		
89258	Cryopreservation embryo(s)	Not Covered			S	0661	3.9671		
89259	Cryopreservation sperm	Not Covered			Q1	0433	2.4765		
89260	Sperm isolation simple	Not Covered			Q1	0342	0.7318		
89261	Sperm isolation complex	Not Covered			Q1	0342	0.7318		
89264	Identify sperm tissue	Not Covered			Q1	0433	2.4765		
89268	Insemination of oocytes	Not Covered			Q1	0433	2.4765		
89272	Extended culture of oocytes	Not Covered			S	0661	3.9671		
89280	Assist oocyte fertilization	Not Covered			S	0661	3.9671		
89281	Assist oocyte fertilization	Not Covered			Q1	0433	2.4765		
89290	Biopsy oocyte polar body	Not Covered			Q1	0433	2.4765		
89291	Biopsy oocyte polar body	Not Covered			Q1	0433	2.4765		
89300	Semen analysis w/huhner	Covered	N	1	N				
89310	Semen analysis w/count	Covered	N	1	N				
89320	Semen anal vol/count/mot	Covered	N	1	N				
89321	Semen anal sperm detection	Covered	N	1	N				
89322	Semen anal strict criteria	Covered	N	1	N				
89325	Sperm antibody test	Covered	N	1	N				
89329	Sperm evaluation test	Covered	N	1	N				
89330	Evaluation cervical mucus	Covered	N	1	N				
89331	Retrograde ejaculation anal	Not Covered			N				
89335	Cryopreserve testicular tiss	Not Covered			Q1	0342	0.7318		
89337	Cryopreservation oocyte(s)	Not Covered			Q1	0433	2.4765		
89342	Storage/year embryo(s)	Not Covered			Q1	0433	2.4765		
89343	Storage/year sperm/semen	Not Covered			Q1	0342	0.7318		
89344	Storage/year reprod tissue	Not Covered			Q1	0433	2.4765		
89346	Storage/year oocyte(s)	Not Covered			Q1	0433	2.4765		
89352	Thawing cryopresrvd embryo	Not Covered			Q1	0433	2.4765		
89353	Thawing cryopresrvd sperm	Not Covered			Q1	0433	2.4765		
89354	Thaw cryoprsrvd reprod tiss	Not Covered			Q1	0433	2.4765		
89356	Thawing cryopresrvd oocyte	Not Covered			Q1	0433	2.4765		
89398	Unlisted reprod med lab proc	Covered	N	1	Q1	0342	0.7318		
90281	Human ig im	Covered	N		E				\$25.76
90283	Human ig iv	Covered	N		E				\$179.51
90284	Human ig sc	Covered	N		E				\$11.29
90287	Botulinum antitoxin	Covered	N	1	E				By Report
90288	Botulism ig iv	Covered	N	1	E				By Report

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90291	Cmv ig iv	Covered	N		E				\$350.03
90296	Diphtheria antitoxin	Covered	N	1	E				By Report
90371	Hep b ig im	Covered	N	1	K	1630			\$585.20
90375	Rabies ig im/sc	Covered	N		K	9133			\$137.99
90376	Rabies ig heat treated	Covered	N		K	9134			\$137.99
90378	Rsv mab im 50mg	Covered	N		K	9003			\$746.82
90384	Rh ig full-dose im	Covered	N	1	E				\$96.93
90385	Rh ig minidose im	Covered	N	1	N				
90386	Rh ig iv	Covered	N		E				\$127.45
90389	Tetanus ig im	Covered	N		E				\$96.93
90393	Vaccina ig im	Covered	N	1	E				By Report
90396	Varicella-zoster ig im	Covered	N		K	9135			\$112.19
90399	Immune globulin	Covered	N	1	E				By Report
90460	Im admin 1st/only component	Not Covered			B				
90461	Im admin each addl component	Not Covered			B				
90471	Immunization admin	Covered	N	1	S	0437	0.7218		
90472	Immunization admin each add	Covered	N	4	N				
90473	Immune admin oral/nasal	Covered	N	1	S	0437	0.7218		
90474	Immune admin oral/nasal addl	Covered	N	1	N				
90476	Adenovirus vaccine type 4	Covered	N	1	N				
90477	Adenovirus vaccine type 7	Covered	N	1	E				By Report
90581	Anthrax vaccine sc or im	Covered	N	1	K	1422			By Report
90585	Bcg vaccine percut	Covered	N	1	K	9137			By Report
90586	Bcg vaccine intravesical	Not Covered			B				
90630	Flu vacc iiv4 no preserv id	Covered	N	1	E				By Report
90632	Hep a vaccine adult im	Covered	N	1	N				
90633	Hep a vacc ped/adol 2 dose	Covered	N	2	N				
90634	Hep a vacc ped/adol 3 dose	Covered	N	1	N				
90636	Hep a/hep b vacc adult im	Covered	N	1	N				
90644	Meningoccl hib vac 4 dose im	Covered	N	1	E				By Report
90645	Hib vaccine hboc im	Covered	N	1	N				
90646	Hib vaccine prp-d im	Covered	N	1	N				
90647	Hib vaccine prp-omp im	Covered	N	1	N				
90648	Hib vaccine prp-t im	Covered	N	1	N				
90649	Hpv vaccine 4 valent im	Covered	N	3	M				\$145.36
90650	Hpv vaccine 2 valent im	Covered	N	1	M				By Report
90651	Hpv vaccine non valent im	Covered	N	1	E				By Report
90653	Flu vaccine adjuvant im	Covered	N	1	E				By Report
90654	Flu vacc iiv3 no preserv id	Covered	N	1	L				By Report
90655	Flu vac no prsv 3 val 6-35 m	Covered	N	1	L				\$14.30
90656	Flu vaccine no preserv 3 & >	Covered	N	1	L				\$12.91
90657	Flu vaccine 3 yrs im	Covered	N	1	L				\$5.26

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
90658	Flu vaccine 3 yrs > im	Not Covered			E				
90660	Flu vaccine nasal	Covered	N	1	L				\$52.02
90661	Flu vacc cell cult prsv free	Not Covered			L				
90662	Flu vacc prsv free inc antig	Not Covered			L				
90664	Flu vacc pandemic intranasal	Not Covered			E				
90666	Flu vac pandem prsrv free im	Not Covered			E				
90667	Flu vac pandemic adjuvant im	Not Covered			E				
90668	Flu vac pandemic splnt im	Not Covered			E				
90669	Pneumococcal vacc 7 val im	Covered	N	1	L				\$65.07
90670	Pneumococcal vacc 13 val im	Covered	N	1	L				\$112.57
90672	Flu vaccine 4 valent nasal	Covered	N	1	L				\$21.85
90673	Flu vacc riv3 no preserv	Covered	N	1	L				By Report
90675	Rabies vaccine im	Covered	N	1	K	9139			\$116.67
90676	Rabies vaccine id	Covered	N	1	K	9140			By Report
90680	Rotavirus vacc 3 dose oral	Covered	N	1	N				
90681	Rotavirus vacc 2 dose oral	Covered	N	1	E				\$37.90
90685	Flu vac no prsv 4 val 6-35 m	Covered	N	1	L				\$20.59
90686	Flu vac no prsv 4 val 3 yrs+	Covered	N	1	L				\$31.97
90687	Flu vaccine 4 val 6-35 mo im	Not Covered			L				
90688	Flu vacc 4 val 3 yrs plus im	Not Covered			L				
90690	Typhoid vaccine oral	Covered	N	1	N				
90691	Typhoid vaccine im	Covered	N	1	N				
90692	Typhoid vaccine h-p sc/id	Covered	N	1	N				
90693	Typhoid vaccine akd sc	Not Covered			B				
90696	Dtap-ipv vacc 4-6 yr im	Covered	N	1	N				
90697	Dtap-ipv-hib-hepb vaccine im	Not Covered			E				
90698	Dtap-hib-ip vaccine im	Covered	N	1	N				
90700	Dtap vaccine < 7 yrs im	Covered	N	1	N				
90702	Dt vaccine < 7 yrs im	Covered	N	1	N				
90703	Tetanus vaccine im	Covered	N	1	N				
90704	Mumps vaccine sc	Covered	N	1	N				
90705	Measles vaccine sc	Covered	N	1	N				
90706	Rubella vaccine sc	Covered	N	1	N				
90707	Mmr vaccine sc	Covered	N	1	N				
90708	Measles-rubella vaccine sc	Covered	N	1	N				
90710	Mmr vaccine sc	Covered	N	1	N				
90712	Oral poliovirus vaccine	Covered	N	1	N				
90713	Poliovirus ipv sc/im	Covered	N	1	N				
90714	Td vaccine no prsrv 7/> im	Covered	N	1	N				
90715	Tdap vaccine 7 yrs/> im	Covered	N	1	N				
90716	Chicken pox vaccine sc	Covered	N	1	M				\$45.70
90717	Yellow fever vaccine sc	Covered	N	1	N				

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90719	Diphtheria vaccine im	Covered	N	1	N				
90720	Dtp/hib vaccine im	Covered	N	1	N				
90721	Dtap/hib vaccine im	Covered	N	1	N				
90723	Dtap-hep b-ipv vaccine im	Covered	N	1	E				\$76.37
90725	Cholera vaccine injectable	Covered	N	1	N				
90727	Plague vaccine im	Not Covered			E				
90732	Pneumococcal vacc 23 val im	Covered	N	1	L				\$23.23
90733	Meningococcal vaccine sc	Covered	N		K	9143			\$67.64
90734	Meningococcal vaccine im	Covered	N		N				
90735	Encephalitis vaccine sc	Covered	N	1	K	9144			By Report
90736	Zoster vacc sc	Covered	N	1	M				\$162.36
90738	Inactivated je vacc im	Covered	N	1	M				\$103.63
90739	Hep b vacc adult 2 dose im	Not Covered			E				
90740	Hepb vacc ill pat 3 dose im	Covered	N	1	F				\$182.94
90743	Hep b vacc adol 2 dose im	Covered	N	1	F				\$23.86
90744	Hepb vacc ped/adol 3 dose im	Covered	N	1	F				\$54.42
90746	Hep b vacc adult 3 dose im	Covered	N	1	F				\$54.42
90747	Hepb vacc ill pat 4 dose im	Covered	N	1	F				By Report
90748	Hep b/hib vaccine im	Covered	N	1	E				\$52.82
90749	Vaccine toxoid	Covered	N	2	N				
90785	Psytx complex interactive	Covered	N	1	N				
90791	Psych diagnostic evaluation	Covered	N	1	Q3	0323	1.5574		
90792	Psych diag eval w/med srvc	Not Covered			Q3	0323	1.5574		
90832	Psytx pt&/family 30 minutes	Not Covered			Q3	0322	1.2065		
90833	Psytx pt&/fam w/e&m 30 min	Not Covered			N				
90834	Psytx pt&/family 45 minutes	Not Covered			Q3	0323	1.5574		
90836	Psytx pt&/fam w/e&m 45 min	Not Covered			N				
90837	Psytx pt&/family 60 minutes	Not Covered			Q3	0323	1.5574		
90838	Psytx pt&/fam w/e&m 60 min	Not Covered			N				
90839	Psytx crisis initial 60 min	Not Covered			Q3	0323	1.5574		
90840	Psytx crisis ea addl 30 min	Not Covered			N				
90845	Psychoanalysis	Not Covered			Q3	0323	1.5574		
90846	Family psytx w/o patient	Covered	N		Q3	0324	1.6717		
90847	Family psytx w/patient	Not Covered			Q3	0324	1.6717		
90849	Multiple family group psytx	Not Covered			Q3	0325	0.8905		
90853	Group psychotherapy	Not Covered			Q3	0325	0.8905		
90863	Pharmacologic mgmt w/psytx	Not Covered			E				
90865	Narcosynthesis	Covered	N	1	Q3	0323	1.5574		
90867	Tcranial magn stim tx plan	Not Covered			S	0218	2.1417		
90868	Tcranial magn stim tx deli	Not Covered			S	0218	2.1417		
90869	Tcran magn stim redetermine	Not Covered			S	0218	2.1417		
90870	Electroconvulsive therapy	Covered	N	1	S	0320	6.0169		

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90875	Psychophysiological therapy	Covered	N		E				\$68.77
90876	Psychophysiological therapy	Covered	N		E				\$102.43
90880	Hypnotherapy	Not Covered			Q3	0323	1.5574		
90882	Environmental manipulation	Not Covered			E				
90885	Psy evaluation of records	Covered	N	1	N				
90887	Consultation with family	Not Covered			N				
90889	Preparation of report	Not Covered			N				
90899	Psychiatric service/therapy	Covered	N		Q3	0322	1.2065		
90901	Biofeedback train any meth	Not Covered			A				
90911	Biofeedback peri/uro/rectal	Covered	R		T	0126	1.5266		
90935	Hemodialysis one evaluation	Covered	N	1	S	0170	8.2721		
90937	Hemodialysis repeated eval	Not Covered			B				
90940	Hemodialysis access study	Covered	N		N				
90945	Dialysis one evaluation	Covered	N	1	V	0633	5.2168		
90947	Dialysis repeated eval	Not Covered			B				
90951	Esrdserv 4 visits p mo <2yr	Covered	N	1	M				\$876.79
90952	Esrdserv 2-3 vsts p mo <2yr	Covered	N	1	M				By Report
90953	Esrdserv 1 visit p mo <2yrs	Covered	N	1	M				By Report
90954	Esrdserv 4 vsts p mo 2-11	Covered	N	1	M				\$721.28
90955	Esrdsrv 2-3 vsts p mo 2-11	Covered	N	1	M				\$407.89
90956	Esrdsrv 1 visit p mo 2-11	Covered	N	1	M				\$276.35
90957	Esrdsrv 4 vsts p mo 12-19	Covered	N	1	M				\$578.51
90958	Esrdsrv 2-3 vsts p mo 12-19	Covered	N	1	M				\$390.06
90959	Esrdserv 1 vst p mo 12-19	Covered	N	1	M				\$256.10
90960	Esrdsrv 4 visits p mo 20+	Covered	N	1	M				\$255.87
90961	Esrdsrv 2-3 vsts p mo 20+	Covered	N	1	M				\$206.72
90962	Esrdserv 1 visit p mo 20+	Covered	N	1	M				\$149.64
90963	Esrdserv home pt serv p mo <2yrs	Covered	N	1	M				\$495.48
90964	Esrdserv home pt serv p mo 2-11	Covered	N	1	M				\$413.98
90965	Esrdserv home pt serv p mo 12-19	Covered	N	1	M				\$393.89
90966	Esrdserv home pt serv p mo 20+	Covered	N	1	M				\$204.62
90967	Esrdserv home pt serv p day <2	Covered	N	1	M				\$17.68
90968	Esrdserv home pt serv p day 2-11	Covered	N	1	M				\$13.84
90969	Esrdserv home pt serv p day 12-19	Covered	N	1	M				\$13.50
90970	Esrdserv home pt serv p day 20+	Covered	N	1	M				\$7.10
90989	Dialysis training complete	Not Covered			B				
90993	Dialysis training incompl	Not Covered			B				
90997	Hemoperfusion	Not Covered			B				
90999	Dialysis procedure	Not Covered			B				
91010	Esophagus motility study	Covered	N	1	S	0361	4.4320		
91013	Esophgl motil w/stim/perfus	Covered	N	1	N				
91020	Gastric motility studies	Covered	N	1	S	0361	4.4320		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
91022	Duodenal motility study	Covered	N	1	S	0361	4.4320		
91030	Acid perfusion of esophagus	Covered	N	1	S	0361	4.4320		
91034	Gastroesophageal reflux test	Covered	N	1	S	0361	4.4320		
91035	G-esoph reflx tst w/electrod	Covered	N	1	S	0361	4.4320		
91037	Esoph imped function test	Covered	N	1	S	0360	1.9033		
91038	Esoph imped funct test > 1hr	Covered	N	1	S	0361	4.4320		
91040	Esoph balloon distension tst	Covered	N	1	S	0360	1.9033		
91065	Breath hydrogen/methane test	Covered	N	1	S	0360	1.9033		
91110	Gi tract capsule endoscopy	Covered	N	1	T	0142	11.4924		
91111	Esophageal capsule endoscopy	Covered	N	1	T	0142	11.4924		
91112	Gi wireless capsule measure	Covered	N	1	T	0142	11.4924		
91117	Colon motility 6 hr study	Covered	N	1	T	0164	2.8822		
91120	Rectal sensation test	Covered	N	1	T	0126	1.5266		
91122	Anal pressure record	Covered	N	1	T	0164	2.8822		
91132	Electrogastrography	Covered	N		S	0360	1.9033		
91133	Electrogastrography w/test	Covered	N	1	S	0360	1.9033		
91200	Liver elastography	Not Covered			S	0266	1.8181		
91299	Gastroenterology procedure	Covered	N	1	S	0360	1.9033		
92002	Eye exam new patient	Covered	N	1	V	0632	1.4327		
92004	Eye exam new patient	Covered	N	1	V	0632	1.4327		
92012	Eye exam establish patient	Covered	N		V	0632	1.4327		
92014	Eye exam&tx estab pt 1/>vst	Covered	N	1	V	0632	1.4327		
92015	Determine refractive state	Covered	N	1	E				\$15.05
92018	New eye exam & treatment	Covered	N	1	T	0240	20.6904		
92019	Eye exam & treatment	Covered	N	1	T	0240	20.6904		
92020	Special eye evaluation	Covered	N	1	Q1	0230	0.7019		
92025	Corneal topography	Covered	N	1	Q1	0230	0.7019		
92060	Special eye evaluation	Covered	N	1	Q1	0230	0.7019		
92065	Orthoptic/pleoptic training	Covered	N	1	Q1	0230	0.7019		
92071	Contact lens fitting for tx	Covered	N	2	N				
92072	Fit contac lens for managmnt	Covered	N	2	N				
92081	Visual field examination(s)	Covered	N	1	Q1	0230	0.7019		
92082	Visual field examination(s)	Covered	N	1	Q1	0230	0.7019		
92083	Visual field examination(s)	Covered	N	1	Q1	0698	1.3596		
92100	Serial tonometry exam(s)	Covered	N	1	N				
92132	Cmptr ophth dx img ant segmt	Covered	N	1	Q1	0230	0.7019		
92133	Cmptr ophth img optic nerve	Covered	N	1	Q1	0230	0.7019		
92134	Cptr ophth dx img post segmt	Covered	N	1	Q1	0230	0.7019		
92136	Ophthalmic biometry	Covered	N	2	Q1	0698	1.3596		
92140	Glaucoma provocative tests	Covered	N	1	Q1	0230	0.7019		
92145	Corneal hysteresis deter	Covered	N	1	Q1	0230	0.7019		
92225	Special eye exam initial	Covered	N	1	Q1	0230	0.7019		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
92226	Special eye exam subsequent	Covered	N	1	Q1	0230	0.7019		
92227	Remote dx retinal imaging	Covered	N	1	Q1	0340	0.7061		
92228	Remote retinal imaging mgmt	Covered	N	1	Q1	0420	1.7762		
92230	Eye exam with photos	Covered	N	1	Q1	0698	1.3596		
92235	Eye exam with photos	Covered	N	2	S	0231	4.2389		
92240	Icg angiography	Covered	N	1	S	0231	4.2389		
92250	Eye exam with photos	Covered	N	1	Q1	0698	1.3596		
92260	Ophthalmoscopy/dynamometry	Covered	N	1	Q1	0230	0.7019		
92265	Eye muscle evaluation	Covered	N	1	Q1	0698	1.3596		
92270	Electro-oculography	Covered	N	1	Q1	0698	1.3596		
92275	Electroretinography	Covered	N	1	S	0231	4.2389		
92283	Color vision examination	Covered	N	1	Q1	0230	0.7019		
92284	Dark adaptation eye exam	Covered	N	1	Q1	0698	1.3596		
92285	Eye photography	Covered	N	1	Q1	0230	0.7019		
92286	Internal eye photography	Covered	N	1	Q1	0698	1.3596		
92287	Internal eye photography	Covered	N	1	Q1	0698	1.3596		
92310	Contact lens fitting	Covered	N	1	E				\$79.25
92311	Contact lens fitting	Covered	N	1	Q1	0698	1.3596		
92312	Contact lens fitting	Covered	N	1	Q1	0698	1.3596		
92313	Contact lens fitting	Covered	N	1	Q1	0698	1.3596		
92314	Prescription of contact lens	Covered	N	1	E				\$49.91
92315	Rx cntact lens aphakia 1 eye	Covered	N	1	Q1	0698	1.3596		
92316	Rx cntact lens aphakia 2 eye	Covered	N	1	Q1	0698	1.3596		
92317	Rx corneoscleral cntact lens	Covered	N	1	Q1	0230	0.7019		
92325	Modification of contact lens	Covered	N	1	Q1	0698	1.3596		
92326	Replacement of contact lens	Covered	N	1	Q1	0698	1.3596		
92340	Fit spectacles monofocal	Not Covered			E				
92341	Fit spectacles bifocal	Covered	N	1	E				\$35.75
92342	Fit spectacles multifocal	Covered	N	1	E				\$39.47
92352	Fit aphakia spectcl monofocl	Covered	N	1	Q1	0698	1.3596		
92353	Fit aphakia spectcl multifoc	Covered	N	1	Q1	0698	1.3596		
92354	Fit spectacles single system	Covered	N	1	Q1	0230	0.7019		
92355	Fit spectacles compound lens	Covered	N	1	Q1	0230	0.7019		
92358	Aphakia prosth service temp	Covered	N	1	Q1	0698	1.3596		
92370	Repair & adjust spectacles	Not Covered			E				
92371	Repair & adjust spectacles	Covered	N	1	Q1	0698	1.3596		
92499	Eye service or procedure	Covered	N		Q1	0230	0.7019		
92502	Ear and throat examination	Covered	N	1	T	0251	4.8979		
92504	Ear microscopy examination	Covered	N	1	N				
92507	Speech/hearing therapy	Covered	N	1	A				\$69.21
92508	Speech/hearing therapy	Covered	N	1	A				\$67.20
92511	Nasopharyngoscopy	Covered	N	1	T	0071	2.0314		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
92512	Nasal function studies	Covered	N	1	S	0363	1.9280		
92516	Facial nerve function test	Covered	N	1	S	0363	1.9280		
92520	Laryngeal function studies	Covered	N	1	Q1	0340	0.7061		
92521	Evaluation of speech fluency	Covered	N	1	A				\$103.73
92522	Evaluate speech production	Covered	N	1	A				\$84.55
92523	Speech sound lang comprehen	Covered	N	1	A				\$175.08
92524	Behavral qualit analys voice	Covered	N	1	A				\$87.19
92526	Oral function therapy	Covered	N	1	A				\$70.60
92531	Spontaneous nystagmus study	Covered	N	1	N				
92532	Positional nystagmus test	Covered	N	1	N				
92533	Caloric vestibular test	Covered	N	1	N				
92534	Optokinetic nystagmus test	Covered	N	1	N				
92540	Basic vestibular evaluation	Covered	N	1	S	0363	1.9280		
92541	Spontaneous nystagmus test	Covered	N	1	Q1	0420	1.7762		
92542	Positional nystagmus test	Covered	N	1	Q1	0340	0.7061		
92543	Caloric vestibular test	Covered	N	1	S	0363	1.9280		
92544	Optokinetic nystagmus test	Covered	N	1	S	0363	1.9280		
92545	Oscillating tracking test	Covered	N	1	S	0363	1.9280		
92546	Sinusoidal rotational test	Covered	N	1	S	0363	1.9280		
92547	Supplemental electrical test	Covered	N	1	N				
92548	Posturography	Covered	N	1	S	0363	1.9280		
92550	Tympanometry & reflex thresh	Covered	N	1	Q1	0365	1.5902		
92551	Pure tone hearing test air	Covered	N	1	E				\$14.12
92552	Pure tone audiometry air	Covered	N	1	Q1	0365	1.5902		
92553	Audiometry air & bone	Covered	N	1	Q1	0365	1.5902		
92555	Speech threshold audiometry	Covered	N	1	Q1	0364	0.5841		
92556	Speech audiometry complete	Covered	N	1	Q1	0364	0.5841		
92557	Comprehensive hearing test	Covered	N	1	Q1	0365	1.5902		
92558	Evoked auditory test qual	Covered	N	1	E				By Report
92559	Group audiometric testing	Covered	N	1	E				\$16.29
92560	Bekesy audiometry screen	Covered	N	1	E				\$27.70
92561	Bekesy audiometry diagnosis	Covered	N	1	Q1	0365	1.5902		
92562	Loudness balance test	Covered	N	1	Q1	0365	1.5902		
92563	Tone decay hearing test	Covered	N	1	Q1	0364	0.5841		
92564	Sisi hearing test	Covered	N	1	Q1	0364	0.5841		
92565	Stenger test pure tone	Covered	N	1	Q1	0364	0.5841		
92567	Tympanometry	Covered	N	1	Q1	0364	0.5841		
92568	Acoustic refl threshold tst	Covered	N	1	Q1	0450	0.3942		
92570	Acoustic immitance testing	Covered	N	1	Q1	0365	1.5902		
92571	Filtered speech hearing test	Covered	N	1	Q1	0364	0.5841		
92572	Staggered spondaic word test	Covered	N	1	Q1	0365	1.5902		
92575	Sensorineural acuity test	Covered	N	1	Q1	0364	0.5841		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
92576	Synthetic sentence test	Covered	N	1	Q1	0364	0.5841		
92577	Stenger test speech	Covered	N	1	Q1	0365	1.5902		
92579	Visual audiometry (vra)	Covered	N	2	Q1	0365	1.5902		
92582	Conditioning play audiometry	Covered	N	1	Q1	0365	1.5902		
92583	Select picture audiometry	Covered	N	1	Q1	0364	0.5841		
92584	Electrocochleography	Covered	N	1	S	0218	2.1417		
92585	Auditor evoke potent compre	Covered	N	1	S	0216	3.6766		
92586	Auditor evoke potent limit	Covered	N		S	0218	2.1417		
92587	Evoked auditory test limited	Covered	N	1	S	0363	1.9280		
92588	Evoked auditory tst complete	Covered	N	1	S	0363	1.9280		
92590	Hearing aid exam one ear	Covered	N	1	E				\$42.38
92591	Hearing aid exam both ears	Covered	N	1	E				\$57.03
92592	Hearing aid check one ear	Covered	N	1	E				\$16.29
92593	Hearing aid check both ears	Covered	N	1	E				\$16.29
92594	Electro hearng aid test one	Covered	N	1	E				\$16.29
92595	Electro hearng aid tst both	Covered	N	1	E				\$16.29
92596	Ear protector evaluation	Covered	N	1	Q1	0364	0.5841		
92597	Oral speech device eval	Covered	N	1	A				\$90.69
92601	Cochlear implt f/up exam <7	Covered	N	1	Q1	0365	1.5902		
92602	Reprogram cochlear implt 7/>	Covered	N	1	Q1	0365	1.5902		
92603	Cochlear implt f/up exam 7/>	Covered	N	1	Q1	0365	1.5902		
92604	Reprogram cochlear implt 7/>	Covered	N	1	Q1	0365	1.5902		
92605	Ex for nonspeech device rx	Not Covered			A				
92606	Non-speech device service	Not Covered			A				
92607	Ex for speech device rx 1hr	Covered	N	1	A				\$89.37
92608	Ex for speech device rx addl	Covered	N	1	A				\$12.59
92609	Use of speech device service	Covered	N	1	A				\$48.36
92610	Evaluate swallowing function	Covered	N	1	A				\$106.01
92611	Motion fluoroscopy/swallow	Covered	N	1	A				\$98.71
92612	Endoscopy swallow tst (fees)	Covered	N	1	A				\$156.87
92613	Endoscopy swallow tst (fees)	Not Covered			B				
92614	Laryngoscopic sensory test	Not Covered			A				
92615	Eval laryngoscopy sense tst	Not Covered			E				
92616	Fees w/laryngeal sense test	Not Covered			A				
92617	Interprt fees/laryngeal test	Not Covered			E				
92618	Ex for nonspeech dev rx add	Not Covered			A				
92620	Auditory function 60 min	Covered	N	1	Q1	0365	1.5902		
92621	Auditory function + 15 min	Covered	N	1	N				
92625	Tinnitus assessment	Covered	N	1	Q1	0365	1.5902		
92626	Eval aud rehab status	Covered	N	1	Q1	0365	1.5902		
92627	Eval aud status rehab add-on	Covered	N	1	N				
92630	Aud rehab pre-ling hear loss	Covered	N	4	E				\$23.29

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
92633	Aud rehab postling hear loss	Covered	N	4	E				\$23.29
92640	Aud brainstem implt programg	Covered	N	1	Q1	0365	1.5902		
92700	Ent procedure/service	Covered	N	1	Q1	0364	0.5841		
92920	Prq cardiac angioplast 1 art	Covered	N	1	J1	0083	61.1978		
92921	Prq cardiac angio addl art	Covered	N	1	N				
92924	Prq card angio/athrect 1 art	Covered	N	1	J1	0229	129.8028		
92925	Prq card angio/athrect addl	Covered	N	1	N				
92928	Prq card stent w/angio 1 vsl	Covered	N	1	J1	0229	129.8028		
92929	Prq card stent w/angio addl	Covered	N	1	N				
92933	Prq card stent/ath/angio	Covered	N	1	J1	0319	200.1597		
92934	Prq card stent/ath/angio	Covered	N	1	N				
92937	Prq revasc byp graft 1 vsl	Covered	N	1	J1	0229	129.8028		
92938	Prq revasc byp graft addl	Covered	N	1	N				
92941	Prq card revasc mi 1 vsl	Covered	N	1	J1	0229	129.8028		
92943	Prq card revasc chronic 1vsl	Covered	N	1	J1	0229	129.8028		
92944	Prq card revasc chronic addl	Covered	N	1	N				
92950	Heart/lung resuscitation cpr	Covered	N	1	S	0100	3.2093		
92953	Temporary external pacing	Covered	N	1	Q3	0094	6.3433		
92960	Cardioversion electric ext	Covered	N	1	S	0094	6.3433		
92961	Cardioversion electric int	Covered	N	1	S	0094	6.3433		
92970	Cardioassist internal	Covered	N	1	C				\$204.76
92971	Cardioassist external	Covered	N	1	C				\$94.57
92973	Prq coronary mech thrombect	Covered	N		N				
92974	Cath place cardio brachytx	Covered	N	1	N				
92975	Dissolve clot heart vessel	Covered	N	1	C				\$408.23
92977	Dissolve clot heart vessel	Covered	N	1	T	0676	2.6317		
92978	Intravasc us heart add-on	Covered	N	1	N				
92979	Intravasc us heart add-on	Covered	N	1	N				
92986	Revision of aortic valve	Covered	N	1	J1	0083	61.1978		
92987	Revision of mitral valve	Covered	N	1	J1	0229	129.8028		
92990	Revision of pulmonary valve	Covered	N	1	J1	0229	129.8028		
92992	Revision of heart chamber	Covered	N	1	C				\$1,258.66
92993	Revision of heart chamber	Covered	N	1	C				\$1,154.75
92997	Pul art balloon repr percut	Covered	N	1	J1	0229	129.8028		
92998	Pul art balloon repr percut	Covered	N	2	N				
93000	Electrocardiogram complete	Covered	N	3	M				\$25.65
93005	Electrocardiogram tracing	Covered	N	5	Q1	0099	1.0579		
93010	Electrocardiogram report	Not Covered			B				
93015	Cardiovascular stress test	Not Covered			B				
93016	Cardiovascular stress test	Not Covered			B				
93017	Cardiovascular stress test	Covered	N	1	Q1	0100	3.2093		
93018	Cardiovascular stress test	Not Covered			B				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
93024	Cardiac drug stress test	Covered	N	1	S	0100	3.2093		
93025	Microvolt t-wave assess	Covered	N	1	S	0100	3.2093		
93040	Rhythm ecg with report	Not Covered			B				
93041	Rhythm ecg tracing	Covered	N	1	Q1	0340	0.7061		
93042	Rhythm ecg report	Not Covered			B				
93224	Ecg monit/reprt up to 48 hrs	Covered	N	1	M				\$148.76
93225	Ecg monit/reprt up to 48 hrs	Covered	N	1	Q1	0099	1.0579		
93226	Ecg monit/reprt up to 48 hrs	Covered	N	1	Q1	0099	1.0579		
93227	Ecg monit/reprt up to 48 hrs	Covered	N	1	M				\$31.86
93228	Remote 30 day ecg rev/report	Covered	N	1	M				\$23.41
93229	Remote 30 day ecg tech supp	Covered	N	1	S	0213	2.3813		
93260	Prgmng dev eval impltbl sys	Covered	N	1	Q1	0690	0.4739		
93261	Interrogate subq defib	Covered	N	1	Q1	0690	0.4739		
93268	Ecg record/review	Covered	N	1	M				\$152.05
93270	Remote 30 day ecg rev/report	Covered	N	1	Q1	0690	0.4739		
93271	Ecg/monitoring and analysis	Covered	N	1	S	0692	1.7288		
93272	Ecg/review interpret only	Covered	N	1	M				\$28.64
93278	Ecg/signal-averaged	Covered	N	1	Q1	0340	0.7061		
93279	Pm device progr eval sngl	Covered	N	1	Q1	0690	0.4739		
93280	Pm device progr eval dual	Covered	N	1	Q1	0690	0.4739		
93281	Pm device progr eval multi	Covered	N	1	Q1	0690	0.4739		
93282	Prgmng eval implantable dfb	Covered	N	1	Q1	0690	0.4739		
93283	Prgmng eval implantable dfb	Covered	N	1	Q1	0690	0.4739		
93284	Prgmng eval implantable dfb	Covered	N	1	Q1	0690	0.4739		
93285	Ilr device eval progr	Covered	N	1	Q1	0690	0.4739		
93286	Peri-px pacemaker device evl	Covered	N	1	N				
93287	Peri-px device eval & prgr	Covered	N	1	N				
93288	Pm device eval in person	Covered	N	1	Q1	0690	0.4739		
93289	Interrog device eval heart	Covered	N	1	Q1	0690	0.4739		
93290	Icm device eval	Covered	N	1	Q1	0690	0.4739		
93291	Ilr device interrogate	Covered	N	1	Q1	0450	0.3942		
93292	Wcd device interrogate	Covered	N	1	Q1	0690	0.4739		
93293	Pm phone r-strip device eval	Covered	N	1	Q1	0690	0.4739		
93294	Pm device interrogate remote	Covered	N	1	M				\$33.17
93295	Dev interrog remote 1/2/mlt	Covered	N	1	M				\$60.05
93296	Pm/icd remote tech serv	Covered	N	1	Q1	0690	0.4739		
93297	Icm device interrogat remote	Covered	N	1	M				\$23.41
93298	Ilr device interrogat remote	Covered	N	1	M				\$26.71
93299	Icm/ilr remote tech serv	Covered	N	1	Q1	0690	0.4739		
93303	Echo transthoracic	Covered	N	1	S	0270	8.0142		
93304	Echo transthoracic	Covered	N	1	S	0269	5.6995		
93306	Tte w/doppler complete	Covered	N	1	S	0269	5.6995		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
93307	Tte w/o doppler complete	Covered	N	1	S	0269	5.6995		
93308	Tte f-up or lmtd	Covered	N	1	S	0267	2.5565		
93312	Echo transesophageal	Covered	N	2	S	0270	8.0142		
93313	Echo transesophageal	Covered	N	1	S	0269	5.6995		
93314	Echo transesophageal	Covered	N	1	N				
93315	Echo transesophageal	Covered	N	1	S	0269	5.6995		
93316	Echo transesophageal	Covered	N	1	S	0270	8.0142		
93317	Echo transesophageal	Covered	N	1	N				
93318	Echo transesophageal intraop	Covered	N		S	0270	8.0142		
93320	Doppler echo exam heart	Covered	N	1	N				
93321	Doppler echo exam heart	Covered	N	1	N				
93325	Doppler color flow add-on	Covered	N	1	N				
93350	Stress tte only	Covered	N	1	S	0269	5.6995		
93351	Stress tte complete	Covered	N	1	S	0270	8.0142		
93352	Admin ecg contrast agent	Covered	N	1	M				\$32.46
93355	Echo transesophageal (tee)	Covered	N	1	N				
93451	Right heart cath	Covered	N	1	T	0080	34.7342		
93452	Left hrt cath w/ventrclgrphy	Covered	N	1	T	0080	34.7342		
93453	R&I hrt cath w/ventriclgrphy	Covered	N	1	T	0080	34.7342		
93454	Coronary artery angio s&i	Covered	N	1	T	0080	34.7342		
93455	Coronary art/grft angio s&i	Covered	N	1	T	0080	34.7342		
93456	R hrt coronary artery angio	Covered	N	1	T	0080	34.7342		
93457	R hrt art/grft angio	Covered	N	1	T	0080	34.7342		
93458	L hrt artery/ventricle angio	Covered	N	1	T	0080	34.7342		
93459	L hrt art/grft angio	Covered	N	1	T	0080	34.7342		
93460	R&I hrt art/ventricle angio	Covered	N	1	T	0080	34.7342		
93461	R&I hrt art/ventricle angio	Covered	N	1	T	0080	34.7342		
93462	L hrt cath trnsptl puncture	Covered	N	1	N				
93463	Drug admin & hemodynamic meas	Covered	N	1	N				
93464	Exercise w/hemodynamic meas	Covered	N	1	N				
93503	Insert/place heart catheter	Covered	N	1	T	0103	21.2483		
93505	Biopsy of heart lining	Covered	N	1	T	0103	21.2483		
93530	Rt heart cath congenital	Covered	N	1	T	0080	34.7342		
93531	R & I heart cath congenital	Covered	N	1	T	0080	34.7342		
93532	R & I heart cath congenital	Covered	N	1	T	0080	34.7342		
93533	R & I heart cath congenital	Covered	N	1	T	0080	34.7342		
93561	Cardiac output measurement	Covered	N	1	N				
93562	Card output measure subsq	Covered	N	1	N				
93563	Inject congenital card cath	Covered	N	1	N				
93564	Inject hrt congntl art/grft	Covered	N	1	N				
93565	Inject l ventr/atrial angio	Covered	N	1	N				
93566	Inject r ventr/atrial angio	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
93567	Inject suprvlv aortography	Covered	N	1	N				
93568	Inject pulm art hrt cath	Covered	N	1	N				
93571	Heart flow reserve measure	Covered	N	1	N				
93572	Heart flow reserve measure	Covered	N	1	N				
93580	Transcath closure of asd	Covered	N	1	J1	0319	200.1597		
93581	Transcath closure of vsd	Covered	N	1	J1	0319	200.1597		
93582	Perq transcath closure pda	Covered	N	1	J1	0319	200.1597		
93583	Perq transcath septal redugn	Covered	N	1	C				\$674.51
93600	Bundle of his recording	Covered	N	1	J1	0085	62.4910		
93602	Intra-atrial recording	Covered	N	1	J1	0085	62.4910		
93603	Right ventricular recording	Covered	N	1	J1	0084	11.7733		
93609	Map tachycardia add-on	Covered	N	1	N				
93610	Intra-atrial pacing	Covered	N	1	J1	0085	62.4910		
93612	Intraventricular pacing	Covered	N	1	J1	0085	62.4910		
93613	Electrophys map 3d add-on	Covered	N	1	N				
93615	Esophageal recording	Covered	N	1	J1	0084	11.7733		
93616	Esophageal recording	Covered	N	1	J1	0084	11.7733		
93618	Heart rhythm pacing	Covered	N	1	J1	0084	11.7733		
93619	Electrophysiology evaluation	Covered	N	1	J1	0085	62.4910		
93620	Electrophysiology evaluation	Covered	N	1	J1	0085	62.4910		
93621	Electrophysiology evaluation	Covered	N	1	N				
93622	Electrophysiology evaluation	Covered	N	1	N				
93623	Stimulation pacing heart	Covered	N	1	N				
93624	Electrophysiologic study	Covered	N	1	J1	0085	62.4910		
93631	Heart pacing mapping	Covered	N	1	N				
93640	Evaluation heart device	Covered	N	1	N				
93641	Electrophysiology evaluation	Covered	N	1	N				
93642	Electrophysiology evaluation	Covered	N	1	J1	0084	11.7733		
93644	Electrophysiology evaluation	Covered	N	1	N				
93650	Ablate heart dysrhythm focus	Covered	N	1	J1	0085	62.4910		
93653	Ep & ablate supravent arrhyt	Covered	N	1	J1	0086	193.6316		
93654	Ep & ablate ventric tachy	Covered	N	1	J1	0086	193.6316		
93655	Ablate arrhythmia add on	Covered	N	1	N				
93656	Tx atrial fib pulm vein isol	Covered	N	1	J1	0086	193.6316		
93657	Tx l/r atrial fib addl	Covered	N	1	N				
93660	Tilt table evaluation	Covered	N	1	S	0096	4.4459		
93662	Intracardiac ecg (ice)	Covered	N		N				
93668	Peripheral vascular rehab	Not Covered			E				
93701	Bioimpedance cv analysis	Covered	N	1	Q1	0099	1.0579		
93702	Bis xtracell fluid analysis	Covered	N	1	S	0097	1.5196		
93724	Analyze pacemaker system	Covered	N	1	S	0691	3.3374		
93740	Temperature gradient studies	Covered	N	1	Q1	0367	2.1744		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
93745	Set-up cardiovert-defibrill	Not Covered			S	0691	3.3374		
93750	Interrogation vad in person	Covered	N	1	S	0692	1.7288		
93770	Measure venous pressure	Covered	N	1	N				
93784	Ambulatory bp monitoring	Not Covered			B				
93786	Ambulatory bp recording	Covered	N	1	Q1	0099	1.0579		
93788	Ambulatory bp analysis	Covered	N	1	Q1	0099	1.0579		
93790	Review/report bp recording	Covered	N	1	M				\$32.59
93797	Cardiac rehab	Not Covered			S	0095	1.3927		
93798	Cardiac rehab/monitor	Covered	N	1	S	0095	1.3927		
93799	Cardiovascular procedure	Covered	N	1	S	0097	1.5196		
93880	Extracranial bilat study	Covered	N	1	S	0267	2.5565		
93882	Extracranial uni/ltd study	Covered	N	1	S	0267	2.5565		
93886	Intracranial complete study	Covered	N	1	S	0267	2.5565		
93888	Intracranial limited study	Covered	N	1	S	0266	1.8181		
93890	Tcd vasoreactivity study	Covered	N	1	S	0266	1.8181		
93892	Tcd emboli detect w/o inj	Covered	N	1	S	0266	1.8181		
93893	Tcd emboli detect w/inj	Covered	N	1	S	0266	1.8181		
93895	Carotid intima atheroma eval	Not Covered			Q1	0340	0.7061		
93922	Upr/l xtremity art 2 levels	Covered	N	1	S	0097	1.5196		
93923	Upr/lxtr art stdy 3+ lvls	Covered	N	1	S	0097	1.5196		
93924	Lwr xtr vasc stdy bilat	Covered	N	1	S	0097	1.5196		
93925	Lower extremity study	Covered	N	1	S	0267	2.5565		
93926	Lower extremity study	Covered	N	1	S	0266	1.8181		
93930	Upper extremity study	Covered	N	1	S	0267	2.5565		
93931	Upper extremity study	Covered	N	1	S	0266	1.8181		
93965	Extremity study	Covered	N	1	S	0097	1.5196		
93970	Extremity study	Covered	N	1	S	0267	2.5565		
93971	Extremity study	Covered	N	1	S	0266	1.8181		
93975	Vascular study	Covered	N	1	S	0267	2.5565		
93976	Vascular study	Covered	N	1	S	0267	2.5565		
93978	Vascular study	Covered	N	1	S	0267	2.5565		
93979	Vascular study	Covered	N	1	S	0266	1.8181		
93980	Penile vascular study	Covered	N	1	S	0267	2.5565		
93981	Penile vascular study	Covered	N	1	S	0267	2.5565		
93982	Aneurysm pressure sens study	Not Covered			S	0097	1.5196		
93990	Doppler flow testing	Covered	N	1	S	0266	1.8181		
93998	Noninvas vasc dx study proc	Covered	N	1	Q1	0340	0.7061		
94002	Vent mgmt inpat init day	Covered	N	1	Q3	0079	5.0449		
94003	Vent mgmt inpat subq day	Covered	N	1	Q3	0079	5.0449		
94004	Vent mgmt nf per day	Not Covered			B				
94005	Home vent mgmt supervision	Not Covered			M				
94010	Breathing capacity test	Covered	N	1	Q1	0367	2.1744		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
94011	Spirometry up to 2 yrs old	Covered	N	1	Q1	0367	2.1744		
94012	Spirmetry w/brnchdil inf-2 yr	Covered	N	1	Q1	0367	2.1744		
94013	Meas lung vol thru 2 yrs	Covered	N	1	S	0369	3.1934		
94014	Patient recorded spirometry	Covered	N	1	Q1	0367	2.1744		
94015	Patient recorded spirometry	Not Covered			Q1	0367	2.1744		
94016	Review patient spirometry	Covered	N	1	A				\$25.09
94060	Evaluation of wheezing	Covered	N	1	S	0369	3.1934		
94070	Evaluation of wheezing	Covered	N	1	S	0369	3.1934		
94150	Vital capacity test	Covered	N	1	Q1	0367	2.1744		
94200	Lung function test (mbc/mvv)	Covered	N	1	Q1	0420	1.7762		
94250	Expired gas collection	Covered	N	1	Q1	0340	0.7061		
94375	Respiratory flow volume loop	Covered	N	1	Q1	0367	2.1744		
94400	Co2 breathing response curve	Covered	N	1	Q1	0367	2.1744		
94450	Hypoxia response curve	Covered	N	1	Q1	0367	2.1744		
94452	Hast w/report	Not Covered			Q1	0367	2.1744		
94453	Hast w/oxygen titrate	Not Covered			Q1	0367	2.1744		
94610	Surfactant admin thru tube	Covered	N	1	Q1	0077	2.2195		
94620	Pulmonary stress test/simple	Covered	N	1	Q1	0420	1.7762		
94621	Pulm stress test/complex	Covered	N	1	S	0369	3.1934		
94640	Airway inhalation treatment	Covered	N	3	Q1	0077	2.2195		
94642	Aerosol inhalation treatment	Covered	N	1	Q1	0077	2.2195		
94644	Cbt 1st hour	Covered	N	1	Q1	0420	1.7762		
94645	Cbt each addl hour	Covered	N	3	N				
94660	Pos airway pressure cpap	Covered	N	1	Q3	0077	2.2195		
94662	Neg press ventilation cnp	Covered	N	1	Q3	0079	5.0449		
94664	Evaluate pt use of inhaler	Covered	N	1	Q1	0077	2.2195		
94667	Chest wall manipulation	Covered	N	1	Q1	0077	2.2195		
94668	Chest wall manipulation	Covered	N	1	Q1	0340	0.7061		
94669	Mechanical chest wall oscill	Covered	N	1	Q1	0077	2.2195		
94680	Exhaled air analysis o2	Covered	N	1	Q1	0367	2.1744		
94681	Exhaled air analysis o2/co2	Covered	N	1	Q1	0367	2.1744		
94690	Exhaled air analysis	Covered	N	1	Q1	0340	0.7061		
94726	Pulm funct tst plethysmograp	Covered	N	1	Q1	0367	2.1744		
94727	Pulm function test by gas	Covered	N	1	Q1	0367	2.1744		
94728	Pulm funct test oscillometry	Covered	N	1	Q1	0367	2.1744		
94729	Co/membrane diffuse capacity	Covered	N	1	N				
94750	Pulmonary compliance study	Covered	N	1	Q1	0367	2.1744		
94760	Measure blood oxygen level	Covered	N	2	N				
94761	Measure blood oxygen level	Covered	N	1	N				
94762	Measure blood oxygen level	Covered	N	1	Q3	0097	1.5196		
94770	Exhaled carbon dioxide test	Covered	N	1	S	0369	3.1934		
94772	Breath recording infant	Covered	N	1	S	0369	3.1934		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
94774	Ped home apnea rec compl	Not Covered			B				
94775	Ped home apnea rec hk-up	Covered	N	1	S	0097	1.5196		
94776	Ped home apnea rec downld	Covered	N	1	S	0097	1.5196		
94777	Ped home apnea rec report	Not Covered			B				
94780	Car seat/bed test 60 min	Covered	N	1	Q1	0340	0.7061		
94781	Car seat/bed test + 30 min	Covered	N	1	N				
94799	Pulmonary service/procedure	Covered	N	1	Q1	0367	2.1744		
95004	Percut allergy skin tests	Covered	N	1	Q1	0420	1.7762		
95012	Exhaled nitric oxide meas	Covered	N	1	Q1	0340	0.7061		
95017	Perq & icut allg test venoms	Covered	N	2	Q1	0450	0.3942		
95018	Perq&ic allg test drugs/biol	Covered	N	2	Q1	0340	0.7061		
95024	Icut allergy test drug/bug	Covered	N	65	Q1	0340	0.7061		
95027	Icut allergy titrate-airborn	Covered	N	5	Q1	0450	0.3942		
95028	Icut allergy test-delayed	Covered	N	15	Q1	0340	0.7061		
95044	Allergy patch tests	Covered	N	4	Q1	0420	1.7762		
95052	Photo patch test	Covered	N	2	Q1	0340	0.7061		
95056	Photosensitivity tests	Covered	N	1	Q1	0340	0.7061		
95060	Eye allergy tests	Covered	N	1	Q1	0420	1.7762		
95065	Nose allergy test	Covered	N	1	Q1	0340	0.7061		
95070	Bronchial allergy tests	Covered	N	1	S	0369	3.1934		
95071	Bronchial allergy tests	Covered	N	1	Q1	0367	2.1744		
95076	Ingest challenge ini 120 min	Covered	N	1	S	0361	4.4320		
95079	Ingest challenge addl 60 min	Covered	N	1	N				
95115	Immunotherapy one injection	Covered	N	1	S	0436	0.4393		
95117	Immunotherapy injections	Covered	N	1	S	0436	0.4393		
95120	Immunotherapy one injection	Covered	N	12	E				\$7.12
95125	Immunotherapy 2/> injections	Covered	N	12	E				\$7.12
95130	Immmtx 1 sting insect	Covered	N	12	E				\$7.40
95131	Immmtx 2 sting insects	Covered	N	12	E				\$7.40
95132	Immmtx 3 sting insects	Covered	N	12	E				\$7.40
95133	Immmtx 4 sting insects	Covered	N	12	E				\$7.40
95134	Immmtx 5 sting insects	Covered	N	12	E				\$7.40
95144	Antigen therapy services	Covered	N	12	S	0437	0.7218		
95145	Antigen therapy services	Covered	N	12	S	0436	0.4393		
95146	Antigen therapy services	Covered	N	12	S	0438	1.4593		
95147	Antigen therapy services	Covered	N	12	S	0438	1.4593		
95148	Antigen therapy services	Covered	N	12	S	0437	0.7218		
95149	Antigen therapy services	Covered	N	12	S	0437	0.7218		
95165	Antigen therapy services	Covered	N	3	S	0436	0.4393		
95170	Antigen therapy services	Covered	N	3	S	0437	0.7218		
95180	Rapid desensitization	Covered	N	1	Q1	0420	1.7762		
95199	Allergy immunology services	Covered	N		Q1	0450	0.3942		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
95250	Glucose monitoring cont	Covered	N	1	V	0632	1.4327		
95251	Gluc monitor cont phys i&r	Not Covered			B				
95782	Polysom <6 yrs 4/> paramtrs	Covered	N	1	S	0435	11.5176		
95783	Polysom <6 yrs cpap/bilvl	Covered	N	1	S	0435	11.5176		
95800	Slp stdy unattended	Covered	N	1	S	0213	2.3813		
95801	Slp stdy unatnd w/anal	Covered	N	1	S	0213	2.3813		
95803	Actigraphy testing	Covered	N	1	Q1	0340	0.7061		
95805	Multiple sleep latency test	Covered	N	1	S	0435	11.5176		
95806	Sleep study unatt&resp efft	Covered	N	1	S	0213	2.3813		
95807	Sleep study attended	Covered	N	1	S	0209	3.1121		
95808	Polysom any age 1-3> param	Covered	N	1	S	0435	11.5176		
95810	Polysom 6/> yrs 4/> param	Covered	N	1	S	0435	11.5176		
95811	Polysom 6/>yrs cpap 4/> parm	Covered	N	1	S	0435	11.5176		
95812	Eeg 41-60 minutes	Covered	N	1	S	0209	3.1121		
95813	Eeg over 1 hour	Covered	N	1	S	0209	3.1121		
95816	Eeg awake and drowsy	Covered	N	1	S	0213	2.3813		
95819	Eeg awake and asleep	Covered	N	1	S	0213	2.3813		
95822	Eeg coma or sleep only	Covered	N	1	S	0209	3.1121		
95824	Eeg cerebral death only	Covered	N	1	S	0216	3.6766		
95827	Eeg all night recording	Covered	N	1	S	0209	3.1121		
95829	Surgery electrocorticogram	Covered	N	1	N				
95830	Insert electrodes for eeg	Not Covered			B				
95831	Limb muscle testing manual	Covered	N	1	A				\$27.17
95832	Hand muscle testing manual	Covered	N	2	A				\$26.22
95833	Body muscle testing manual	Covered	N	1	A				\$34.61
95834	Body muscle testing manual	Covered	N	1	A				\$41.09
95851	Range of motion measurements	Covered	N	4	A				\$23.86
95852	Range of motion measurements	Covered	N	1	A				\$20.11
95857	Cholinesterase challenge	Covered	N	1	S	0218	2.1417		
95860	Muscle test one limb	Covered	N	1	Q1	0215	1.2804		
95861	Muscle test 2 limbs	Covered	N	1	S	0218	2.1417		
95863	Muscle test 3 limbs	Covered	N	1	S	0218	2.1417		
95864	Muscle test 4 limbs	Covered	N	1	S	0218	2.1417		
95865	Muscle test larynx	Covered	N	1	Q1	0215	1.2804		
95866	Muscle test hemidiaphragm	Covered	N	1	Q1	0215	1.2804		
95867	Muscle test cran nerv unilat	Covered	N	1	S	0218	2.1417		
95868	Muscle test cran nerve bilat	Covered	N	1	S	0218	2.1417		
95869	Muscle test thor paraspinal	Covered	N	1	Q1	0215	1.2804		
95870	Muscle test nonparaspinal	Covered	N	1	Q1	0340	0.7061		
95872	Muscle test one fiber	Covered	N	1	S	0218	2.1417		
95873	Guide nerv destr elec stim	Covered	N	1	N				
95874	Guide nerv destr needle emg	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
95875	Limb exercise test	Covered	N	1	S	0218	2.1417		
95885	Musc tst done w/nerv tst lim	Covered	N	4	N				
95886	Musc test done w/n test comp	Covered	N	4	N				
95887	Musc tst done w/n tst nonext	Covered	N	1	N				
95905	Motor &/ sens nrve cndj test	Covered	N	4	Q1	0215	1.2804		
95907	Nvr cndj tst 1-2 studies	Covered	N	4	S	0218	2.1417		
95908	Nrv cndj tst 3-4 studies	Covered	N	4	S	0218	2.1417		
95909	Nrv cndj tst 5-6 studies	Covered	N	4	S	0216	3.6766		
95910	Nrv cndj test 7-8 studies	Covered	N	4	S	0216	3.6766		
95911	Nrv cndj test 9-10 studies	Covered	N	4	S	0216	3.6766		
95912	Nrv cndj test 11-12 studies	Covered	N	4	S	0216	3.6766		
95913	Nrv cndj test 13/> studies	Covered	N	4	S	0216	3.6766		
95921	Autonomic nrv parasym inervj	Covered	N	1	S	0218	2.1417		
95922	Autonomic nrv adreng inervj	Covered	N	1	Q1	0215	1.2804		
95923	Autonomic nrv syst funj test	Covered	N	1	Q1	0215	1.2804		
95924	Ans parasym & symp w/tilt	Covered	N	1	S	0218	2.1417		
95925	Somatosensory testing	Covered	N	1	S	0218	2.1417		
95926	Somatosensory testing	Covered	N	1	S	0216	3.6766		
95927	Somatosensory testing	Covered	N	1	S	0218	2.1417		
95928	C motor evoked uppr limbs	Covered	N	1	S	0216	3.6766		
95929	C motor evoked lwr limbs	Covered	N	1	Q1	0215	1.2804		
95930	Visual evoked potential test	Covered	N	1	S	0218	2.1417		
95933	Blink reflex test	Covered	N	1	Q1	0215	1.2804		
95937	Neuromuscular junction test	Covered	N	12	S	0218	2.1417		
95938	Somatosensory testing	Covered	N	1	S	0216	3.6766		
95939	C motor evoked upr&lwr limbs	Covered	N	1	S	0218	2.1417		
95940	Ionm in operatng room 15 min	Not Covered			N				
95941	Ionm remote/>1 pt or per hr	Covered	N	1	N				
95943	Parasym&symp hrt rate test	Covered	N	1	S	0218	2.1417		
95950	Ambulatory eeg monitoring	Covered	N	1	S	0435	11.5176		
95951	Eeg monitoring/videorecord	Covered	N	1	S	0435	11.5176		
95953	Eeg monitoring/computer	Covered	N	1	S	0435	11.5176		
95954	Eeg monitoring/giving drugs	Covered	N	1	S	0218	2.1417		
95955	Eeg during surgery	Covered	N	1	N				
95956	Eeg monitor technol attended	Covered	N	1	S	0435	11.5176		
95957	Eeg digital analysis	Covered	N	1	N				
95958	Eeg monitoring/function test	Covered	N	1	S	0435	11.5176		
95961	Electrode stimulation brain	Covered	N	1	S	0216	3.6766		
95962	Electrode stim brain add-on	Covered	N		N				
95965	Meg spontaneous	Covered	N	1	S	0446	17.5395		
95966	Meg evoked single	Covered	N	1	S	0446	17.5395		
95967	Meg evoked each addl	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
95970	Analyze neurostim no prog	Covered	N	1	Q1	0215	1.2804		
95971	Analyze neurostim simple	Covered	N	1	S	0692	1.7288		
95972	Analyze neurostim complex	Covered	N	1	S	0692	1.7288		
95973	Analyze neurostim complex	Covered	N	1	N				
95974	Cranial neurostim complex	Covered	N	1	S	0692	1.7288		
95975	Cranial neurostim complex	Covered	N	1	N				
95978	Analyze neurostim brain/1h	Covered	N	1	S	0692	1.7288		
95979	Analyz neurostim brain addon	Covered	N	1	N				
95980	lo anal gast n-stim init	Covered	N	1	N				
95981	lo anal gast n-stim subsq	Covered	N	1	Q1	0215	1.2804		
95982	lo ga n-stim subsq w/reprog	Covered	N	1	Q1	0690	0.4739		
95990	Spin/brain pump refill & main	Covered	N	1	S	0439	2.3404		
95991	Spin/brain pump refill & main	Covered	N	1	S	0439	2.3404		
95992	Canalith repositioning proc	Covered	N	1	A				\$38.84
95999	Neurological procedure	Covered	N	1	Q1	0215	1.2804		
96000	Motion analysis video/3d	Covered	N	1	S	0216	3.6766		
96001	Motion test w/ft press meas	Covered	N	1	S	0216	3.6766		
96002	Dynamic surface emg	Covered	N	1	S	0218	2.1417		
96003	Dynamic fine wire emg	Covered	N	1	Q1	0215	1.2804		
96004	Phys review of motion tests	Not Covered			B				
96020	Functional brain mapping	Covered	N	1	N				
96040	Genetic counseling 30 min	Not Covered			B				
96101	Psycho testing by psych/phys	Covered	N	3	Q3	0373	2.6874		
96102	Psycho testing by technician	Covered	N	3	Q3	0373	2.6874		
96103	Psycho testing admin by comp	Covered	N	1	Q3	0373	2.6874		
96105	Assessment of aphasia	Covered	N	2	A				\$57.78
96110	Developmental screen w/score	Covered	N	1	E				\$61.52
96111	Developmental test extend	Covered	N	4	Q3	0631	0.7242		
96116	Neurobehavioral status exam	Covered	N	3	Q3	0373	2.6874		
96118	Neuropsych tst by psych/phys	Covered	N	3	Q3	0373	2.6874		
96119	Neuropsych testing by tec	Covered	N	3	Q3	0373	2.6874		
96120	Neuropsych tst admin w/comp	Covered	N	1	Q3	0373	2.6874		
96125	Cognitive test by hc pro	Covered	N	3	A				\$74.26
96127	Brief emotional/behav assmt	Covered	N	1	Q1	0450	0.3942		
96150	Assess hlth/behav init	Not Covered			Q3	0432	0.6773		
96151	Assess hlth/behav subseq	Not Covered			Q3	0432	0.6773		
96152	Intervene hlth/behav indiv	Covered	R		Q3	0432	0.6773		
96153	Intervene hlth/behav group	Covered	R		Q3	0031	0.3508		
96154	Interv hlth/behav fam w/pt	Covered	N		Q3	0432	0.6773		
96155	Interv hlth/behav fam no pt	Covered	N		E				By Report
96360	Hydration iv infusion init	Covered	N	1	S	0438	1.4593		
96361	Hydrate iv infusion add-on	Covered	N	2	S	0436	0.4393		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
96365	Ther/proph/diag iv inf init	Covered	N	1	S	0439	2.3404		
96366	Ther/proph/diag iv inf addon	Covered	N	2	S	0436	0.4393		
96367	Tx/proph/dg addl seq iv inf	Covered	N	2	S	0437	0.7218		
96368	Ther/diag concurrent inf	Covered	N	1	N				
96369	Sc ther infusion up to 1 hr	Covered	N	1	S	0439	2.3404		
96370	Sc ther infusion addl hr	Covered	N	2	S	0437	0.7218		
96371	Sc ther infusion reset pump	Covered	N	1	N				
96372	Ther/proph/diag inj sc/im	Covered	N	6	S	0437	0.7218		
96373	Ther/proph/diag inj ia	Covered	N	1	S	0438	1.4593		
96374	Ther/proph/diag inj iv push	Covered	N	1	S	0438	1.4593		
96375	Tx/pro/dx inj new drug addon	Covered	N	2	S	0436	0.4393		
96376	Tx/pro/dx inj same drug adon	Covered	N	2	N				
96379	Ther/prop/diag inj/inf proc	Covered	N	1	S	0436	0.4393		
96401	Chemo anti-neopl sq/im	Covered	N	1	S	0438	1.4593		
96402	Chemo hormon antineopl sq/im	Covered	N	1	S	0437	0.7218		
96405	Chemo intralesional up to 7	Covered	N	1	S	0437	0.7218		
96406	Chemo intralesional over 7	Covered	N	1	S	0439	2.3404		
96409	Chemo iv push sngl drug	Covered	N	1	S	0439	2.3404		
96411	Chemo iv push addl drug	Covered	N	1	S	0437	0.7218		
96413	Chemo iv infusion 1 hr	Covered	N	1	S	0440	3.8439		
96415	Chemo iv infusion addl hr	Covered	N	4	S	0437	0.7218		
96416	Chemo prolong infuse w/pump	Covered	N	1	S	0440	3.8439		
96417	Chemo iv infus each addl seq	Covered	N	1	S	0437	0.7218		
96420	Chemo ia push technique	Covered	N	1	S	0438	1.4593		
96422	Chemo ia infusion up to 1 hr	Covered	N	1	S	0440	3.8439		
96423	Chemo ia infuse each addl hr	Covered	N	7	S	0438	1.4593		
96425	Chemotherapy infusion method	Covered	N	1	S	0440	3.8439		
96440	Chemotherapy intracavitary	Covered	N	1	S	0439	2.3404		
96446	Chemotx admn prtl cavity	Covered	N	1	S	0439	2.3404		
96450	Chemotherapy into cns	Covered	N	1	S	0440	3.8439		
96521	Refill/maint portable pump	Covered	N	1	S	0439	2.3404		
96522	Refill/maint pump/resvr syst	Covered	N	1	S	0439	2.3404		
96523	Irrig drug delivery device	Covered	N	2	Q1	0624	1.0626		
96542	Chemotherapy injection	Covered	N	1	S	0438	1.4593		
96549	Chemotherapy unspecified	Covered	N	1	S	0436	0.4393		
96567	Photodynamic tx skin	Covered	N	1	T	0015	1.9702		
96570	Photodynmc tx 30 min add-on	Covered	N	1	N				
96571	Photodynamic tx addl 15 min	Covered	N	2	N				
96900	Ultraviolet light therapy	Covered	N	1	Q1	0450	0.3942		
96902	Trichogram	Not Covered			N				
96904	Whole body photography	Not Covered			N				
96910	Photochemotherapy with uv-b	Covered	N	1	Q1	0340	0.7061		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
96912	Photochemotherapy with uv-a	Covered	N	1	Q1	0340	0.7061		
96913	Photochemotherapy uv-a or b	Covered	N	1	T	0326	2.9651		
96920	Laser tx skin < 250 sq cm	Covered	N	1	Q1	0012	1.3279		
96921	Laser tx skin 250-500 sq cm	Covered	N	1	Q1	0012	1.3279		
96922	Laser tx skin >500 sq cm	Covered	N	1	Q1	0012	1.3279		
96999	Dermatological procedure	Covered	N	1	Q1	0012	1.3279		
97001	Pt evaluation	Covered	N	1	A				\$63.29
97002	Pt re-evaluation	Covered	N	1	A				\$33.71
97003	Ot evaluation	Covered	N		A				\$66.44
97004	Ot re-evaluation	Covered	N	1	A				\$44.35
97005	Athletic train eval	Not Covered			E				
97006	Athletic train reeval	Not Covered			E				
97010	Hot or cold packs therapy	Covered	N	1	A				\$9.42
97012	Mechanical traction therapy	Covered	N	1	A				\$12.72
97014	Electric stimulation therapy	Covered	N	1	E				\$12.83
97016	Vasopneumatic device therapy	Covered	N	1	A				\$11.21
97018	Paraffin bath therapy	Covered	N	1	A				\$6.26
97022	Whirlpool therapy	Covered	N	1	A				\$14.75
97024	Diathermy eg microwave	Covered	N	1	A				\$3.99
97026	Infrared therapy	Covered	N	1	A				\$3.99
97028	Ultraviolet therapy	Covered	N	1	A				\$5.04
97032	Electrical stimulation	Covered	N	2	A				\$15.99
97033	Electric current therapy	Covered	N	2	A				\$13.63
97034	Contrast bath therapy	Covered	N	2	A				\$12.28
97035	Ultrasound therapy	Covered	N	2	A				\$10.32
97036	Hydrotherapy	Covered	N	2	A				\$21.30
97039	Physical therapy treatment	Covered	N	1	A				\$9.64
97110	Therapeutic exercises	Covered	N	2	A				\$24.88
97112	Neuromuscular reeducation	Covered	N	2	A				\$25.96
97113	Aquatic therapy/exercises	Covered	N	2	A				\$27.13
97116	Gait training therapy	Covered	N		A				\$21.57
97124	Massage therapy	Covered	N	1	A				\$19.56
97139	Physical medicine procedure	Covered	N		A				\$14.01
97140	Manual therapy 1/> regions	Covered	N	2	A				\$23.28
97150	Group therapeutic procedures	Covered	N		A				\$16.60
97530	Therapeutic activities	Covered	N	4	A				\$30.83
97532	Cognitive skills development	Covered	N	4	A				\$21.47
97533	Sensory integration	Covered	N	4	A				\$22.75
97535	Self care mngment training	Covered	N	4	A				\$27.91
97537	Community/work reintegration	Covered	N	4	A				\$22.81
97542	Wheelchair mngment training	Covered	N	4	A				\$23.44
97545	Work hardening	Not Covered			A				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
97546	Work hardening add-on	Not Covered			A				
97597	Rmvl devital tis 20 cm/<	Covered	N	1	T	0015	1.9702		
97598	Rmvl devital tis addl 20cm/<	Covered	N	1	N				
97602	Wound(s) care non-selective	Covered	N		T	0015	1.9702		
97605	Neg press wound tx </=50 cm	Covered	N	1	Q1	0012	1.3279		
97606	Neg press wound tx >50 cm	Covered	N	1	T	0015	1.9702		
97607	Neg press wnd tx </=50 sq cm	Covered	N	1	T	0015	1.9702		
97608	Neg press wound tx >50 cm	Covered	N	1	T	0015	1.9702		
97610	Low frequency non-thermal us	Not Covered			T	0015	1.9702		
97750	Physical performance test	Covered	N	2	A				\$24.32
97755	Assistive technology assess	Not Covered			A				
97760	Orthotic mgmt and training	Covered	N	4	A				\$26.81
97761	Prosthetic training	Covered	N	4	A				\$24.37
97762	C/o for orthotic/prosth use	Covered	N	4	A				\$24.45
97799	Physical medicine procedure	Covered	N	1	Non-Inpatient Program				\$290.34
97802	Medical nutrition indiv in	Covered	N	4	A				\$7.86
97803	Med nutrition indiv subseq	Not Covered			A				
97804	Medical nutrition group	Not Covered			A				
97810	Acupunct w/o stimul 15 min	Not Covered			E				
97811	Acupunct w/o stimul addl 15m	Not Covered			E				
97813	Acupunct w/stimul 15 min	Not Covered			E				
97814	Acupunct w/stimul addl 15m	Not Covered			E				
98925	Osteopath manj 1-2 regions	Covered	N	1	Q1	0060	0.2673		
98926	Osteopath manj 3-4 regions	Covered	N	1	Q1	0060	0.2673		
98927	Osteopath manj 5-6 regions	Covered	N	1	Q1	0060	0.2673		
98928	Osteopath manj 7-8 regions	Covered	N	1	Q1	0060	0.2673		
98929	Osteopath manj 9-10 regions	Covered	N	1	Q1	0060	0.2673		
98940	Chiropract manj 1-2 regions	Not Covered			Q1	0060	0.2673		
98941	Chiropract manj 3-4 regions	Not Covered			Q1	0060	0.2673		
98942	Chiropractic manj 5 regions	Not Covered			Q1	0060	0.2673		
98943	Chiropract manj xtrspnl 1/>	Not Covered			E				
98960	Self-mgmt educ & train 1 pt	Covered	N	4	E				\$23.29
98961	Self-mgmt educ/train 2-4 pt	Covered	N	4	E				\$23.29
98962	Self-mgmt educ/train 5-8 pt	Covered	N	4	E				\$23.29
98966	Hc pro phone call 5-10 min	Not Covered			E				
98967	Hc pro phone call 11-20 min	Not Covered			E				
98968	Hc pro phone call 21-30 min	Not Covered			E				
98969	Online service by hc pro	Not Covered			E				
99000	Specimen handling office-lab	Covered	N		E				\$3.16
99001	Specimen handling pt-lab	Covered	N	1	E				\$3.16
99002	Device handling phys/qhp	Not Covered			B				
99024	Postop follow-up visit	Not Covered			B				

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99026	In-hospital on call service	Not Covered			E				
99027	Out-of-hosp on call service	Not Covered			E				
99050	Medical services after hrs	Not Covered			B				
99051	Med serv eve/wkend/holiday	Not Covered			B				
99053	Med serv 10pm-8am 24 hr fac	Not Covered			B				
99056	Med service out of office	Not Covered			B				
99058	Office emergency care	Not Covered			B				
99060	Out of office emerg med serv	Not Covered			B				
99070	Special supplies phys/qhp	Not Covered			B				
99071	Patient education materials	Not Covered			B				
99075	Medical testimony	Not Covered			E				
99078	Group health education	Not Covered			N				
99080	Special reports or forms	Not Covered			B				
99082	Unusual physician travel	Not Covered			B				
99090	Computer data analysis	Not Covered			B				
99091	Collect/review data from pt	Not Covered			N				
99100	Special anesthesia service	Not Covered			B				
99116	Anesthesia with hypothermia	Not Covered			B				
99135	Special anesthesia procedure	Not Covered			B				
99140	Emergency anesthesia	Not Covered			B				
99143	Mod sedat phys/qhp <5 yrs	Covered	N	1	N				
99144	Mod sedat phys/qhp 5yrs/>	Covered	N	1	N				
99145	Mod sedat phys/qhp ea 15 min	Covered	N	6	N				
99148	Mod sed diff phys/qhp<5 yrs	Covered	N	1	N				
99149	Mod sed diff phys/qhp 5/>yrs	Covered	N	1	N				
99150	Mod sed diff phys/qhp add on	Covered	N	6	N				
99170	Anogenital exam child w imag	Covered	N	1	T	0188	1.7659		
99172	Ocular function screen	Covered	N		E				By Report
99173	Visual acuity screen	Covered	N		E				By Report
99174	Ocular instrumnt screen bil	Not Covered			E				
99175	Induction of vomiting	Covered	N	1	N				
99183	Hyperbaric oxygen therapy	Not Covered			B				
99184	Hypothermia ill neonate	Not Covered			C				
99188	App topical fluoride varnish	Not Covered			E				
99190	Special pump services	Covered	N	1	C				\$162.99
99191	Special pump services	Covered	N	1	C				\$122.24
99192	Special pump services	Covered	N	1	C				\$81.49
99195	Phlebotomy	Covered	N	1	Q1	0624	1.0626		
99199	Special service/proc/report	Not Covered			B				
99201	Office/outpatient visit new	Not Covered			B				
99202	Office/outpatient visit new	Not Covered			B				
99203	Office/outpatient visit new	Not Covered			B				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
99204	Office/outpatient visit new	Not Covered			B				
99205	Office/outpatient visit new	Not Covered			B				
99211	Office/outpatient visit est	Covered			B				\$11.49
99212	Office/outpatient visit est	Not Covered			B				
99213	Office/outpatient visit est	Not Covered			B				
99214	Office/outpatient visit est	Not Covered			B				
99215	Office/outpatient visit est	Not Covered			B				
99217	Observation care discharge	Not Covered			B				
99218	Initial observation care	Not Covered			B				
99219	Initial observation care	Not Covered			B				
99220	Initial observation care	Not Covered			B				
99221	Initial hospital care	Not Covered			B				
99222	Initial hospital care	Not Covered			B				
99223	Initial hospital care	Not Covered			B				
99224	Subsequent observation care	Not Covered			B				
99225	Subsequent observation care	Not Covered			B				
99226	Subsequent observation care	Not Covered			B				
99231	Subsequent hospital care	Not Covered			B				
99232	Subsequent hospital care	Not Covered			B				
99233	Subsequent hospital care	Not Covered			B				
99234	Observ/hosp same date	Not Covered			B				
99235	Observ/hosp same date	Not Covered			B				
99236	Observ/hosp same date	Not Covered			B				
99238	Hospital discharge day	Not Covered			B				
99239	Hospital discharge day	Not Covered			B				
99241	Office consultation	Covered	N	1	E				\$50.37
99242	Office consultation	Covered	N	1	E				\$83.40
99243	Office consultation	Covered	N	1	E				\$106.73
99244	Office consultation	Covered	N	1	E				\$148.56
99245	Office consultation	Covered	N	1	E				\$193.18
99251	Inpatient consultation	Covered	N	1	E				\$40.46
99252	Inpatient consultation	Covered	N	1	E				\$70.29
99253	Inpatient consultation	Covered	N	1	E				\$94.45
99254	Inpatient consultation	Covered	N	1	E				\$132.63
99255	Inpatient consultation	Covered	N	1	E				\$181.14
99281	Emergency dept visit	Covered	N	1	V	0609	0.8155		
99282	Emergency dept visit	Covered	N	1	V	0613	1.5206		
99283	Emergency dept visit	Covered	N	1	V	0614	2.6747		
99284	Emergency dept visit	Covered	N	1	Q3	0615	4.5003		
99285	Emergency dept visit	Covered	N	1	Q3	0616	6.6424		
99288	Direct advanced life support	Not Covered			B				
99291	Critical care first hour	Covered	N	1	Q3	0617	8.8569		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
99292	Critical care addl 30 min	Covered	N	8	N				
99304	Nursing facility care init	Not Covered			B				
99305	Nursing facility care init	Not Covered			B				
99306	Nursing facility care init	Not Covered			B				
99307	Nursing fac care subseq	Not Covered			B				
99308	Nursing fac care subseq	Not Covered			B				
99309	Nursing fac care subseq	Not Covered			B				
99310	Nursing fac care subseq	Not Covered			B				
99315	Nursing fac discharge day	Not Covered			B				
99316	Nursing fac discharge day	Not Covered			B				
99318	Annual nursing fac assessmnt	Not Covered			B				
99324	Domicil/r-home visit new pat	Not Covered			B				
99325	Domicil/r-home visit new pat	Not Covered			B				
99326	Domicil/r-home visit new pat	Not Covered			B				
99327	Domicil/r-home visit new pat	Not Covered			B				
99328	Domicil/r-home visit new pat	Not Covered			B				
99334	Domicil/r-home visit est pat	Not Covered			B				
99335	Domicil/r-home visit est pat	Not Covered			B				
99336	Domicil/r-home visit est pat	Not Covered			B				
99337	Domicil/r-home visit est pat	Not Covered			B				
99339	Domicil/r-home care supervis	Not Covered			B				
99340	Domicil/r-home care supervis	Not Covered			B				
99341	Home visit new patient	Not Covered			B				
99342	Home visit new patient	Not Covered			B				
99343	Home visit new patient	Not Covered			B				
99344	Home visit new patient	Not Covered			B				
99345	Home visit new patient	Not Covered			B				
99347	Home visit est patient	Not Covered			B				
99348	Home visit est patient	Not Covered			B				
99349	Home visit est patient	Not Covered			B				
99350	Home visit est patient	Not Covered			B				
99354	Prolonged service office	Covered	N	1	N				
99355	Prolonged service office	Covered	N	3	N				
99356	Prolonged service inpatient	Covered	N	1	C				\$85.38
99357	Prolonged service inpatient	Covered	N	4	C				\$85.94
99358	Prolong service w/o contact	Not Covered			N				
99359	Prolong serv w/o contact add	Not Covered			N				
99360	Physician standby services	Not Covered			B				
99363	Anticoagulant mgmt initial	Not Covered			B				
99364	Anticoagulant mgmt subseq	Not Covered			B				
99366	Team conf w/pat by hc prof	Not Covered			N				
99367	Team conf w/o pat by phys	Not Covered			N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
99368	Team conf w/o pat by hc pro	Not Covered			N				
99374	Home health care supervision	Not Covered			B				
99375	Home health care supervision	Not Covered			E				
99377	Hospice care supervision	Not Covered			B				
99378	Hospice care supervision	Not Covered			E				
99379	Nursing fac care supervision	Not Covered			B				
99380	Nursing fac care supervision	Not Covered			B				
99381	Init pm e/m new pat infant	Covered	N	1	E				\$88.72
99382	Init pm e/m new pat 1-4 yrs	Covered	N	1	E				\$95.22
99383	Prev visit new age 5-11	Covered	N	1	E				\$94.57
99384	Prev visit new age 12-17	Covered	N	1	E				\$105.25
99385	Prev visit new age 18-39	Covered	N	1	E				\$102.04
99386	Prev visit new age 40-64	Covered	N	1	E				\$122.89
99387	Init pm e/m new pat 65+ yrs	Covered	N	1	E				\$134.02
99391	Per pm reeval est pat infant	Covered	N	1	E				\$72.40
99392	Prev visit est age 1-4	Covered	N	1	E				\$79.92
99393	Prev visit est age 5-11	Covered	N	1	E				\$79.60
99394	Prev visit est age 12-17	Covered	N	1	E				\$90.06
99395	Prev visit est age 18-39	Covered	N	1	E				\$87.81
99396	Prev visit est age 40-64	Covered	N	1	E				\$97.87
99397	Per pm reeval est pat 65+ yr	Covered	N	1	E				\$108.34
99401	Preventive counseling indiv	Not Covered			E				
99402	Preventive counseling indiv	Covered	N	1	E				\$19.96
99403	Preventive counseling indiv	Not Covered			E				
99404	Preventive counseling indiv	Not Covered			E				
99406	Behav chng smoking 3-10 min	Not Covered			S	0031	0.3508		
99407	Behav chng smoking > 10 min	Not Covered			S	0031	0.3508		
99408	Audit/dast 15-30 min	Covered	N	1	E				\$33.78
99409	Audit/dast over 30 min	Covered	N	1	E				\$65.95
99411	Preventive counseling group	Not Covered			E				
99412	Preventive counseling group	Not Covered			E				
99420	Health risk assessment test	Not Covered			E				
99429	Unlisted preventive service	Not Covered			E				
99441	Phone e/m phys/qhp 5-10 min	Not Covered			E				
99442	Phone e/m phys/qhp 11-20 min	Not Covered			E				
99443	Phone e/m phys/qhp 21-30 min	Not Covered			E				
99444	Online e/m by phys/qhp	Not Covered			E				
99446	Interprof phone/online 5-10	Not Covered			E				
99447	Interprof phone/online 11-20	Not Covered			E				
99448	Interprof phone/online 21-30	Not Covered			E				
99449	Interprof phone/online 31/>	Not Covered			E				
99450	Basic life disability exam	Covered	N	1	E				By Report

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99455	Work related disability exam	Not Covered			B				
99456	Disability examination	Not Covered			B				
99460	Init nb em per day hosp	Covered	N	1	V	0632	1.4327		
99461	Init nb em per day non-fac	Covered	N	1	M				\$79.48
99462	Sbsq nb em per day hosp	Covered	N	1	C				\$36.97
99463	Same day nb discharge	Covered	N	1	V	0632	1.4327		
99464	Attendance at delivery	Covered	N	1	N				
99465	Nb resuscitation	Covered	N	1	S	0094	6.3433		
99466	Ped crit care transport	Covered	N	1	N				
99467	Ped crit care transport addl	Covered	N	4	N				
99468	Neonate crit care initial	Covered	N	1	C				\$741.17
99469	Neonate crit care subsq	Covered	N	1	C				\$370.54
99471	Ped critical care initial	Covered	N	1	C				\$741.17
99472	Ped critical care subsq	Covered	N	1	C				\$370.54
99475	Ped crit care age 2-5 init	Covered	N	1	C				\$486.37
99476	Ped crit care age 2-5 subsq	Covered	N	1	C				\$290.47
99477	Init day hosp neonate care	Not Covered			C				
99478	lc lbw inf < 1500 gm subsq	Covered	N	1	C				\$134.19
99479	lc lbw inf 1500-2500 g subsq	Covered	N	1	C				\$122.56
99480	lc inf pbw 2501-5000 g subsq	Covered	N	1	C				\$118.06
99485	Suprv interfacilty transport	Not Covered			B				
99486	Suprv interfac trnsport addl	Not Covered			B				
99487	Cmplx chron care w/o pt vsit	Not Covered			N				
99489	Cmplx chron care addl 30 min	Not Covered			N				
99490	Chron care mgmt srvc 20 min	Not Covered			V	0631	0.7242		
99495	Trans care mgmt 14 day disch	Not Covered			V	0632	1.4327		
99496	Trans care mgmt 7 day disch	Not Covered			V	0632	1.4327		
99497	Advncd care plan 30 min	Covered	N	1	N				
99498	Advncd care plan addl 30 min	Covered	N	2	N				
99499	Unlisted e&m service	Not Covered			B				
99500	Home visit prenatal	Not Covered			E				
99501	Home visit postnatal	Not Covered			E				
99502	Home visit nb care	Not Covered			E				
99503	Home visit resp therapy	Not Covered			E				
99504	Home visit mech ventilator	Not Covered			E				
99505	Home visit stoma care	Not Covered			E				
99506	Home visit im injection	Not Covered			E				
99507	Home visit cath maintain	Not Covered			E				
99509	Home visit day life activity	Not Covered			E				
99510	Home visit sing/m/fam couns	Not Covered			E				
99511	Home visit fecal/enema mgmt	Not Covered			E				
99512	Home visit for hemodialysis	Not Covered			E				

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99600	Home visit nos	Not Covered			E				
99601	Home infusion/visit 2 hrs	Not Covered			E				
99602	Home infusion each addtl hr	Not Covered			E				
99605	Mtms by pharm np 15 min	Not Covered			E				
99606	Mtms by pharm est 15 min	Not Covered			E				
99607	Mtms by pharm addl 15 min	Not Covered			E				
0001F	Heart failure composite	Not Covered			E				
0001M	Infectious dis hcv 6 assays	Not Covered			E				
0002M	Liver dis 10 assays w/ash	Not Covered			E				
0003M	Liver dis 10 assays w/nash	Not Covered			E				
0004M	Scoliosis dna alys	Not Covered			E				
0005F	Osteoarthritis composite	Not Covered			E				
0006M	Onc hep gene risk classifier	Not Covered			E				
0007M	Onc gastro 51 gene nomogram	Not Covered			E				
0008M	Onc breast risk score	Not Covered			E				
0012F	Cap bacterial assess	Not Covered			E				
0014F	Comp preop assess cat surg	Not Covered			E				
0015F	Melan follow-up complete	Not Covered			E				
0019T	Extracorp shock wv tx ms nos	Not Covered			A				
0042T	Ct perfusion w/contrast cbf	Not Covered			N				
0051T	Implant total heart system	Covered	N	1	C				\$2,716.96
0052T	Replace thrc unit hrt syst	Not Covered			C				
0053T	Replace implantable hrt syst	Not Covered			C				
0054T	Bone srgry cmptr fluor image	Not Covered			N				
0055T	Bone srgry cmptr ct/mri imag	Not Covered			N				
0058T	Cryopreservation ovary tiss	Not Covered			Q1	0433	2.4765		
0071T	Us leiomyomata ablate <200	Not Covered			S	0066	25.6592		
0072T	Us leiomyomata ablate >200	Not Covered			S	0066	25.6592		
0075T	Perq stent/chest vert art	Not Covered			C				
0076T	S&i stent/chest vert art	Not Covered			C				
0085T	Breath test heart reject	Not Covered			E				
0095T	Rmvl artific disc addl crvcl	Not Covered			C				
0098T	Rev artific disc addl	Not Covered			C				
0099T	Implant corneal ring	Not Covered			T	0233	23.6288		
0100T	Prosth retina receive&gen	Not Covered			T	0673	42.0983		
0101T	Extracorp shockwv tx hi enrg	Not Covered			T	0050	35.0819		
0102T	Extracorp shockwv tx anesth	Not Covered			T	0050	35.0819		
0103T	Holotranscobalamin	Not Covered			A				
0106T	Touch quant sensory test	Not Covered			Q1	0340	0.7061		
0107T	Vibrate quant sensory test	Not Covered			Q1	0340	0.7061		
0108T	Cool quant sensory test	Not Covered			Q1	0420	1.7762		
0109T	Heat quant sensory test	Not Covered			Q1	0340	0.7061		

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0110T	Nos quant sensory test	Not Covered			Q1	0340	0.7061		
0111T	Rbc membranes fatty acids	Not Covered			A				
0123T	Scleral fistulization	Not Covered			T	0233	23.6288		
0126T	Chd risk imt study	Not Covered			Q1	0340	0.7061		
0159T	Cad breast mri	Not Covered			N				
0163T	Lumb artif disectomy addl	Not Covered			C				
0164T	Remove lumb artif disc addl	Not Covered			C				
0165T	Revise lumb artif disc addl	Not Covered			C				
0169T	Place stereo cath brain	Not Covered			C				
0171T	Lumbar spine proces distract	Not Covered			J1	0425	137.8399		
0172T	Lumbar spine process addl	Not Covered			N				
0174T	Cad cxr with interp	Not Covered			N				
0175T	Cad cxr remote	Not Covered			N				
0178T	64 lead ecg w/i&r	Not Covered			B				
0179T	64 lead ecg w/tracing	Not Covered			S	0100	3.2093		
0180T	64 lead ecg w/i&r only	Not Covered			B				
0182T	Hdr elect brachytherapy	Not Covered			S	0313	9.8375		
0184T	Exc rectal tumor endoscopic	Covered	N	1	T	0150	35.0675		
0188T	Videoconf crit care 74 min	Not Covered			M				
0189T	Videoconf crit care addl 30	Not Covered			M				
0190T	Place intraoc radiation src	Not Covered			N				
0191T	Insert ant segment drain int	Not Covered			T	0673	42.0983		
0195T	Prescrl fuse w/o instr l5/s1	Not Covered			C				
0196T	Prescrl fuse w/o instr l4/l5	Not Covered			C				
0198T	Ocular blood flow measure	Not Covered			Q1	0698	1.3596		
0200T	Perq sacral augmt unilat inj	Not Covered			T	0050	35.0819		
0201T	Perq sacral augmt bilat inj	Not Covered			T	0050	35.0819		
0202T	Post vert arthrplst 1 lumbar	Not Covered			C				
0205T	Inirs each vessel add-on	Not Covered			N				
0206T	Cptr dbs alys car elec dta	Not Covered			Q1	0420	1.7762		
0207T	Clear eyelid gland w/heat	Not Covered			Q1	0230	0.7019		
0208T	Audiometry air only	Not Covered			Q1	0364	0.5841		
0209T	Audiometry air & bone	Not Covered			Q1	0364	0.5841		
0210T	Speech audiometry threshold	Not Covered			Q1	0364	0.5841		
0211T	Speech audiom thresh & recog	Not Covered			Q1	0364	0.5841		
0212T	Compre audiometry evaluation	Not Covered			Q1	0365	1.5902		
0213T	Njx paravert w/us cer/thor	Not Covered			T	0207	9.0607		
0214T	Njx paravert w/us cer/thor	Not Covered			N				
0215T	Njx paravert w/us cer/thor	Not Covered			N				
0216T	Njx paravert w/us lumb/sac	Not Covered			T	0207	9.0607		
0217T	Njx paravert w/us lumb/sac	Not Covered			N				
0218T	Njx paravert w/us lumb/sac	Not Covered			N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
0219T	Plmt post facet implt cerv	Not Covered			C				
0220T	Plmt post facet implt thor	Not Covered			C				
0221T	Plmt post facet implt lumb	Not Covered			T	0050	35.0819		
0222T	Plmt post facet implt addl	Not Covered			N				
0223T	Acoustic ecg w/i&r	Not Covered			Q1	0099	1.0579		
0224T	Acoustic ecg 1+ analysis	Not Covered			Q1	0690	0.4739		
0225T	Acoustic ecg analy & reprog	Not Covered			Q1	0690	0.4739		
0228T	Njx tfrml eprl w/us cer/thor	Not Covered			T	0207	9.0607		
0229T	Njx tfrml eprl w/us cer/thor	Not Covered			N				
0230T	Njx tfrml eprl w/us lumb/sac	Not Covered			T	0207	9.0607		
0231T	Njx tfrml eprl w/us lumb/sac	Not Covered			N				
0232T	Njx platelet plasma	Not Covered			Q1	0420	1.7762		
0233T	Skin glycation spectroscopy	Not Covered			A				
0234T	Trluml perip athrc renal art	Not Covered			J1	0229	129.8028		
0235T	Trluml perip athrc visceral	Not Covered			C				
0236T	Trluml perip athrc abd aorta	Not Covered			J1	0229	129.8028		
0237T	Trluml perip athrc brchiocph	Not Covered			J1	0229	129.8028		
0238T	Trluml perip athrc iliac art	Not Covered			J1	0319	200.1597		
0240T	Esoph motility 3d topography	Not Covered			S	0361	4.4320		
0241T	Esoph motility w/stim/perf	Not Covered			N				
0243T	Intm msr bronchodil wheeze	Not Covered			Q1	0077	2.2195		
0244T	Cont msr bronchodil wheeze	Not Covered			S	0369	3.1934		
0249T	Ligation hemorrhoid w/us	Not Covered			T	0150	35.0675		
0253T	Insert aqueous drain device	Not Covered			T	0673	42.0983		
0254T	Evasc rpr iliac art bifur	Not Covered			C				
0255T	Evasc rpr iliac art bifr s&i	Not Covered			C				
0262T	Impltj pulm vlv evasc appr	Covered	N	1	C				By Report
0263T	Im b1 mrw cel ther cmpl	Not Covered			S	0112	38.3671		
0264T	Im b1 mrw cel ther xcl hrvst	Not Covered			S	0112	38.3671		
0265T	Im b1 mrw cel ther hrvst onl	Not Covered			S	0112	38.3671		
0266T	Implt/rpl crtd sns dev total	Not Covered			C				
0267T	Implt/rpl crtd sns dev lead	Not Covered			T	0688	28.7006		
0268T	Implt/rpl crtd sns dev gen	Not Covered			J1	0039	230.6235		
0269T	Rev/remvl crtd sns dev total	Not Covered			Q2	0221	39.7387		
0270T	Rev/remvl crtd sns dev lead	Not Covered			Q2	0688	28.7006		
0271T	Rev/remvl crtd sns dev gen	Not Covered			Q2	0688	28.7006		
0272T	Interrogate crtd sns dev	Not Covered			S	0218	2.1417		
0273T	Interrogate crtd sns w/pgrmg	Not Covered			S	0218	2.1417		
0274T	Perq lamot/lam crv/thrc	Not Covered			T	0208	55.4537		
0275T	Perq lamot/lam lumbar	Not Covered			T	0208	55.4537		
0278T	Tempr	Not Covered			Q1	0215	1.2804		
0281T	Laa closure w/implant	Not Covered			C				

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0282T	Periph field stimul trial	Not Covered			J1	0061	71.3285		
0283T	Periph field stimul perm	Not Covered			J1	0318	352.7212		
0284T	Periph field stimul revise	Not Covered			Q2	0688	28.7006		
0285T	Periph field stimul analys	Not Covered			S	0216	3.6766		
0286T	Near ifr spectrsc of wounds	Not Covered			N				
0287T	Near ifr guide of vasc site	Not Covered			N				
0288T	Anoscopy w/rf delivery	Not Covered			T	0150	35.0675		
0289T	Laser inc for pkp/lkp donor	Not Covered			N				
0290T	Laser inc for pkp/lkp recip	Not Covered			N				
0291T	Iv oct for proc init vessel	Not Covered			N				
0292T	Iv oct for proc addl vessel	Not Covered			N				
0293T	Ins lt atrl press monitor	Not Covered			C				
0294T	Ins lt atrl mont pres lead	Not Covered			C				
0295T	Ext ecg complete	Covered	N	1	M				\$85.79
0296T	Ext ecg recording	Covered	N	1	Q1	0099	1.0579		
0297T	Ext ecg scan w/report	Covered	N	1	Q1	0099	1.0579		
0298T	Ext ecg review and interp	Covered	N	1	M				\$24.37
0299T	Esw wound healing init wound	Not Covered			T	0326	2.9651		
0300T	Esw wound healing addl wound	Not Covered			N				
0301T	Mw therapy for breast tumor	Not Covered			S	0066	25.6592		
0302T	Icar ischm mntrng sys compl	Not Covered			J1	0089	127.9907		
0303T	Icar ischm mntrng sys eltrd	Not Covered			J1	0090	88.2442		
0304T	Icar ischm mntrng sys device	Not Covered			J1	0090	88.2442		
0305T	Icar ischm mntrng prgrm eval	Not Covered			Q1	0690	0.4739		
0306T	Icar ischm mntr interr eval	Not Covered			Q1	0690	0.4739		
0307T	Rmvl icar ischm mntrng dvce	Not Covered			Q2	0105	31.6455		
0308T	Insj ocular telescope prosth	Not Covered			J1	0351	311.2228		
0309T	Prescrl fuse w/ instr l4/l5	Not Covered			C				
0310T	Motor function mapping ntms	Not Covered			S	0218	2.1417		
0311T	Cal & alys cntrl artl press	Not Covered			Q1	0099	1.0579		
0312T	Laps impltj nstim vagus	Not Covered			C				
0313T	Laps rmvl nstim array vagus	Not Covered			T	0688	28.7006		
0314T	Laps rmvl vgl arry&pls gen	Not Covered			Q2	0688	28.7006		
0315T	Rmvl vagus nerve pls gen	Not Covered			Q2	0688	28.7006		
0316T	Replc vagus nerve pls gen	Not Covered			J1	0039	230.6235		
0317T	Elec alys vagus nrv pls gen	Not Covered			Q1	0690	0.4739		
0329T	Mntr io press 24hrs/> uni/bi	Not Covered			E				
0330T	Tear film img uni/bi w/i&r	Not Covered			Q1	0230	0.7019		
0331T	Heart symp image plnr	Not Covered			S	0377	15.3768		
0332T	Heart symp image plnr spect	Not Covered			S	0377	15.3768		
0333T	Visual ep acuity screen auto	Not Covered			E				
0335T	Extraosseous joint stblztn	Not Covered			T	0062	27.5390		

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0336T	Lap ablat uterine fibroids	Not Covered			T	0174	108.7985		
0337T	Endothel fxnassmnt non-invas	Not Covered			S	0097	1.5196		
0338T	Trnscth renal symp denrv unl	Not Covered			S	0279	34.5196		
0339T	Trnscth renal symp denrv bil	Not Covered			S	0279	34.5196		
0340T	Ablate pulm tumors + extnsn	Not Covered			T	0423	55.2208		
0341T	Quant pupillometry w/ rppt	Not Covered			N				
0342T	Thxp apheresis w/hdl delip	Not Covered			S	0112	38.3671		
0345T	Transcath mtral vlve repair	Not Covered			C				
0346T	Ultrasound elastography	Not Covered			N				
0347T	Ins bone device for rsa	Not Covered			Q1	0420	1.7762		
0348T	Rsa spine exam	Not Covered			Q1	0261	1.2810		
0349T	Rsa upper extr exam	Not Covered			Q1	0261	1.2810		
0350T	Rsa lower extr exam	Not Covered			Q1	0261	1.2810		
0351T	Intraop oct brst/node spec	Not Covered			N				
0352T	Oct brst/node i&r per spec	Not Covered			B				
0353T	Intraop oct breast cavity	Not Covered			N				
0354T	Oct breast surg cavity i&r	Not Covered			B				
0355T	Gi tract capsule endoscopy	Not Covered			T	0142	11.4924		
0356T	Insrt drug device for iop	Not Covered			S	0698	1.3596		
0357T	Cryopreservation oocyte(s)	Not Covered			Q1	0433	2.4765		
0358T	Bia whole body	Not Covered			Q1	0340	0.7061		
0359T	Behavioral id assessment	Not Covered			V	0632	1.4327		
0360T	Observ behav assessment	Not Covered			V	0632	1.4327		
0361T	Observ behav assess addl	Not Covered			N				
0362T	Expose behav assessment	Not Covered			V	0632	1.4327		
0363T	Expose behav assess addl	Not Covered			N				
0364T	Adaptive behavior treatment	Not Covered			S	0322	1.2065		
0365T	Adaptive behavior tx addl	Not Covered			N				
0366T	Group behavior treatment	Not Covered			S	0325	0.8905		
0367T	Group behav treatment addl	Not Covered			N				
0368T	Behavior treatment modified	Not Covered			S	0322	1.2065		
0369T	Behav treatment modify addl	Not Covered			N				
0370T	Fam behav treatment guidance	Not Covered			S	0324	1.6717		
0371T	Mult fam behav treat guide	Not Covered			S	0324	1.6717		
0372T	Social skills training group	Not Covered			S	0325	0.8905		
0373T	Exposure behavior treatment	Not Covered			S	0323	1.5574		
0374T	Expose behav treatment addl	Not Covered			N				
0375T	Total disc arthrp ant appr	Not Covered			C				
0376T	Insert ant segment drain int	Not Covered			N				
0377T	Anoscpy inj agent for incont	Covered	N		T	0150	35.0675		
0378T	Visual field assmnt rev/rpmt	Not Covered			B				
0379T	Vis field assmnt tech suppt	Not Covered			Q1	0230	0.7019		

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0380T	Comp animat ret imag series	Not Covered			Q1	0230	0.7019		
0381T	Ext h rate epi sz 14 days	Not Covered			M				
0382T	Ext h rate sz 14 day ri only	Not Covered			M				
0383T	Ext h rate sz up to 30 days	Not Covered			M				
0384T	Ex h rate sz 30 day ri only	Not Covered			M				
0385T	Ex h rate for sz ovr 30 day	Not Covered			M				
0386T	Ex h rate sz 30+ day ri only	Not Covered			M				
0387T	Leadless c pm ins/rpl ventr	Not Covered			J1	0319	200.1597		
0388T	Leadless c pm remove ventr	Not Covered			T	0622	30.1495		
0389T	Prog eval inper leadls pm	Not Covered			Q1	0690	0.4739		
0390T	Periproc eval inper ledls pm	Not Covered			N				
0391T	Intergt eval inper leadls pm	Not Covered			Q1	0690	0.4739		
0500F	Initial prenatal care visit	Not Covered			E				
0501F	Prenatal flow sheet	Not Covered			E				
0502F	Subsequent prenatal care	Not Covered			E				
0503F	Postpartum care visit	Not Covered			E				
0505F	Hemodialysis plan docd	Not Covered			E				
0507F	Periton dialysis plan docd	Not Covered			E				
0509F	Urine incon plan docd	Not Covered			M				
0513F	Elev bp plan of care docd	Not Covered			M				
0514F	Care plan hgb docd esa pt	Not Covered			E				
0516F	Anemia plan of care docd	Not Covered			E				
0517F	Glaucoma plan of care docd	Not Covered			M				
0518F	Fall plan of care docd	Not Covered			M				
0519F	Pland chemo docd b/4 txmnt	Not Covered			E				
0520F	Rad dos limts b/4 3d rad	Not Covered			M				
0521F	Plan of care 4 pain docd	Not Covered			M				
0525F	Initial visit for episode	Not Covered			E				
0526F	Subs visit for episode	Not Covered			M				
0528F	Rcmnd flw-up 10 yrs docd	Not Covered			M				
0529F	Intrvl 3/>yr pts clnscp docd	Not Covered			M				
0535F	Dyspnea mngmnt plan docd	Not Covered			E				
0540F	Glucu mngmnt plan docd	Not Covered			M				
0545F	Follow up care plan mdd docd	Not Covered			E				
0550F	Cytopath report nongyn spcmn	Not Covered			E				
0551F	Cytopath report non routine	Not Covered			E				
0555F	Symptom mgmnt plan care docd	Not Covered			E				
0556F	Plan care lipid control docd	Not Covered			E				
0557F	Plan caremng angnl symptdocd	Not Covered			M				
0575F	Hiv rna plan care docd	Not Covered			E				
0580F	Multidisciplinary care plan	Not Covered			E				
0581F	Pt trnsfrd from anesth to cc	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
0582F	No trnsfr from anesth to cc	Not Covered			E				
0583F	Transfer care checklist used	Not Covered			E				
0584F	No transercare chklist used	Not Covered			E				
1000F	Tobacco use assessed	Not Covered			E				
1002F	Assess anginal symptom/level	Not Covered			E				
1003F	Level of activity assess	Not Covered			E				
1004F	Clin symp vol ovrlid assess	Not Covered			E				
1005F	Asthma symptoms evaluate	Not Covered			E				
1006F	Osteoarthritis assess	Not Covered			M				
1007F	Anti-inflm/anlgsc otc assess	Not Covered			E				
1008F	Gi/renal risk assess	Not Covered			E				
1010F	Severity angina by actvty	Not Covered			M				
1011F	Angina present	Not Covered			M				
1012F	Angina absent	Not Covered			M				
1015F	Copd symptoms assess	Not Covered			E				
1018F	Assess dyspnea not present	Not Covered			E				
1019F	Assess dyspnea present	Not Covered			E				
1022F	Pneumo imm status assess	Not Covered			E				
1026F	Co-morbid condition assess	Not Covered			E				
1030F	Influenza imm status assess	Not Covered			E				
1031F	Smoking & 2nd hand assessed	Not Covered			E				
1032F	Smoker/exposed 2nd hnd smoke	Not Covered			E				
1033F	Tobacco nonsmoker nor 2ndhnd	Not Covered			E				
1034F	Current tobacco smoker	Not Covered			E				
1035F	Smokeless tobacco user	Not Covered			E				
1036F	Tobacco non-user	Not Covered			M				
1038F	Persistent asthma	Not Covered			M				
1039F	Intermittent asthma	Not Covered			M				
1040F	Dsm-5 info mdd docd	Not Covered			E				
1050F	History of mole changes	Not Covered			E				
1052F	Type location activityassess	Not Covered			E				
1055F	Visual funct status assess	Not Covered			E				
1060F	Doc perm/cont/parox atr fib	Not Covered			E				
1061F	Doc lack perm+cont+parox fib	Not Covered			E				
1065F	Ischm stroke symp lt3 hrsb/4	Not Covered			E				
1066F	Ischm stroke symp ge3 hrsb/4	Not Covered			E				
1070F	Alarm symp assessed-absent	Not Covered			E				
1071F	Alarm symp assessed-1+ prsnt	Not Covered			E				
1090F	Pres/absn urine incon assess	Not Covered			M				
1091F	Urine incon characterized	Not Covered			E				
1100F	Ptfalls assess-docd ge2>/yr	Not Covered			M				
1101F	Pt falls assess-docd le1/yr	Not Covered			M				

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1110F	Pt lft inpt fac w/in 60 days	Not Covered			E				
1111F	Dschrg med/current med merge	Not Covered			M				
1116F	Auric/peri pain assessed	Not Covered			E				
1118F	Gerd symps assessed 12 month	Not Covered			E				
1119F	Init eval for condition	Not Covered			E				
1121F	Subs eval for condition	Not Covered			E				
1123F	Acp discuss/dscn mkr docd	Not Covered			M				
1124F	Acp discuss-no dscnmkr docd	Not Covered			M				
1125F	Amnt pain noted pain prsnt	Not Covered			M				
1126F	Amnt pain noted none prsnt	Not Covered			M				
1127F	New episode for condition	Not Covered			E				
1128F	Subs episode for condition	Not Covered			E				
1130F	Bk pain & fxn assessed	Not Covered			E				
1134F	Epsd bk pain for 6 wks/<	Not Covered			E				
1135F	Epsd bk pain for >6 wks	Not Covered			E				
1136F	Epsd bk pain for 12 wks/<	Not Covered			E				
1137F	Epsd bk pain for >12 wks	Not Covered			E				
1150F	Doc pt rsk death w/in 1yr	Not Covered			E				
1151F	Doc no pt rsk death w/in 1yr	Not Covered			E				
1152F	Doc advncd dis comfort 1st	Not Covered			E				
1153F	Doc advncd dis cmfirt not 1st	Not Covered			E				
1157F	Advnc care plan in rcrd	Not Covered			E				
1158F	Advnc care plan tlk docd	Not Covered			M				
1159F	Med list docd in rcrd	Not Covered			E				
1160F	Rvw meds by rx/dr in rcrd	Not Covered			E				
1170F	Fxn status assessed	Not Covered			M				
1175F	Function stat assessed rvwd	Not Covered			M				
1180F	Thromboemb risk assessed	Not Covered			E				
1181F	Neuropsychia sympts assessed	Not Covered			M				
1182F	Neuropsychi sympt 1+present	Not Covered			E				
1183F	Neuropsychiatric symp absent	Not Covered			E				
1200F	Seizure type& frequ docd	Not Covered			E				
1205F	Epi etiol synd rvwd and docd	Not Covered			E				
1220F	Pt screened for depression	Not Covered			E				
1400F	Prkns diag rviewed	Not Covered			M				
1450F	Symptoms improved/consist	Not Covered			E				
1451F	Sympt show clin import drop	Not Covered			E				
1460F	Qual card diag prior 12 mons	Not Covered			M				
1461F	No qual card diag prior12mon	Not Covered			M				
1490F	Dem severity classified mild	Not Covered			M				
1491F	Dem severity classified mod	Not Covered			M				
1493F	Dem severity class severe	Not Covered			M				

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1494F	Cognit assessed and reviewed	Not Covered			M				
1500F	Symptom+sign symm polyneuro	Not Covered			E				
1501F	Not initial eval for cond	Not Covered			E				
1502F	Pt queried pain fxn w/ instr	Not Covered			E				
1503F	Pt queried symp resp insuff	Not Covered			E				
1504F	Pt has resp insufficiency	Not Covered			E				
1505F	Pt has no resp insufficiency	Not Covered			E				
2000F	Blood pressure measure	Not Covered			M				
2001F	Weight record	Not Covered			E				
2002F	Clin sign vol ovrl d assess	Not Covered			E				
2004F	Initial exam involved joints	Not Covered			E				
2010F	Vital signs recorded	Not Covered			E				
2014F	Mental status assess	Not Covered			E				
2015F	Asthma impairment assessed	Not Covered			E				
2016F	Asthma risk assessed	Not Covered			E				
2018F	Hydration status assess	Not Covered			E				
2019F	Dilated macul exam done	Not Covered			M				
2020F	Dilated fundus eval done	Not Covered			E				
2021F	Dilat macular exam done	Not Covered			E				
2022F	Dil retina exam interp rev	Not Covered			M				
2024F	7 field photo interp doc rev	Not Covered			M				
2026F	Eye image valid to dx rev	Not Covered			M				
2027F	Optic nerve head eval done	Not Covered			M				
2028F	Foot exam performed	Not Covered			E				
2029F	Complete phys skin exam done	Not Covered			E				
2030F	H2o stat docd normal	Not Covered			E				
2031F	H2o stat docd dehydrated	Not Covered			E				
2035F	Tymp memb motion examd	Not Covered			E				
2040F	Bk pn xm on init visit date	Not Covered			E				
2044F	Doc mntl tst b/4 bk trxmnt	Not Covered			E				
2050F	Wound char size etc docd	Not Covered			E				
2060F	Pt talk eval hlthwkr re mdd	Not Covered			E				
3006F	Cxr doc rev	Not Covered			E				
3008F	Body mass index docd	Not Covered			E				
3011F	Lipid panel doc rev	Not Covered			E				
3014F	Screen mammo doc rev	Not Covered			M				
3015F	Cerv cancer screen docd	Not Covered			E				
3016F	Pt scrnd unhlthy oh use	Not Covered			M				
3017F	Colorectal ca screen doc rev	Not Covered			M				
3018F	Pre-prxd rsk et al docd	Not Covered			E				
3019F	Lvef assess planpost dschrge	Not Covered			E				
3020F	Lvf assess	Not Covered			E				

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3021F	Lvef mod/sever deprs syst	Not Covered			M				
3022F	Lvef >/=40% systolic	Not Covered			M				
3023F	Spirom doc rev	Not Covered			M				
3025F	Spirom fev/fvc <70% w/copd	Not Covered			E				
3027F	Spirom fev/fvc >/=70%/w/ocopd	Not Covered			E				
3028F	O2 saturation doc rev	Not Covered			E				
3035F	O2 saturation</=88%/pao</=55	Not Covered			E				
3037F	O2 saturation >88%/pao>55 hg	Not Covered			E				
3038F	Pulm fx w/in 12 mon b/4 surg	Not Covered			E				
3040F	Fev <40% predicted value	Not Covered			E				
3042F	Fev >/=40% predicted value	Not Covered			E				
3044F	Hg a1c level lt 7.0%	Not Covered			M				
3045F	Hg a1c level 7.0-9.0%	Not Covered			M				
3046F	Hemoglobin a1c level >9.0%	Not Covered			M				
3048F	Ldl-c <100 mg/dl	Not Covered			E				
3049F	Ldl-c 100-129 mg/dl	Not Covered			E				
3050F	Ldl-c >/= 130 mg/dl	Not Covered			E				
3055F	Lvef less than/equal to 35%	Not Covered			E				
3056F	Lvef greater than 35%	Not Covered			E				
3060F	Pos microalbuminuria rev	Not Covered			M				
3061F	Neg microalbuminuria rev	Not Covered			M				
3062F	Pos macroalbuminuria rev	Not Covered			M				
3066F	Nephropathy doc tx	Not Covered			M				
3072F	Low risk for retinopathy	Not Covered			M				
3073F	Pre-surg eye measures docd	Not Covered			E				
3074F	Syst bp lt 130 mm hg	Not Covered			E				
3075F	Syst bp ge 130 - 139mm hg	Not Covered			E				
3077F	Syst bp >/= 140 mm hg	Not Covered			E				
3078F	Diast bp <80 mm hg	Not Covered			E				
3079F	Diast bp 80-89 mm hg	Not Covered			E				
3080F	Diast bp >/= 90 mm hg	Not Covered			E				
3082F	Kt/v <1.2	Not Covered			E				
3083F	Kt/v >= 1.2 & <1.7	Not Covered			E				
3084F	Kt/v >= 1.7	Not Covered			E				
3085F	Suicide risk assessed	Not Covered			E				
3088F	Mdd mild	Not Covered			E				
3089F	Mdd moderate	Not Covered			E				
3090F	Mdd severe w/o psych	Not Covered			E				
3091F	Mdd severe w/psych	Not Covered			E				
3092F	Mdd in remission	Not Covered			E				
3093F	Doc new diag 1st/addl mdd	Not Covered			E				
3095F	Central dexta results docd	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
3096F	Central dexa ordered	Not Covered			M				
3100F	Image test ref carot diam	Not Covered			M				
3110F	Pres/absn hmrhg/lesion docd	Not Covered			E				
3111F	Ct/mri brain done w/in 24hrs	Not Covered			E				
3112F	Ct/mri brain done 24 hrs	Not Covered			E				
3115F	Quant results activity &symp	Not Covered			E				
3117F	Hf assessment tool completed	Not Covered			E				
3118F	Ny heart assoc class docd	Not Covered			E				
3119F	No eval activity clin symp	Not Covered			E				
3120F	12-lead ecg performed	Not Covered			M				
3126F	Esoph bx rpt w/dyspl info	Not Covered			M				
3130F	Upper gi endoscopy performed	Not Covered			E				
3132F	Doc ref upper gi endoscopy	Not Covered			E				
3140F	Upper gi endo shows barrtts	Not Covered			E				
3141F	Upper gi endo not barrtts	Not Covered			E				
3142F	Barium swallow test ordered	Not Covered			E				
3150F	Forceps esoph biopsy done	Not Covered			E				
3155F	Cytogen test marrow b/4 tx	Not Covered			M				
3160F	Doc fe+ stores b/4 epo thx	Not Covered			M				
3170F	Flow cyto done b/4 tx	Not Covered			M				
3200F	Barium swallow test not req	Not Covered			E				
3210F	Grp a strep test performed	Not Covered			M				
3215F	Pt immunity to hep a docd	Not Covered			M				
3216F	Pt immunity to hep b docd	Not Covered			E				
3218F	Rna tstng hep c docd done	Not Covered			E				
3220F	Hep c quant rna tstng docd	Not Covered			E				
3230F	Note hring tst w/in 6 mon	Not Covered			E				
3250F	Nonprim loc anat bx site tum	Not Covered			M				
3260F	Pt cat/pn cat/hist grd docd	Not Covered			M				
3265F	Rna tstng hepc vir ord/docd	Not Covered			E				
3266F	Hepc gn tstng docd b/4txmnt	Not Covered			E				
3267F	Path rpt w/ pt pn cat et al	Not Covered			M				
3268F	Psa/t/glsc docd b/4 txmnt	Not Covered			E				
3269F	Bone scn b/4 txmnt/aftr dx	Not Covered			M				
3270F	No bone scn b/4 txmnt/aftrdx	Not Covered			M				
3271F	Low risk prostate cancer	Not Covered			M				
3272F	Med risk prostate cancer	Not Covered			E				
3273F	High risk prostate cancer	Not Covered			E				
3274F	Prost cncr rsk not lw/md/hgh	Not Covered			E				
3278F	Serum lvls ca/iph/lpd ord	Not Covered			E				
3279F	Hgb lvl >= 13 g/dl	Not Covered			E				
3280F	Hgb lvl 11-12.9 g/dl	Not Covered			E				

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3281F	Hgb lvl <11 g/dl	Not Covered			E				
3284F	lop down >15% of pre-svc lvl	Not Covered			M				
3285F	lop down <15% of pre-svc lvl	Not Covered			M				
3288F	Fall risk assessment docd	Not Covered			M				
3290F	Pt=d(rh)- and unsensitized	Not Covered			E				
3291F	Pt=d(rh)+ or sensitized	Not Covered			E				
3292F	Hiv tstng asked/docd/revwd	Not Covered			E				
3293F	Abo rh blood typing docd	Not Covered			E				
3294F	Grp b strep screening docd	Not Covered			E				
3300F	Ajcc stage docd b/4 thxpy	Not Covered			M				
3301F	Cancer stage docd metast	Not Covered			M				
3315F	Er+ or pr+ breast cancer	Not Covered			M				
3316F	Er- or pr- breast cancer	Not Covered			M				
3317F	Path rpt malig cancer docd	Not Covered			E				
3318F	Path rpt malig cancer docd	Not Covered			E				
3319F	X-ray/ct/ultrsnd et al ord	Not Covered			M				
3320F	No xray/ct/ et al ordd	Not Covered			M				
3321F	Ajcc cncr 0/ia melan docd	Not Covered			M				
3322F	Melanomaajcc stage 0 or ia	Not Covered			M				
3323F	Clin node stng docdb/4 surg	Not Covered			E				
3324F	Mri ct scan ord rvwd rqstd	Not Covered			E				
3325F	Preop asses 4 cataract surg	Not Covered			E				
3328F	Prfrmnc docd 2 wks b/4 surg	Not Covered			E				
3330F	Imaging study ordered (bkip)	Not Covered			E				
3331F	Bk imaging tst not ordered	Not Covered			E				
3340F	Mammo assess inc xray docd	Not Covered			M				
3341F	Mammo assess negative docd	Not Covered			M				
3342F	Mammo assess bengn docd	Not Covered			M				
3343F	Mammo probably bengn docd	Not Covered			M				
3344F	Mammo assess susp docd	Not Covered			M				
3345F	Mammo assess hghlymalig doc	Not Covered			M				
3350F	Mammo bx proven malig docd	Not Covered			M				
3351F	Neg scrn dep symp by deptool	Not Covered			E				
3352F	No sig dep symp by dep tool	Not Covered			E				
3353F	Mild-mod dep symp by deptool	Not Covered			E				
3354F	Clin sig dep sym by dep tool	Not Covered			E				
3370F	Ajcc brst cncr stage 0 docd	Not Covered			M				
3372F	Ajcc brst cncr stage 1 docd	Not Covered			M				
3374F	Ajcc brst cncr stage 1 docd	Not Covered			M				
3376F	Ajcc brstcncr stage 2 docd	Not Covered			M				
3378F	Ajcc brstcncr stage 3 docd	Not Covered			M				
3380F	Ajcc brstcncr stage 4 docd	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
3382F	Ajcc cln cncr stage 0 docd	Not Covered			M				
3384F	Ajcc cln cncr stage 1 docd	Not Covered			M				
3386F	Ajcc cln cncr stage 2 docd	Not Covered			M				
3388F	Ajcc cln cncr stage 3 docd	Not Covered			M				
3390F	Ajcc cln cncr stage 4 docd	Not Covered			M				
3394F	Quant her2 ihc eval brst cx	Not Covered			M				
3395F	Quant nonher2 ihc brst cx	Not Covered			M				
3450F	Dyspnea scrnd no-mild dysp	Not Covered			E				
3451F	Dyspnea scrnd mod-high dysp	Not Covered			E				
3452F	Dyspnea not screened	Not Covered			E				
3455F	Tb scrng done-interpd 6mon	Not Covered			M				
3470F	Ra disease activity low	Not Covered			M				
3471F	Ra disease activity mod	Not Covered			M				
3472F	Ra disease activity high	Not Covered			M				
3475F	Disease progn ra poor docd	Not Covered			M				
3476F	Disease progn ra good docd	Not Covered			M				
3490F	History aids-defining cond	Not Covered			E				
3491F	Hiv unsure baby of hiv+moms	Not Covered			E				
3492F	History cd4+ cell count <350	Not Covered			E				
3493F	No hist cd4+ cell count <350	Not Covered			E				
3494F	Cd4+cell count <200cells/mm3	Not Covered			M				
3495F	Cd4+cell cnt 200-499 cells	Not Covered			M				
3496F	Cd4+ cell count + 500 cells	Not Covered			M				
3497F	Cd4+ cell percentage <15%	Not Covered			E				
3498F	Cd4+ cell =15% (hiv)	Not Covered			E				
3500F	Cd4+cell cnt/% docd as done	Not Covered			E				
3502F	Hiv rna vrl ld <lmts quantif	Not Covered			E				
3503F	Hiv rna vrl ldnot<lmts quntf	Not Covered			E				
3510F	Doc tb scrng-rslts interpd	Not Covered			M				
3511F	Chlmyd/gonrh tsts docd done	Not Covered			E				
3512F	Syph scrng docd as done	Not Covered			E				
3513F	Hep b scrng docd as done	Not Covered			E				
3514F	Hep c scrng docd as done	Not Covered			E				
3515F	Pt has docd immun to hep c	Not Covered			E				
3517F	Hbv assess&results intrp 1yr	Not Covered			M				
3520F	Cdifficile testing performed	Not Covered			E				
3550F	Low rsk thromboembolism	Not Covered			E				
3551F	Intrmed rsk thromboembolism	Not Covered			E				
3552F	Hgh risk for thromboembolism	Not Covered			E				
3555F	Pt inr measurement performed	Not Covered			E				
3570F	Rprt bone scint xref w xray	Not Covered			M				
3572F	Pt consid poss risk fx	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
3573F	Pt not consid poss risk fx	Not Covered			E				
3650F	Eeg ordered rvwd reqstd	Not Covered			E				
3700F	Psych disorders assessed	Not Covered			M				
3720F	Cognit impairment assessed	Not Covered			M				
3725F	Screen depression performed	Not Covered			M				
3750F	Ptnotrcvngsteroid>/=10mg/day	Not Covered			E				
3751F	Electrodiag polyneuro 6 mn	Not Covered			E				
3752F	No electrodiag polyneuro 6mn	Not Covered			E				
3753F	Pt has symp&signs neuropathy	Not Covered			E				
3754F	Screening tests dm done	Not Covered			E				
3755F	Cog&behav imprmnt scrng done	Not Covered			E				
3756F	Pt w/pseudobulb affect/als	Not Covered			E				
3757F	Pt w/o pseudobulb affect/als	Not Covered			E				
3758F	Pt ref pulm fx test/peakflow	Not Covered			E				
3759F	Pt scrn dysphag/wt loss/nutr	Not Covered			E				
3760F	Pt w/ dysphag/wt loss/nutr	Not Covered			E				
3761F	Pt w/o dysphag/wt loss/nutr	Not Covered			E				
3762F	Patient is dysarthric	Not Covered			E				
3763F	Patient is not dysarthric	Not Covered			E				
3775F	Adenoma detected screening	Not Covered			M				
3776F	Adenoma not detect screening	Not Covered			M				
4000F	Tobacco use txmnt counseling	Not Covered			E				
4001F	Tobacco use txmnt pharmacol	Not Covered			E				
4003F	Pt ed write/oral pts w/ hf	Not Covered			E				
4004F	Pt tobacco screen rcvd tlk	Not Covered			M				
4005F	Pharm thx for op rxd	Not Covered			M				
4008F	Beta-blocker therapy rxd/tn	Not Covered			M				
4010F	Ace/arb therapy rxd/taken	Not Covered			M				
4011F	Oral antiplatelet therapy rx	Not Covered			E				
4012F	Warfarin therapy rx	Not Covered			E				
4013F	Statin therapy/currently tkn	Not Covered			E				
4014F	Written discharge instr prvd	Not Covered			E				
4015F	Persist asthma medicine ctrl	Not Covered			E				
4016F	Anti-inflm/anglsc agent rx	Not Covered			E				
4017F	Gi prophylaxis for nsaid rx	Not Covered			E				
4018F	Therapy exercise joint rx	Not Covered			E				
4019F	Doc recpt counsl vit d/calc+	Not Covered			E				
4025F	Inhaled bronchodilator rx	Not Covered			M				
4030F	Oxygen therapy rx	Not Covered			E				
4033F	Pulmonary rehab rec	Not Covered			E				
4035F	Influenza imm rec	Not Covered			E				
4037F	Influenza imm order/admin	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
4040F	Pneumoc vac/admin/rcvd	Not Covered			M				
4041F	Doc order cefazolin/cefurox	Not Covered			E				
4042F	Doc antibio not given	Not Covered			M				
4043F	Doc order given stop antibio	Not Covered			E				
4044F	Doc order given vte prophylx	Not Covered			M				
4045F	Empiric antibiotic rx	Not Covered			E				
4046F	Doc antibio given b/4 surg	Not Covered			M				
4047F	Doc antibio given b/4 surg	Not Covered			E				
4048F	Doc antibio given b/4 surg	Not Covered			E				
4049F	Doc order given stop antibio	Not Covered			M				
4050F	Ht care plan doc	Not Covered			E				
4051F	Referred for an av fistula	Not Covered			E				
4052F	Hemodialysis via av fistula	Not Covered			E				
4053F	Hemodialysis via av graft	Not Covered			E				
4054F	Hemodialysis via catheter	Not Covered			E				
4055F	Pt rcvng periton dialysis	Not Covered			E				
4056F	Approp oral rehyd recommd	Not Covered			E				
4058F	Ped gastro ed given caregvr	Not Covered			E				
4060F	Psych svcs provided	Not Covered			E				
4062F	Pt referral psych docd	Not Covered			E				
4063F	Antidepress rxthxpy not rxd	Not Covered			E				
4064F	Antidepressant rx	Not Covered			E				
4065F	Antipsychotic rx	Not Covered			E				
4066F	Ect provided	Not Covered			E				
4067F	Pt referral for ect docd	Not Covered			E				
4069F	Vte prophylaxis rcvd	Not Covered			E				
4070F	Dvt prophylx recvd day 2	Not Covered			E				
4073F	Oral antiplat thx rx dischrg	Not Covered			E				
4075F	Anticoag thx rx at dischrg	Not Covered			M				
4077F	Doc t-pa admin considered	Not Covered			E				
4079F	Doc rehab svcs considered	Not Covered			E				
4084F	Aspirin recvd w/in 24 hrs	Not Covered			E				
4086F	Aspirin/clopidogrel rxd	Not Covered			M				
4090F	Pt rcvng epo thxpy	Not Covered			M				
4095F	Pt not rcvng epo thxpy	Not Covered			E				
4100F	Biphos thxpy vein ord/recvd	Not Covered			M				
4110F	Int mam art used for cabg	Not Covered			M				
4115F	Beta blckr admin w/in 24 hrs	Not Covered			M				
4120F	Antibiot rxd/given	Not Covered			M				
4124F	Antibiot not rxd/given	Not Covered			M				
4130F	Topical prep rx aoe	Not Covered			M				
4131F	Syst antimicrobial thx rx	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
4132F	No syst antimicrobial thx rx	Not Covered			M				
4133F	Antihist/decong rx/recom	Not Covered			E				
4134F	No antihist/decong rx/recom	Not Covered			E				
4135F	Systemic corticosteroids rx	Not Covered			E				
4136F	Syst corticosteroids not rx	Not Covered			E				
4140F	Inhaled corticosteroids rxd	Not Covered			M				
4142F	Corticoster sparing thrpy rxd	Not Covered			M				
4144F	Alt long-term cntrl med rxd	Not Covered			M				
4145F	2+ anti-hyprtnsv agents tkn	Not Covered			E				
4148F	Hep a vac injxn admin/recvd	Not Covered			M				
4149F	Hep b vac injxn admin/recvd	Not Covered			M				
4150F	Pt rcvng antivir txmnt hepc	Not Covered			E				
4151F	Pt not rcvng antiv hep c	Not Covered			M				
4153F	Combo pegintf/rib rx	Not Covered			E				
4155F	Hep a vac series prev recvd	Not Covered			E				
4157F	Hep b vac series prev recvd	Not Covered			E				
4158F	Pt edu re alcoh drnkng done	Not Covered			E				
4159F	Contrcp talk b/4 antiv txmnt	Not Covered			E				
4163F	Pt couns 4 txmnt opt prost	Not Covered			E				
4164F	Adjuv hrmnl thxpy rxd	Not Covered			M				
4165F	3d-crt/imrt received	Not Covered			E				
4167F	Hd bed tilted 1st day vent	Not Covered			E				
4168F	Pt care icu&vent w/in 24hrs	Not Covered			E				
4169F	No pt care icu/vent in 24hrs	Not Covered			E				
4171F	Pt rcvng esa thxpy	Not Covered			E				
4172F	Pt not rcvng esa thxpy	Not Covered			E				
4174F	Couns potent glauc impct	Not Covered			E				
4175F	Vis 20/40/> w/in 90 days	Not Covered			M				
4176F	Talk re uv light pt/crgvr	Not Covered			E				
4177F	Talk pt/crgvr re areds prev	Not Covered			M				
4178F	Antid glbln rcvd w/in 26wks	Not Covered			E				
4179F	Tamoxifen/ai prescribed	Not Covered			M				
4180F	Adjuv thxpyrxd/rcvd colon ca	Not Covered			E				
4181F	Conformal radn thxpy rcvd	Not Covered			E				
4182F	No conformal radn thxpy	Not Covered			E				
4185F	Continuous ppi or h2ra rcvd	Not Covered			E				
4186F	No cont ppi or h2ra rcvd	Not Covered			E				
4187F	Anti rheum drugthxpyrxd/gvn	Not Covered			M				
4188F	Approp ace/arb tstng done	Not Covered			E				
4189F	Approp digoxin tstng done	Not Covered			E				
4190F	Approp diuretic tstng done	Not Covered			E				
4191F	Approp anticonvuls tstng	Not Covered			E				

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4192F	Pt not rcvng glucoco thxpy	Not Covered			M				
4193F	Pt rcvng<10mg daily predniso	Not Covered			M				
4194F	Pt rcvng10mg daily predniso	Not Covered			M				
4195F	Pt rcvng anti-rheum thxpy ra	Not Covered			M				
4196F	Ptnot rcvng anti-rhm thxpyra	Not Covered			M				
4200F	External beam to prost only	Not Covered			E				
4201F	Extrnl beam other than prost	Not Covered			E				
4210F	Ace/arb thxpy for mos/>	Not Covered			E				
4220F	Digoxin thxpy for 6 mos/>	Not Covered			E				
4221F	Diuretic thxpy for 6 mos/>	Not Covered			E				
4230F	Anticonv thxpy for 6 mos/>	Not Covered			E				
4240F	Instr xrcz back pain 12 wks	Not Covered			E				
4242F	Sprvsd xrcz back pn >12 wks	Not Covered			E				
4245F	Pt instr nrml lifest	Not Covered			E				
4248F	Pt instr no bd rest 4 days/>	Not Covered			E				
4250F	Wrmng 4 surg normothermia	Not Covered			M				
4255F	Anesth 60 min/> as docd	Not Covered			M				
4256F	Anesthe <60 min as docd	Not Covered			E				
4260F	Wound srfc culturetech used	Not Covered			E				
4261F	Tech other than surfc cultr	Not Covered			E				
4265F	Wet-dry dressings rx recmd	Not Covered			E				
4266F	No wet-dry drssings rx recmd	Not Covered			E				
4267F	Comprssion thxpy prescribed	Not Covered			E				
4268F	Pt ed re comp thxpy rcvd	Not Covered			E				
4269F	Appropos mthd offloading rxd	Not Covered			E				
4270F	Pt rcvng anti r-viral thxpy	Not Covered			E				
4271F	Pt rcvng anti r-viral thxpy	Not Covered			E				
4274F	Flu immuno admind rcvd	Not Covered			E				
4276F	Potent antivir thxpy rxd	Not Covered			E				
4279F	Pcp prophylaxis rxd	Not Covered			E				
4280F	Pcp prophylax rxd 3mon low %	Not Covered			E				
4290F	Pt scrned for inj drug use	Not Covered			E				
4293F	Pt scrnd hgh-risk sex behav	Not Covered			E				
4300F	Pt rcvng warf thxpy	Not Covered			E				
4301F	Pt not rcvng warf thxpy	Not Covered			E				
4305F	Pt ed re ft care inspct rcvd	Not Covered			E				
4306F	Pt tlk psych & rx opd addic	Not Covered			E				
4320F	Pt talk psychsoc&rx oh dpnd	Not Covered			E				
4322F	Crgvr prov w/ ed addl rsrcs	Not Covered			M				
4324F	Pt queried prkns complic	Not Covered			E				
4325F	Med txmnt options rvwd w/pt	Not Covered			M				
4326F	Pt asked re symp auto dysfxn	Not Covered			E				

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4328F	Pt asked re sleep disturb	Not Covered			M				
4330F	Cnslng epi spec sfty issues	Not Covered			E				
4340F	Cnslng chldbrng women epi	Not Covered			M				
4350F	Cnslng provided symp mngmnt	Not Covered			E				
4400F	Rehab thxpy options w/pt	Not Covered			M				
4450F	Self-care ed provided to pt	Not Covered			E				
4470F	Icd counseling provided	Not Covered			E				
4480F	Pt rcvng ace/arb b-blockertx	Not Covered			E				
4481F	Pt rcvng ace/arb blker >3mos	Not Covered			E				
4500F	Ref to outpt card rehab prog	Not Covered			M				
4510F	Prev cardrehab qualcardevent	Not Covered			M				
4525F	Neuropsychia interven order	Not Covered			M				
4526F	Neuropsychia interven rcvd	Not Covered			M				
4540F	Disease modif pharmacothxpy	Not Covered			E				
4541F	Pt offered tx for pseudobulb	Not Covered			E				
4550F	Noninvas resp support talk	Not Covered			E				
4551F	Nutritional support offered	Not Covered			E				
4552F	Pt ref for speech lang path	Not Covered			E				
4553F	Pt asst re end life issues	Not Covered			E				
4554F	Pt recvd inhal anesthetic	Not Covered			E				
4555F	Pt recvd no inhal anesthetic	Not Covered			E				
4556F	Pt w/ 3+ post-op nausea&vom	Not Covered			E				
4557F	Pt w/o 3+ post-opnausea&vom	Not Covered			E				
4558F	Pt recvd 2 rx anti-emet agt	Not Covered			E				
4559F	1 bodytemp >=35.5cw/in 30min	Not Covered			E				
4560F	Anesth w/o gen/neurax anesth	Not Covered			E				
4561F	Pt w/ coronary artery stent	Not Covered			E				
4562F	Pt w/o coronary artery stent	Not Covered			E				
4563F	Pt recvd aspirin w/in 24 hrs	Not Covered			E				
5005F	Pt counsl on exam for moles	Not Covered			E				
5010F	Macul result phy/qhp mng dm	Not Covered			M				
5015F	Doc fx & test/txmnt for op	Not Covered			M				
5020F	Txmnts 2 phys/qhp by 1 mon	Not Covered			E				
5050F	Plan 2 main dr by 1 month	Not Covered			M				
5060F	Fndngs mammo 2pt w/in 3 days	Not Covered			E				
5062F	Mammo result com to pt 5 day	Not Covered			E				
5100F	Rsk fx ref w/n 24 hrs xray	Not Covered			E				
5200F	Eval appros surg thxpy epi	Not Covered			E				
5250F	Asthma discharge plan presnt	Not Covered			E				
6005F	Care level rationale doc	Not Covered			E				
6010F	Dysphag test done b/4 eating	Not Covered			E				
6015F	Dysphag test done b/4 eating	Not Covered			E				

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6020F	Npo (nothing-mouth) ordered	Not Covered			E				
6030F	Max sterile barriers follwd	Not Covered			M				
6040F	Appro rad ds dvcs techs docd	Not Covered			E				
6045F	Radxps in end rprrt4fluoro pxd	Not Covered			M				
6070F	Pt asked/cnsld aed effects	Not Covered			E				
6080F	Pt/caregiver queried falls	Not Covered			E				
6090F	Pt/caregiver counsel safety	Not Covered			E				
6100F	Verify pt site pxd docd	Not Covered			E				
6101F	Safety counseling dementia	Not Covered			M				
6102F	Safety counseling dem order	Not Covered			M				
6110F	Counsel prov driving risks	Not Covered			M				
6150F	Pt notrcvng1st antitnf txmnt	Not Covered			M				
7010F	Pt info into recall system	Not Covered			M				
7020F	Mammo assess cat in dbase	Not Covered			E				
7025F	Pt infosys alarm 4 nxt mammo	Not Covered			M				
9001F	Aortic aneurysm<5cm diam ct	Not Covered			E				
9002F	Aortic aneurysm 5-5.4cm diam	Not Covered			E				
9003F	Aortic anrysm5.5-5.9cm diam	Not Covered			M				
9004F	Aortic anrysm 6/> cm diam	Not Covered			M				
9005F	Asympt carot/vrtbrbas sten	Not Covered			E				
9006F	Sympt sten-tia/strk<120days	Not Covered			M				
9007F	Other carot sten 120 days/>	Not Covered			M				
A0021	Outside state ambulance serv	Not Covered			E				
A0080	Noninterest escort in non er	Not Covered			E				
A0090	Interest escort in non er	Not Covered			E				
A0100	Nonemergency transport taxi	Not Covered			E				
A0110	Nonemergency transport bus	Not Covered			E				
A0120	Noner transport mini-bus	Not Covered			E				
A0130	Noner transport wheelch van	Not Covered			E				
A0140	Nonemergency transport air	Not Covered			E				
A0160	Noner transport case worker	Not Covered			E				
A0170	Transport parking fees/tolls	Not Covered			E				
A0180	Noner transport lodgng recip	Not Covered			E				
A0190	Noner transport meals recip	Not Covered			E				
A0200	Noner transport lodgng escrt	Not Covered			E				
A0210	Noner transport meals escort	Not Covered			E				
A0225	Neonatal emergency transport	Not Covered			E				
A0380	Basic life support mileage	Not Covered			E				
A0382	Basic support routine suppl	Not Covered			E				
A0384	Bls defibrillation supplies	Not Covered			E				
A0390	Advanced life support mileag	Not Covered			E				
A0392	Als defibrillation supplies	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A0394	Als iv drug therapy supplies	Not Covered			E				
A0396	Als esophageal intub suppl	Not Covered			E				
A0398	Als routine disposble suppl	Not Covered			E				
A0420	Ambulance waiting 1/2 hr	Not Covered			E				
A0422	Ambulance O2 life sustaining	Not Covered			E				
A0424	Extra ambulance attendant	Not Covered			E				
A0425	Ground mileage	Not Covered			A				
A0426	Als 1	Not Covered			A				
A0427	Als1-emergency	Not Covered			A				
A0428	Bls	Not Covered			A				
A0429	Bls-emergency	Not Covered			A				
A0430	Fixed wing air transport	Not Covered			A				
A0431	Rotary wing air transport	Not Covered			A				
A0432	Pi volunteer ambulance co	Not Covered			A				
A0433	Als 2	Not Covered			A				
A0434	Specialty care transport	Not Covered			A				
A0435	Fixed wing air mileage	Not Covered			A				
A0436	Rotary wing air mileage	Not Covered			A				
A0888	Noncovered ambulance mileage	Not Covered			E				
A0998	Ambulance response/treatment	Not Covered			E				
A0999	Unlisted ambulance service	Not Covered			A				
A4206	1 cc sterile syringe&needle	Covered	N	36	N				
A4207	2 cc sterile syringe&needle	Not Covered			N				
A4208	3 cc sterile syringe&needle	Covered	N	36	N				
A4209	5+ cc sterile syringe&needle	Covered	N	36	N				
A4210	Nonneedle injection device	Not Covered			E				
A4211	Supp for self-adm injections	Not Covered			N				
A4212	Non coring needle or stylet	Covered	N		N				
A4213	20+ cc syringe only	Covered	N	36	N				
A4215	Sterile needle	Covered	N	5	N				
A4216	Sterile water/saline, 10 ml	Covered	N		N				
A4217	Sterile water/saline, 500 ml	Covered	N		N				
A4218	Sterile saline or water	Covered	N		N				
A4220	Infusion pump refill kit	Not Covered			N				
A4221	Maint drug infus cath per wk	Not Covered			N				
A4222	Infusion supplies with pump	Covered	N	31	N				
A4223	Infusion supplies w/o pump	Not Covered			N				
A4230	Infus insulin pump non needl	Not Covered			N				
A4231	Infusion insulin pump needle	Not Covered			N				
A4232	Syringe w/needle insulin 3cc	Not Covered			E				
A4233	Alkalin batt for glucose mon	Not Covered			E				
A4234	J-cell batt for glucose mon	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A4235	Lithium batt for glucose mon	Not Covered			E				
A4236	Silvr oxide batt glucose mon	Not Covered			E				
A4244	Alcohol or peroxide per pint	Covered	N	1	N				
A4245	Alcohol wipes per box	Covered	N	4	N				
A4246	Betadine/phiso hex solution	Covered	N	3	N				
A4247	Betadine/iodine swabs/wipes	Covered	N	5	N				
A4248	Chlorhexidine antisept	Not Covered			N				
A4250	Urine reagent strips/tablets	Not Covered			E				
A4252	Blood ketone test or strip	Covered	N		E				By Report
A4253	Blood glucose/reagent strips	Not Covered			N				
A4255	Glucose monitor platforms	Covered	N	6	N				
A4256	Calibrator solution/chips	Covered	N	1	N				
A4257	Replace lensshield cartridge	Not Covered			E				
A4258	Lancet device each	Not Covered			N				
A4259	Lancets per box	Not Covered			N				
A4261	Cervical cap contraceptive	Not Covered			E				
A4262	Temporary tear duct plug	Not Covered			N				
A4263	Permanent tear duct plug	Covered	N	2	N				
A4264	Intratubal occlusion device	Covered	N	1	E				By Report
A4265	Paraffin	Not Covered			N				
A4266	Diaphragm	Not Covered			E				
A4267	Male condom	Not Covered			E				
A4268	Female condom	Not Covered			E				
A4269	Spermicide	Not Covered			E				
A4270	Disposable endoscope sheath	Not Covered			N				
A4280	Brst prsths adhsv attchmnt	Not Covered			N				
A4281	Replacement breastpump tube	Covered	N	1	E				By Report
A4282	Replacement breastpump adpt	Not Covered			E				
A4283	Replacement breastpump cap	Not Covered			E				
A4284	Replcmnt breast pump shield	Not Covered			E				
A4285	Replcmnt breast pump bottle	Not Covered			E				
A4286	Replcmnt breastpump lok ring	Not Covered			E				
A4290	Sacral nerve stim test lead	Not Covered			N				
A4300	Cath impl vasc access portal	Not Covered			N				
A4301	Implantable access syst perc	Not Covered			N				
A4305	Drug delivery system >=50 ml	Not Covered			N				
A4306	Drug delivery system <=50 ml	Not Covered			N				
A4310	Insert tray w/o bag/cath	Not Covered			N				
A4311	Catheter w/o bag 2-way latex	Not Covered			N				
A4312	Cath w/o bag 2-way silicone	Not Covered			N				
A4313	Catheter w/bag 3-way	Not Covered			N				
A4314	Cath w/drainage 2-way latex	Not Covered			N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A4315	Cath w/drainage 2-way silcne	Not Covered			N				
A4316	Cath w/drainage 3-way	Not Covered			N				
A4320	Irrigation tray	Not Covered			N				
A4321	Cath therapeutic irrig agent	Not Covered			N				
A4322	Irrigation syringe	Not Covered			N				
A4326	Male external catheter	Not Covered			N				
A4327	Fem urinary collect dev cup	Not Covered			N				
A4328	Fem urinary collect pouch	Not Covered			N				
A4330	Stool collection pouch	Covered	N	5	N				
A4331	Extension drainage tubing	Covered	N	9	N				
A4332	Lube sterile packet	Not Covered			N				
A4333	Urinary cath anchor device	Covered	N	9	N				
A4334	Urinary cath leg strap	Covered	N	9	N				
A4335	Incontinence supply	Covered	N		N				
A4336	Urethral insert	Covered	R		N				
A4338	Indwelling catheter latex	Covered	N	12	N				
A4340	Indwelling catheter special	Covered	N	5	N				
A4344	Cath indw foley 2 way silicn	Covered	N	12	N				
A4346	Cath indw foley 3 way	Covered	N	12	N				
A4349	Disposable male external cat	Covered	N	35	N				
A4351	Straight tip urine catheter	Covered	N	45	N				
A4352	Coude tip urinary catheter	Covered	N	45	N				
A4353	Intermittent urinary cath	Covered	N	12	N				
A4354	Cath insertion tray w/bag	Covered	N	12	N				
A4355	Bladder irrigation tubing	Covered	N	1	N				
A4356	Ext ureth clmp or compr dvc	Covered	N	3	N				
A4357	Bedside drainage bag	Covered	N	12	N				
A4358	Urinary leg or abdomen bag	Covered	N	12	N				
A4360	Disposable ext urethral dev	Covered	R		N				
A4361	Ostomy face plate	Covered	N	1	N				
A4362	Solid skin barrier	Covered	N	12	N				
A4363	Ostomy clamp, replacement	Covered	N	1	E				\$2.26
A4364	Adhesive, liquid or equal	Covered	N	1	N				
A4366	Ostomy vent	Not Covered			N				
A4367	Ostomy belt	Not Covered			N				
A4368	Ostomy filter	Covered	N	1	N				
A4369	Skin barrier liquid per oz	Not Covered			N				
A4371	Skin barrier powder per oz	Not Covered			N				
A4372	Skin barrier solid 4x4 equiv	Not Covered			N				
A4373	Skin barrier with flange	Not Covered			N				
A4375	Drainable plastic pch w fcpl	Not Covered			N				
A4376	Drainable rubber pch w fcplt	Not Covered			N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A4377	Drainable plstic pch w/o fp	Not Covered			N				
A4378	Drainable rubber pch w/o fp	Not Covered			N				
A4379	Urinary plastic pouch w fcpl	Not Covered			N				
A4380	Urinary rubber pouch w fcplt	Not Covered			N				
A4381	Urinary plastic pouch w/o fp	Not Covered			N				
A4382	Urinary hvy plstc pch w/o fp	Covered	N	31	N				
A4383	Urinary rubber pouch w/o fp	Not Covered			N				
A4384	Ostomy faceplt/silicone ring	Not Covered			N				
A4385	Ost skn barrier sld ext wear	Not Covered			N				
A4387	Ost clsd pouch w att st barr	Not Covered			N				
A4388	Drainable pch w ex wear barr	Not Covered			N				
A4389	Drainable pch w st wear barr	Not Covered			N				
A4390	Drainable pch ex wear convex	Not Covered			N				
A4391	Urinary pouch w ex wear barr	Not Covered			N				
A4392	Urinary pouch w st wear barr	Not Covered			N				
A4393	Urine pch w ex wear bar conv	Not Covered			N				
A4394	Ostomy pouch liq deodorant	Not Covered			N				
A4395	Ostomy pouch solid deodorant	Not Covered			N				
A4396	Peristomal hernia supprt blt	Not Covered			N				
A4397	Irrigation supply sleeve	Not Covered			N				
A4398	Ostomy irrigation bag	Not Covered			N				
A4399	Ostomy irrig cone/cath w brs	Covered	N	1	N				
A4400	Ostomy irrigation set	Not Covered			N				
A4402	Lubricant per ounce	Not Covered			N				
A4404	Ostomy ring each	Not Covered			N				
A4405	Nonpectin based ostomy paste	Not Covered			N				
A4406	Pectin based ostomy paste	Not Covered			N				
A4407	Ext wear ost skn barr <=4sq"	Not Covered			N				
A4408	Ext wear ost skn barr >4sq"	Not Covered			N				
A4409	Ost skn barr convex <=4 sq i	Not Covered			N				
A4410	Ost skn barr extnd >4 sq	Not Covered			N				
A4411	Ost skn barr extnd =4sq	Covered	N	31	N				
A4412	Ost pouch drain high output	Covered	N	1	N				
A4413	2 pc drainable ost pouch	Not Covered			N				
A4414	Ost sknbar w/o conv<=4 sq in	Not Covered			N				
A4415	Ost skn barr w/o conv >4 sqi	Not Covered			N				
A4416	Ost pch clsd w barrier/fltr	Not Covered			N				
A4417	Ost pch w bar/bltinconv/fltr	Not Covered			N				
A4418	Ost pch clsd w/o bar w fltr	Not Covered			N				
A4419	Ost pch for bar w flange/flt	Not Covered			N				
A4420	Ost pch clsd for bar w lk fl	Not Covered			N				
A4421	Ostomy supply misc	Not Covered			N				

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A4422	Ost pouch absorbent material	Not Covered			N				
A4423	Ost pch for bar w lk fl/fltr	Not Covered			N				
A4424	Ost pch drain w bar & filter	Not Covered			N				
A4425	Ost pch drain for barrier fl	Not Covered			N				
A4426	Ost pch drain 2 piece system	Not Covered			N				
A4427	Ost pch drain/barr lk flng/f	Not Covered			N				
A4428	Urine ost pouch w faucet/tap	Not Covered			N				
A4429	Urine ost pouch w bltinconv	Not Covered			N				
A4430	Ost urine pch w b/bltin conv	Not Covered			N				
A4431	Ost pch urine w barrier/tapv	Not Covered			N				
A4432	Os pch urine w bar/fange/tap	Not Covered			N				
A4433	Urine ost pch bar w lock fln	Not Covered			N				
A4434	Ost pch urine w lock flng/ft	Not Covered			N				
A4435	1pc ost pch drain hgh output	Not Covered			N				
A4450	Non-waterproof tape	Not Covered			N				
A4452	Waterproof tape	Not Covered			N				
A4455	Adhesive remover per ounce	Not Covered			N				
A4456	Adhesive remover, wipes	Covered	N	15	N				
A4458	Reusable enema bag	Not Covered			N				
A4459	Manual pump enema, reusable	Not Covered			N				
A4461	Surgicl dress hold non-reuse	Not Covered			N				
A4463	Surgical dress holder reuse	Not Covered			N				
A4465	Non-elastic extremity binder	Not Covered			N				
A4466	Elastic garment/covering	Covered	N		E				By Report
A4470	Gravlee jet washer	Not Covered			N				
A4480	Vabra aspirator	Not Covered			N				
A4481	Tracheostoma filter	Covered	N		N				
A4483	Moisture exchanger	Covered	N	9	N				
A4490	Above knee surgical stocking	Covered	N	4	E				\$7.47
A4495	Thigh length surg stocking	Covered	N	4	E				\$11.62
A4500	Below knee surgical stocking	Not Covered			E				
A4510	Full length surg stocking	Not Covered			E				
A4520	Incontinence garment anytype	Not Covered			E				
A4550	Surgical trays	Not Covered			B				
A4554	Disposable underpads	Not Covered			E				
A4555	Ca tx e-stim electr/transduc	Not Covered			E				
A4556	Electrodes, pair	Not Covered			N				
A4557	Lead wires, pair	Not Covered			N				
A4558	Conductive gel or paste	Covered	N	3	N				
A4559	Coupling gel or paste	Covered	N	3	N				
A4561	Pessary rubber, any type	Covered	N	1	N				
A4562	Pessary, non rubber,any type	Not Covered			N				

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A4565	Slings	Covered	N	2	N				
A4566	Should sling/vest/abrestrain	Covered	N	2	E				By Report
A4570	Splint	Covered	N	2	E				\$7.18
A4575	Hyperbaric o2 chamber disps	Not Covered			E				
A4580	Cast supplies (plaster)	Covered	N	1	E				By Report
A4590	Special casting material	Not Covered			E				
A4595	Tens suppl 2 lead per month	Not Covered			N				
A4600	Sleeve, inter limb comp dev	Not Covered			E				
A4601	Lith ion non prosth recharge	Not Covered			E				
A4602	Replace lithium battery 1.5v	Not Covered			N				
A4604	Tubing with heating element	Not Covered			N				
A4605	Trach suction cath close sys	Covered	N	3	N				
A4606	Oxygen probe used w oximeter	Not Covered			N				
A4608	Transtracheal oxygen cath	Not Covered			N				
A4611	Heavy duty battery	Not Covered			E				
A4612	Battery cables	Not Covered			E				
A4613	Battery charger	Not Covered			E				
A4614	Hand-held pefr meter	Covered	N	1	N				
A4615	Cannula nasal	Covered	N	9	N				
A4616	Tubing (oxygen) per foot	Not Covered			N				
A4617	Mouth piece	Not Covered			N				
A4618	Breathing circuits	Covered	N	1	N				
A4619	Face tent	Covered	N	1	N				
A4620	Variable concentration mask	Not Covered			N				
A4623	Tracheostomy inner cannula	Covered	N		N				
A4624	Tracheal suction tube	Not Covered			N				
A4625	Trach care kit for new trach	Covered	N	1	N				
A4626	Tracheostomy cleaning brush	Covered	N	1	N				
A4627	Spacer bag/reservoir	Not Covered			E				
A4628	Oropharyngeal suction cath	Not Covered			N				
A4629	Tracheostomy care kit	Not Covered			N				
A4630	Repl bat t.e.n.s. own by pt	Not Covered			E				
A4633	Uvl replacement bulb	Not Covered			E				
A4634	Replacement bulb th lightbox	Not Covered			N				
A4635	Underarm crutch pad	Not Covered			E				
A4636	Handgrip for cane etc	Not Covered			E				
A4637	Repl tip cane/crutch/walker	Not Covered			E				
A4638	Repl batt pulse gen sys	Not Covered			E				
A4639	Infrared ht sys replcmnt pad	Not Covered			E				
A4640	Alternating pressure pad	Covered	N	1	E				\$60.75
A4641	Radiopharm dx agent noc	Covered	N		N				
A4642	In111 satumomab	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A4648	Implantable tissue marker	Not Covered			N				
A4649	Surgical supplies	Covered	N	1	N				
A4650	Implant radiation dosimeter	Not Covered			N				
A4651	Calibrated microcap tube	Not Covered			N				
A4652	Microcapillary tube sealant	Not Covered			N				
A4653	Pd catheter anchor belt	Not Covered			N				
A4657	Syringe w/wo needle	Not Covered			N				
A4660	Sphyg/bp app w cuff and stet	Covered	N	1	N				
A4663	Dialysis blood pressure cuff	Covered	N	1	N				
A4670	Automatic bp monitor, dial	Covered	N	1	E				\$49.36
A4671	Disposable cycler set	Not Covered			B				
A4672	Drainage ext line, dialysis	Not Covered			B				
A4673	Ext line w easy lock connect	Not Covered			B				
A4674	Chem/antisept solution, 8oz	Not Covered			B				
A4680	Activated carbon filter, ea	Not Covered			N				
A4690	Dialyzer, each	Not Covered			N				
A4706	Bicarbonate conc sol per gal	Not Covered			N				
A4707	Bicarbonate conc pow per pac	Not Covered			N				
A4708	Acetate conc sol per gallon	Not Covered			N				
A4709	Acid conc sol per gallon	Not Covered			N				
A4714	Treated water per gallon	Not Covered			N				
A4719	"y set" tubing	Not Covered			N				
A4720	Dialysat sol fld vol > 249cc	Covered	N		N				
A4721	Dialysat sol fld vol > 999cc	Covered	N		N				
A4722	Dialys sol fld vol > 1999cc	Covered	N		N				
A4723	Dialys sol fld vol > 2999cc	Covered	N		N				
A4724	Dialys sol fld vol > 3999cc	Covered	N		N				
A4725	Dialys sol fld vol > 4999cc	Covered	N		N				
A4726	Dialys sol fld vol > 5999cc	Covered	N		N				
A4728	Dialysate solution, non-dex	Not Covered			B				
A4730	Fistula cannulation set, ea	Not Covered			N				
A4736	Topical anesthetic, per gram	Covered	N	1	N				
A4737	Inj anesthetic per 10 ml	Covered	N	1	N				
A4740	Shunt accessory	Not Covered			N				
A4750	Art or venous blood tubing	Not Covered			N				
A4755	Comb art/venous blood tubing	Not Covered			N				
A4760	Dialysate sol test kit, each	Not Covered			N				
A4765	Dialysate conc pow per pack	Not Covered			N				
A4766	Dialysate conc sol add 10 ml	Covered	N		N				
A4770	Blood collection tube/vacuum	Not Covered			N				
A4771	Serum clotting time tube	Not Covered			N				
A4772	Blood glucose test strips	Not Covered			N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A4773	Occult blood test strips	Not Covered			N				
A4774	Ammonia test strips	Not Covered			N				
A4802	Protamine sulfate per 50 mg	Not Covered			N				
A4860	Disposable catheter tips	Not Covered			N				
A4870	Plumb/elec wk hm hemo equip	Not Covered			N				
A4890	Repair/maint cont hemo equip	Not Covered			N				
A4911	Drain bag/bottle	Covered	N	2	N				
A4913	Misc dialysis supplies noc	Not Covered			N				
A4918	Venous pressure clamp	Not Covered			N				
A4927	Non-sterile gloves	Not Covered			N				
A4928	Surgical mask	Covered	N	9	N				
A4929	Tourniquet for dialysis, ea	Covered	N	2	N				
A4930	Sterile, gloves per pair	Not Covered			N				
A4931	Reusable oral thermometer	Not Covered			N				
A4932	Reusable rectal thermometer	Not Covered			N				
A5051	Pouch clsd w barr attached	Not Covered			N				
A5052	Clsd ostomy pouch w/o barr	Not Covered			N				
A5053	Clsd ostomy pouch faceplate	Not Covered			N				
A5054	Clsd ostomy pouch w/flange	Not Covered			N				
A5055	Stoma cap	Not Covered			N				
A5056	1 pc ost pouch w filter	Covered	N	18	N				
A5057	1 pc ost pou w built-in conv	Covered	N	18	N				
A5061	Pouch drainable w barrier at	Not Covered			N				
A5062	Drnble ostomy pouch w/o barr	Covered	N	18	N				
A5063	Drain ostomy pouch w/flange	Not Covered			N				
A5071	Urinary pouch w/barrier	Not Covered			N				
A5072	Urinary pouch w/o barrier	Covered	N	18	N				
A5073	Urinary pouch on barr w/flng	Covered	N	18	N				
A5081	Stoma plug or seal, any type	Covered	N	18	N				
A5082	Continent stoma catheter	Covered	N	18	N				
A5083	Stoma absorptive cover	Not Covered			N				
A5093	Ostomy accessory convex inse	Covered	N	18	N				
A5102	Bedside drain btl w/wo tube	Covered	N		N				
A5105	Urinary suspensory	Covered	N		N				
A5112	Urinary leg bag	Not Covered			N				
A5113	Latex leg strap	Covered	N	11	E				\$4.50
A5114	Foam/fabric leg strap	Covered	N	11	E				\$7.29
A5120	Skin barrier, wipe or swab	Covered	N	1	N				
A5121	Solid skin barrier 6x6	Covered	N	9	N				
A5122	Solid skin barrier 8x8	Covered	N	9	N				
A5126	Disk/foam pad +or- adhesive	Not Covered			N				
A5131	Appliance cleaner	Covered	N		N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A5200	Percutaneous catheter anchor	Covered	N		N				
A5500	Diab shoe for density insert	Not Covered			Y				
A5501	Diabetic custom molded shoe	Not Covered			Y				
A5503	Diabetic shoe w/roller/rockr	Not Covered			Y				
A5504	Diabetic shoe with wedge	Not Covered			Y				
A5505	Diab shoe w/metatarsal bar	Not Covered			Y				
A5506	Diabetic shoe w/off set heel	Not Covered			Y				
A5507	Modification diabetic shoe	Not Covered			Y				
A5508	Diabetic deluxe shoe	Not Covered			Y				
A5510	Compression form shoe insert	Not Covered			N				
A5512	Multi den insert direct form	Not Covered			Y				
A5513	Multi den insert custom mold	Not Covered			Y				
A6000	Wound warming wound cover	Not Covered			E				
A6010	Collagen based wound filler	Covered	N		N				
A6011	Collagen gel/paste wound fil	Not Covered			N				
A6021	Collagen dressing <=16 sq in	Covered	N	372	N				
A6022	Collagen drsg>16<=48 sq in	Covered	N	37	N				
A6023	Collagen dressing >48 sq in	Covered	N	372	N				
A6024	Collagen dsq wound filler	Covered	N		N				
A6025	Silicone gel sheet, each	Covered	N		N				
A6154	Wound pouch each	Covered	N		N				
A6196	Alginate dressing <=16 sq in	Covered	N	372	N				
A6197	Alginate drsg >16 <=48 sq in	Covered	N	372	N				
A6198	Alginate dressing > 48 sq in	Covered	N	372	N				
A6199	Alginate drsg wound filler	Covered	N		N				
A6203	Composite drsg <= 16 sq in	Covered	N	372	N				
A6204	Composite drsg >16<=48 sq in	Covered	N	372	N				
A6205	Composite drsg > 48 sq in	Covered	N	372	N				
A6206	Contact layer <= 16 sq in	Covered	N	372	N				
A6207	Contact layer >16<= 48 sq in	Covered	N	372	N				
A6208	Contact layer > 48 sq in	Covered	N	372	N				
A6209	Foam drsg <=16 sq in w/o bdr	Covered	N	372	N				
A6210	Foam drg >16<=48 sq in w/o b	Covered	N	372	N				
A6211	Foam drg > 48 sq in w/o brdr	Covered	N	372	N				
A6212	Foam drg <=16 sq in w/border	Covered	N	372	N				
A6213	Foam drg >16<=48 sq in w/bdr	Covered	N	372	N				
A6214	Foam drg > 48 sq in w/border	Covered	N	372	N				
A6215	Foam dressing wound filler	Covered	N		N				
A6216	Non-sterile gauze<=16 sq in	Covered	N	372	N				
A6217	Non-sterile gauze>16<=48 sq	Covered	N	372	N				
A6218	Non-sterile gauze > 48 sq in	Covered	N	372	N				
A6219	Gauze <= 16 sq in w/border	Covered	N	372	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A6220	Gauze >16 <=48 sq in w/bordr	Covered	N	372	N				
A6221	Gauze > 48 sq in w/border	Covered	N	372	N				
A6222	Gauze <=16 in no w/sal w/o b	Covered	N	372	N				
A6223	Gauze >16<=48 no w/sal w/o b	Covered	N	372	N				
A6224	Gauze > 48 in no w/sal w/o b	Covered	N	372	N				
A6228	Gauze <= 16 sq in water/sal	Covered	N	372	N				
A6229	Gauze >16<=48 sq in watr/sal	Covered	N	372	N				
A6230	Gauze > 48 sq in water/salne	Covered	N	372	N				
A6231	Hydrogel dsq<=16 sq in	Covered	N	372	N				
A6232	Hydrogel dsq>16<=48 sq in	Covered	N	372	N				
A6233	Hydrogel dressing >48 sq in	Covered	N	372	N				
A6234	Hydrocolld drg <=16 w/o bdr	Covered	N	372	N				
A6235	Hydrocolld drg >16<=48 w/o b	Covered	N	372	N				
A6236	Hydrocolld drg > 48 in w/o b	Covered	N	372	N				
A6237	Hydrocolld drg <=16 in w/bdr	Covered	N	372	N				
A6238	Hydrocolld drg >16<=48 w/bdr	Covered	N	372	N				
A6239	Hydrocolld drg > 48 in w/bdr	Covered	N	372	N				
A6240	Hydrocolld drg filler paste	Covered	N		N				
A6241	Hydrocolloid drg filler dry	Covered	N		N				
A6242	Hydrogel drg <=16 in w/o bdr	Covered	N	372	N				
A6243	Hydrogel drg >16<=48 w/o bdr	Covered	N	372	N				
A6244	Hydrogel drg >48 in w/o bdr	Covered	N	372	N				
A6245	Hydrogel drg <= 16 in w/bdr	Covered	N	372	N				
A6246	Hydrogel drg >16<=48 in w/b	Covered	N	372	N				
A6247	Hydrogel drg > 48 sq in w/b	Covered	N	372	N				
A6248	Hydrogel drsg gel filler	Covered	N		N				
A6250	Skin seal protect moisturizr	Covered	N		N				
A6251	Absorpt drg <=16 sq in w/o b	Covered	N	372	N				
A6252	Absorpt drg >16 <=48 w/o bdr	Covered	N	372	N				
A6253	Absorpt drg > 48 sq in w/o b	Covered	N	372	N				
A6254	Absorpt drg <=16 sq in w/bdr	Covered	N	372	N				
A6255	Absorpt drg >16<=48 in w/bdr	Covered	N	372	N				
A6256	Absorpt drg > 48 sq in w/bdr	Covered	N	372	N				
A6257	Transparent film <= 16 sq in	Covered	N	372	N				
A6258	Transparent film >16<=48 in	Covered	N	372	N				
A6259	Transparent film > 48 sq in	Covered	N	372	N				
A6260	Wound cleanser any type/size	Covered	N		N				
A6261	Wound filler gel/paste /oz	Covered	N		N				
A6262	Wound filler dry form / gram	Covered	N		N				
A6266	Impreg gauze no h20/sal/yard	Covered	N	123	N				
A6402	Sterile gauze <= 16 sq in	Covered	N	372	N				
A6403	Sterile gauze>16 <= 48 sq in	Covered	N	372	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A6404	Sterile gauze > 48 sq in	Covered	N	372	N				
A6407	Packing strips, non-impreg	Not Covered			N				
A6410	Sterile eye pad	Not Covered			N				
A6411	Non-sterile eye pad	Not Covered			N				
A6412	Occlusive eye patch	Not Covered			N				
A6413	Adhesive bandage, first-aid	Not Covered			E				
A6441	Pad band w>=3" <5"/yd	Not Covered			N				
A6442	Conform band n/s w<3"/yd	Not Covered			N				
A6443	Conform band n/s w>=3" <5"/yd	Not Covered			N				
A6444	Conform band n/s w>=5"/yd	Not Covered			N				
A6445	Conform band s w <3"/yd	Not Covered			N				
A6446	Conform band s w>=3" <5"/yd	Not Covered			N				
A6447	Conform band s w >=5"/yd	Not Covered			N				
A6448	Lt compres band <3"/yd	Not Covered			N				
A6449	Lt compres band >=3" <5"/yd	Not Covered			N				
A6450	Lt compres band >=5"/yd	Not Covered			N				
A6451	Mod compres band w>=3" <5"/yd	Not Covered			N				
A6452	High compres band w>=3" <5"/yd	Not Covered			N				
A6453	Self-adher band w <3"/yd	Not Covered			N				
A6454	Self-adher band w>=3" <5"/yd	Not Covered			N				
A6455	Self-adher band >=5"/yd	Not Covered			N				
A6456	Zinc paste band w >=3" <5"/yd	Not Covered			N				
A6457	Tubular dressing	Not Covered			N				
A6501	Compres burngarment bodysuit	Covered	N	2	N				
A6502	Compres burngarment chinstrp	Covered	N	2	N				
A6503	Compres burngarment facehood	Covered	N	2	N				
A6504	Cmprsburngarment glove-wrist	Covered	N	31	N				
A6505	Cmprsburngarment glove-elbow	Covered	N	31	N				
A6506	Cmprsburngrmnt glove-axilla	Covered	N	31	N				
A6507	Cmprsburngarment foot-knee	Covered	N	31	N				
A6508	Cmprsburngarment foot-thigh	Covered	N	31	N				
A6509	Compres burn garment jacket	Covered	N	2	N				
A6510	Compres burn garment leotard	Covered	N	2	N				
A6511	Compres burn garment panty	Covered	N	2	N				
A6512	Compres burn garment, noc	Covered	N	31	N				
A6513	Compress burn mask face/neck	Not Covered			B				
A6530	Compression stocking bk18-30	Covered	N	4	E				\$30.36
A6531	Compression stocking bk30-40	Covered	N	4	N				
A6532	Compression stocking bk40-50	Covered	N	4	N				
A6533	Gc stocking thighlngh 18-30	Covered	N	4	E				\$42.16
A6534	Gc stocking thighlngh 30-40	Covered	N	4	E				\$42.16
A6535	Gc stocking thighlngh 40-50	Covered	N	4	E				\$42.16

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A6536	Gc stocking full lngth 18-30	Covered	N	4	E				\$42.16
A6537	Gc stocking full lngth 30-40	Covered	N	4	E				\$42.16
A6538	Gc stocking full lngth 40-50	Covered	N	4	E				\$42.16
A6539	Gc stocking waistlngth 18-30	Covered	N	4	E				\$42.16
A6540	Gc stocking waistlngth 30-40	Covered	N	4	E				\$42.16
A6541	Gc stocking waistlngth 40-50	Covered	N	4	E				\$42.16
A6544	Gc stocking garter belt	Covered	N	2	E				\$42.16
A6545	Grad comp non-elastic bk	Covered	N	2	N				
A6549	G compression stocking	Covered	N	4	E				\$42.16
A6550	Neg pres wound ther drsg set	Not Covered			N				
A7000	Disposable canister for pump	Not Covered			Y				
A7001	Nondisposable pump canister	Not Covered			Y				
A7002	Tubing used w suction pump	Covered	N	4	Y				\$3.67
A7003	Nebulizer administration set	Covered	N		Y				\$2.62
A7004	Disposable nebulizer sml vol	Covered	N		Y				\$1.72
A7005	Nondisposable nebulizer set	Covered	N		Y				\$29.57
A7006	Filtered nebulizer admin set	Covered	N		Y				\$9.15
A7007	Lg vol nebulizer disposable	Not Covered			Y				
A7008	Disposable nebulizer prefill	Covered	N	1	Y				\$10.55
A7009	Nebulizer reservoir bottle	Covered	N	1	Y				\$40.34
A7010	Disposable corrugated tubing	Covered	N	2	Y				\$22.63
A7011	Nondispos corrugated tubing	Not Covered			Y				
A7012	Nebulizer water collec devic	Covered	N	1	Y				\$3.62
A7013	Disposable compressor filter	Covered	N		Y				\$0.79
A7014	Compressor nondispos filter	Covered	N	1	Y				\$4.30
A7015	Aerosol mask used w nebulize	Not Covered			Y				
A7016	Nebulizer dome & mouthpiece	Covered	N	2	Y				\$6.95
A7017	Nebulizer not used w oxygen	Covered	N	1	Y				\$128.61
A7018	Water distilled w/nebulizer	Covered	N	3	Y				\$0.36
A7020	Interface, cough stim device	Not Covered			Y				
A7025	Replace chest compress vest	Not Covered			N				
A7026	Replace chst cmprss sys hose	Not Covered			Y				
A7027	Combination oral/nasal mask	Not Covered			Y				
A7028	Repl oral cushion combo mask	Not Covered			Y				
A7029	Repl nasal pillow comb mask	Not Covered			Y				
A7030	Cpap full face mask	Not Covered			Y				
A7031	Replacement facemask interfa	Not Covered			Y				
A7032	Replacement nasal cushion	Not Covered			Y				
A7033	Replacement nasal pillows	Not Covered			Y				
A7034	Nasal application device	Not Covered			Y				
A7035	Pos airway press headgear	Not Covered			Y				
A7036	Pos airway press chinstrap	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A7037	Pos airway pressure tubing	Not Covered			Y				
A7038	Pos airway pressure filter	Not Covered			Y				
A7039	Filter, non disposable w pap	Not Covered			Y				
A7040	One way chest drain valve	Not Covered			N				
A7041	Water seal drain container	Not Covered			N				
A7044	Pap oral interface	Not Covered			Y				
A7045	Repl exhalation port for pap	Covered	N	1	Y				\$18.68
A7046	Repl water chamber, pap dev	Not Covered			Y				
A7047	Resp suction oral interface	Not Covered			N				
A7048	Vacuum drain bottle/tube kit	Not Covered			N				
A7501	Tracheostoma valve w diaphra	Covered	N		N				
A7502	Replacement diaphragm/fplate	Covered	N		N				
A7503	Hmes filter holder or cap	Covered	N		N				
A7504	Tracheostoma hmes filter	Covered	N		N				
A7505	Hmes or trach valve housing	Covered	N		N				
A7506	Hmes/trachvalve adhesivedisk	Covered	N		N				
A7507	Integrated filter & holder	Covered	N		N				
A7508	Housing & integrated adhesiv	Covered	N		N				
A7509	Heat & moisture exchange sys	Covered	N		N				
A7520	Trach/laryn tube non-cuffed	Not Covered			N				
A7521	Trach/laryn tube cuffed	Not Covered			N				
A7522	Trach/laryn tube stainless	Not Covered			N				
A7523	Tracheostomy shower protect	Not Covered			N				
A7524	Tracheostoma stent/stud/bttn	Not Covered			N				
A7525	Tracheostomy mask	Not Covered			N				
A7526	Tracheostomy tube collar	Not Covered			N				
A7527	Trach/laryn tube plug/stop	Covered	N	2	N				
A8000	Soft protect helmet prefab	Covered	N	1	Y				By Report
A8001	Hard protect helmet prefab	Covered	N	1	Y				By Report
A8002	Soft protect helmet custom	Covered	N	1	Y				By Report
A8003	Hard protect helmet custom	Covered	N	1	Y				By Report
A8004	Repl soft interface, helmet	Covered	N	1	Y				By Report
A9150	Misc/exper non-prescript dru	Not Covered			B				
A9152	Single vitamin nos	Not Covered			E				
A9153	Multi-vitamin nos	Not Covered			E				
A9155	Artificial saliva	Not Covered			B				
A9180	Lice treatment, topical	Not Covered			E				
A9270	Non-covered item or service	Not Covered			E				
A9272	Disp wound suct, drsg/access	Not Covered			E				
A9273	Hot/cold h2obot/cap/col/wrap	Not Covered			E				
A9274	Ext amb insulin delivery sys	Covered	R	31	E				By Report
A9275	Disp home glucose monitor	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A9276	Disposable sensor, cgm sys	Not Covered			E				
A9277	External transmitter, cgm	Not Covered			E				
A9278	External receiver, cgm sys	Not Covered			E				
A9279	Monitoring feature/devicenoc	Not Covered			E				
A9280	Alert device, noc	Not Covered			E				
A9281	Reaching/grabbing device	Not Covered			E				
A9282	Wig any type	Not Covered			E				
A9283	Foot press off load supp dev	Not Covered			E				
A9284	Non-electronic spirometer	Not Covered			N				
A9300	Exercise equipment	Not Covered			E				
A9500	Tc99m sestamibi	Covered	N	3	N				
A9501	Technetium tc-99m teboroxime	Not Covered			N				
A9502	Tc99m tetrofosmin	Covered	N	3	N				
A9503	Tc99m medronate	Covered	N	1	N				
A9504	Tc99m apcitide	Covered	N	1	N				
A9505	Tl201 thallium	Covered	N		N				
A9507	In111 capromab	Covered	N	1	N				
A9508	I131 iodobenguante, dx	Covered	N		N				
A9509	Iodine i-123 sod iodide mil	Not Covered			N				
A9510	Tc99m disofenin	Covered	N	1	N				
A9512	Tc99m pertechnetate	Not Covered			N				
A9516	Iodine i-123 sod iodide mic	Covered	N	4	N				
A9517	I131 iodide cap, rx	Covered	N		K	1064			By Report
A9520	Tc99 tilmanocept diag 0.5mci	Covered	N	1	G	1463			By Report
A9521	Tc99m exametazime	Covered	N	2	N				
A9524	I131 serum albumin, dx	Not Covered			N				
A9526	Nitrogen n-13 ammonia	Not Covered			N				
A9527	Iodine i-125 sodium iodide	Not Covered			U	2632	0.1787		
A9528	Iodine i-131 iodide cap, dx	Not Covered			N				
A9529	I131 iodide sol, dx	Not Covered			N				
A9530	I131 iodide sol, rx	Not Covered			K	1150			
A9531	I131 max 100uci	Not Covered			N				
A9532	I125 serum albumin, dx	Not Covered			N				
A9536	Tc99m depreotide	Covered	N	1	N				
A9537	Tc99m mebrotfenin	Covered	N	1	N				
A9538	Tc99m pyrophosphate	Covered	N	1	N				
A9539	Tc99m pentetate	Covered	N	2	N				
A9540	Tc99m maa	Covered	N	2	N				
A9541	Tc99m sulfur colloid	Covered	N	1	N				
A9542	In111 ibritumomab, dx	Covered	N	1	N				
A9543	Y90 ibritumomab, rx	Covered	N	1	K	1643			By Report
A9544	I131 tositumomab, dx	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A9545	I131 tositumomab, rx	Not Covered			E				
A9546	Co57/58	Covered	N	1	N				
A9547	In111 oxyquinoline	Covered	N		N				
A9548	In111 pentetate	Covered	N		N				
A9550	Tc99m gluceptate	Covered	N	1	N				
A9551	Tc99m succimer	Covered	N	1	N				
A9552	F18 fdg	Covered	N	1	N				
A9553	Cr51 chromate	Covered	N	1	N				
A9554	I125 iothalamate, dx	Covered	N	1	N				
A9555	Rb82 rubidium	Covered	N	3	N				
A9556	Ga67 gallium	Covered	N	1	N				
A9557	Tc99m bicisate	Covered	N	1	N				
A9558	Xe133 xenon 10mci	Covered	N	1	N				
A9559	Co57 cyano	Covered	N	1	N				
A9560	Tc99m labeled rbc	Covered	N	1	N				
A9561	Tc99m oxidronate	Covered	N	1	N				
A9562	Tc99m mertiatide	Covered	N	1	N				
A9563	P32 na phosphate	Covered	N	1	K	1675			By Report
A9564	P32 chromic phosphate	Covered	N	1	K	1676			By Report
A9566	Tc99m fanolesomab	Covered	N	1	N				
A9567	Technetium tc-99m aerosol	Covered	N	2	N				
A9568	Technetium tc99m arcitumomab	Covered	N	1	N				
A9569	Technetium tc-99m auto wbc	Not Covered			N				
A9570	Indium in-111 auto wbc	Not Covered			N				
A9571	Indium in-111 auto platelet	Not Covered			N				
A9572	Indium in-111 pentetreotide	Not Covered			N				
A9575	Inj gadoterate meglumi 0.1ml	Covered	N	1	N				
A9576	Inj prohance multipack	Not Covered			N				
A9577	Inj multihance	Not Covered			N				
A9578	Inj multihance multipack	Not Covered			N				
A9579	Gad-base mr contrast nos,1ml	Covered	N		N				
A9580	Sodium fluoride f-18	Covered	N	1	N				
A9581	Gadoxetate disodium inj	Covered	N		N				
A9582	Iodine i-123 iobenguane	Covered	N	1	N				
A9583	Gadofosveset trisodium inj	Covered	N		N				
A9584	Iodine i-123 ioflupane	Covered	N	1	N				
A9585	Gadobutrol injection	Covered	N	7	N				
A9586	Florbetapir f18	Not Covered			G	1664			
A9599	Radiopha dx beta amyloid pet	Covered	N	1	N				
A9600	Sr89 strontium	Covered	N		K	0701			By Report
A9604	Sm 153 lexidronam	Covered	N	1	K	1295			By Report
A9606	Radium ra223 dichloride ther	Covered	N	1	K	1745			\$125.26

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
A9698	Non-rad contrast materialnoc	Covered	N		N				
A9699	Radiopharm rx agent noc	Covered	N		N				
A9700	Echocardiography contrast	Covered	N	2	N				
A9900	Supply/accessory/service	Covered	N		Y				By Report
A9901	Delivery/set up/dispensing	Not Covered			A				
A9999	Dme supply or accessory, nos	Covered	N		Y				Max Fee
B4034	Enter feed supkit syr by day	Covered	N	31	Y				\$5.44
B4035	Enteral feed supp pump per d	Covered	N	31	Y				\$10.24
B4036	Enteral feed sup kit grav by	Covered	N	31	Y				\$7.10
B4081	Enteral ng tubing w/ stylet	Covered	N	15	Y				\$27.70
B4082	Enteral ng tubing w/o stylet	Covered	N	18	Y				\$15.29
B4083	Enteral stomach tube levine	Covered	N	1	Y				\$2.26
B4087	Gastro/jejuno tube, std	Covered	N	1	A				\$37.03
B4088	Gastro/jejuno tube, low-pro	Covered	N	1	A				\$193.11
B4100	Food thickener oral	Covered	N	1	E				By Report
B4102	Ef adult fluids and electro	Covered	N		Y				By Report
B4103	Ef ped fluid and electrolyte	Covered	N		Y				\$4.99
B4104	Additive for enteral formula	Covered	N		E				By Report
B4149	Ef blenderized foods	Covered	N		Y				By Report
B4150	Ef complet w/intact nutrient	Covered	N		Y				By Report
B4152	Ef calorie dense>=1.5kcal	Covered	N		Y				By Report
B4153	Ef hydrolyzed/amino acids	Covered	N		Y				By Report
B4154	Ef spec metabolic noninherit	Covered	N		Y				By Report
B4155	Ef incomplete/modular	Covered	N		Y				By Report
B4157	Ef special metabolic inherit	Covered	N		Y				By Report
B4158	Ef ped complete intact nut	Covered	N		Y				By Report
B4159	Ef ped complete soy based	Covered	N		Y				By Report
B4160	Ef ped caloric dense>=0.7kc	Covered	N		Y				By Report
B4161	Ef ped hydrolyzed/amino acid	Covered	N		Y				By Report
B4162	Ef ped specmetabolic inherit	Covered	N		Y				By Report
B4164	Parenteral 50% dextrose solu	Covered	N	27	Y				\$13.83
B4168	Parenteral sol amino acid 3.	Covered	N	27	Y				\$38.41
B4172	Parenteral sol amino acid 5.	Covered	N	27	Y				\$30.47
B4176	Parenteral sol amino acid 7-	Covered	N	27	Y				\$78.37
B4178	Parenteral sol amino acid >	Covered	N	27	Y				\$78.37
B4180	Parenteral sol carb > 50%	Covered	N	27	Y				\$31.06
B4185	Parenteral sol 10 gm lipids	Not Covered			B				
B4189	Parenteral sol amino acid &	Covered	N	27	Y				\$54.78
B4193	Parenteral sol 52-73 gm prot	Covered	N	27	Y				\$68.29
B4197	Parenteral sol 74-100 gm pro	Covered	N	27	Y				\$80.23
B4199	Parenteral sol > 100gm prote	Covered	N	27	Y				\$91.53
B4216	Parenteral nutrition additiv	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
B4220	Parenteral supply kit premix	Not Covered			Y				
B4222	Parenteral supply kit homemi	Not Covered			Y				
B4224	Parenteral administration ki	Covered	N	1	Y				\$640.21
B5000	Parenteral sol renal-amirosoy	Not Covered			Y				
B5100	Parenteral sol hepatic-fream	Not Covered			Y				
B5200	Parenteral sol stres-brnch c	Not Covered			Y				
B9000	Enter infusion pump w/o alm	Not Covered			Y				
B9002	Enteral infusion pump w/ ala	Not Covered			Y				
B9004	Parenteral infus pump portab	Not Covered			Y				
B9006	Parenteral infus pump statio	Not Covered			Y				
B9998	Enteral supp not otherwise c	Covered	N	3	Y				Max Fee
B9999	Parenteral supp not othrws c	Covered	N	1	Y				Max Fee
C1713	Anchor/screw bn/bn,tis/bn	Covered	N	1	N				
C1714	Cath, trans atherectomy, dir	Not Covered			N				
C1715	Brachytherapy needle	Not Covered			N				
C1716	Brachytx, non-str, gold-198	Not Covered			U	1716	0.5030		
C1717	Brachytx, non-str,hdr ir-192	Not Covered			U	1717	3.6722		
C1719	Brachytx, ns, non-hdrir-192	Not Covered			U	1719	0.7244		
C1721	Aicd, dual chamber	Covered	N	1	N				
C1722	Aicd, single chamber	Not Covered			N				
C1724	Cath, trans atherec,rotation	Not Covered			N				
C1725	Cath, translumin non-laser	Covered	N	1	N				
C1726	Cath, bal dil, non-vascular	Covered	N	1	N				
C1727	Cath, bal tis dis, non-vas	Not Covered			N				
C1728	Cath, brachytx seed adm	Not Covered			N				
C1729	Cath, drainage	Covered	N	1	N				
C1730	Cath, ep, 19 or few elect	Covered	N	1	N				
C1731	Cath, ep, 20 or more elec	Not Covered			N				
C1732	Cath, ep, diag/abl, 3d/vect	Covered	N	1	N				
C1733	Cath, ep, othr than cool-tip	Covered	N	1	N				
C1749	Endo, colon, retro imaging	Not Covered			N				
C1750	Cath, hemodialysis,long-term	Covered	N	1	N				
C1751	Cath, inf, per/cent/midline	Covered	N	1	N				
C1752	Cath,hemodialysis,short-term	Covered	N	1	N				
C1753	Cath, intravas ultrasound	Covered	N	1	N				
C1754	Catheter, intradiscal	Not Covered			N				
C1755	Catheter, intraspinal	Covered	N	1	N				
C1756	Cath, pacing, transesoph	Not Covered			N				
C1757	Cath, thrombectomy/embolect	Covered	N	1	N				
C1758	Catheter, ureteral	Covered	N	1	N				
C1759	Cath, intra echocardiography	Covered	N	1	N				
C1760	Closure dev, vasc	Covered	N	1	N				

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C1762	Conn tiss, human(inc fascia)	Covered	N	1	N				
C1763	Conn tiss, non-human	Covered	N	1	N				
C1764	Event recorder, cardiac	Covered	N	1	N				
C1765	Adhesion barrier	Covered	N	1	N				
C1766	Intro/sheath, strble, non-peel	Covered	N	1	N				
C1767	Generator, neuro non-recharg	Covered	N	1	N				
C1768	Graft, vascular	Not Covered			N				
C1769	Guide wire	Covered	N	1	N				
C1770	Imaging coil, mr, insertable	Not Covered			N				
C1771	Rep dev, urinary, w/sling	Covered	N	1	N				
C1772	Infusion pump, programmable	Covered	N	1	N				
C1773	Ret dev, insertable	Covered	N	1	N				
C1776	Joint device (implantable)	Covered	N	1	N				
C1777	Lead, aicd, endo single coil	Not Covered			N				
C1778	Lead, neurostimulator	Covered	N	1	N				
C1779	Lead, pmkr, transvenous vdd	Not Covered			N				
C1780	Lens, intraocular (new tech)	Covered	N	1	N				
C1781	Mesh (implantable)	Covered	N	1	N				
C1782	Morcellator	Not Covered			N				
C1783	Ocular imp, aqueous drain de	Covered	N	1	N				
C1784	Ocular dev, intraop, det ret	Covered	N	1	N				
C1785	Pmkr, dual, rate-resp	Covered	N	1	N				
C1786	Pmkr, single, rate-resp	Not Covered			N				
C1787	Patient progr, neurostim	Covered	N	1	N				
C1788	Port, indwelling, imp	Covered	N	1	N				
C1789	Prosthesis, breast, imp	Covered	N	1	N				
C1813	Prosthesis, penile, inflatab	Not Covered			N				
C1814	Retinal tamp, silicone oil	Covered	N	1	N				
C1815	Pros, urinary sph, imp	Covered	N	1	N				
C1816	Receiver/transmitter, neuro	Not Covered			N				
C1817	Septal defect imp sys	Covered	N	1	N				
C1818	Integrated keratoprosthesis	Not Covered			N				
C1819	Tissue localization-excision	Covered	N	1	N				
C1820	Generator neuro rechg bat sy	Covered	N	1	N				
C1821	Interspinous implant	Not Covered			N				
C1830	Power bone marrow bx needle	Covered	N	1	N				
C1840	Telescopic intraocular lens	Covered	N	1	N				
C1841	Retinal prosth int/ext comp	Not Covered			H	1841			
C1874	Stent, coated/cov w/del sys	Covered	N	1	N				
C1875	Stent, coated/cov w/o del sy	Covered	N	1	N				
C1876	Stent, non-coa/non-cov w/del	Covered	N	1	N				
C1877	Stent, non-coat/cov w/o del	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
C1878	Matrl for vocal cord	Covered	N	1	N				
C1880	Vena cava filter	Not Covered			N				
C1881	Dialysis access system	Not Covered			N				
C1882	Aicd, other than sing/dual	Covered	N	1	N				
C1883	Adapt/ext, pacing/neuro lead	Covered	N	1	N				
C1884	Embolization protect syst	Not Covered			N				
C1885	Cath, translumin angio laser	Not Covered			N				
C1886	Catheter, ablation	Covered	N	1	N				
C1887	Catheter, guiding	Covered	N	1	N				
C1888	Endovas non-cardiac abl cath	Covered	N	1	N				
C1891	Infusion pump,non-prog, perm	Not Covered			N				
C1892	Intro/sheath, fixed, peel-away	Covered	N	1	N				
C1893	Intro/sheath, fixed, non-peel	Covered	N	1	N				
C1894	Intro/sheath, non-laser	Covered	N	1	N				
C1895	Lead, aicd, endo dual coil	Covered	N	1	N				
C1896	Lead, aicd, non sing/dual	Not Covered			N				
C1897	Lead, neurostim test kit	Not Covered			N				
C1898	Lead, pmkr, other than trans	Covered	N	1	N				
C1899	Lead, pmkr/aicd combination	Covered	N	1	N				
C1900	Lead, coronary venous	Covered	N	1	N				
C2614	Probe, perc lumb disc	Not Covered			N				
C2615	Sealant, pulmonary, liquid	Not Covered			N				
C2616	Brachytx, non-str, yttrium-90	Not Covered			U	2616	210.0856		
C2617	Stent, non-cor, tem w/o del	Covered	N	1	N				
C2618	Probe/needle, cryo	Not Covered			N				
C2619	Pmkr, dual, non rate- resp	Not Covered			N				
C2620	Pmkr, single, non rate- resp	Not Covered			N				
C2621	Pmkr, other than sing/dual	Not Covered			N				
C2622	Prosthesis, penile, non-inf	Not Covered			N				
C2624	Wireless pressure sensor	Not Covered			H	2624			
C2625	Stent, non-cor, tem w/del sy	Covered	N	1	N				
C2626	Infusion pump, non-prog, temp	Not Covered			N				
C2627	Cath, suprapubic/cystoscopic	Not Covered			N				
C2628	Catheter, occlusion	Covered	N	1	N				
C2629	Intro/sheath, laser	Not Covered			N				
C2630	Cath, ep, cool-tip	Covered	N	1	N				
C2631	Rep dev, urinary, w/o sling	Not Covered			N				
C2634	Brachytx, non-str, ha, i-125	Not Covered			U	2634	1.1569		
C2635	Brachytx, non-str, ha, p-103	Not Covered			U	2635	0.3480		
C2636	Brachy linear, non-str, p-103	Not Covered			U	2636	0.2621		
C2637	Brachy, non-str, ytterbium-169	Not Covered			B				
C2638	Brachytx, stranded, i-125	Not Covered			U	2638	0.5719		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
C2639	Brachytx, non-stranded,i-125	Not Covered			U	2639	0.4995		
C2640	Brachytx, stranded, p-103	Not Covered			U	2640	0.8831		
C2641	Brachytx, non-stranded,p-103	Not Covered			U	2641	0.9158		
C2642	Brachytx, stranded, c-131	Not Covered			U	2642	1.4209		
C2643	Brachytx, non-stranded,c-131	Not Covered			U	2643	0.7376		
C2644	Brachytx cesium-131 chloride	Not Covered			U	2644	0.1787		
C2698	Brachytx, stranded, nos	Not Covered			U	2698	0.5719		
C2699	Brachytx, non-stranded, nos	Not Covered			U	2699	0.2621		
C5271	Low cost skin substitute app	Not Covered			T	0327	5.7989		
C5272	Low cost skin substitute app	Not Covered			N				
C5273	Low cost skin substitute app	Not Covered			T	0328	18.9748		
C5274	Low cost skin substitute app	Not Covered			N				
C5275	Low cost skin substitute app	Not Covered			T	0327	5.7989		
C5276	Low cost skin substitute app	Not Covered			N				
C5277	Low cost skin substitute app	Not Covered			T	0327	5.7989		
C5278	Low cost skin substitute app	Not Covered			N				
C8900	Mra w/cont, abd	Covered	N	1	Q3	0284	5.7574		
C8901	Mra w/o cont, abd	Covered	N	1	Q3	0336	3.8614		
C8902	Mra w/o fol w/cont, abd	Covered	N	1	Q3	0337	6.5129		
C8903	Mri w/cont, breast, uni	Not Covered			Q3	0284	5.7574		
C8904	Mri w/o cont, breast, uni	Not Covered			Q3	0336	3.8614		
C8905	Mri w/o fol w/cont, brst, un	Not Covered			Q3	0337	6.5129		
C8906	Mri w/cont, breast, bi	Not Covered			Q3	0284	5.7574		
C8907	Mri w/o cont, breast, bi	Not Covered			Q3	0336	3.8614		
C8908	Mri w/o fol w/cont, breast,	Not Covered			Q3	0337	6.5129		
C8909	Mra w/cont, chest	Covered	N	1	Q3	0284	5.7574		
C8910	Mra w/o cont, chest	Covered	N	1	Q3	0336	3.8614		
C8911	Mra w/o fol w/cont, chest	Covered	N	1	Q3	0337	6.5129		
C8912	Mra w/cont, lwr ext	Covered	H	1	Q3	0284	5.7574		
C8913	Mra w/o cont, lwr ext	Covered	H	1	Q3	0336	3.8614		
C8914	Mra w/o fol w/cont, lwr ext	Covered	H	1	Q3	0337	6.5129		
C8918	Mra w/cont, pelvis	Covered	N	1	Q3	0284	5.7574		
C8919	Mra w/o cont, pelvis	Covered	N	1	Q3	0336	3.8614		
C8920	Mra w/o fol w/cont, pelvis	Covered	N	1	Q3	0337	6.5129		
C8921	Tte w or w/o fol w/cont, com	Not Covered			S	0178	9.2840		
C8922	Tte w or w/o fol w/cont, f/u	Not Covered			S	0177	6.6127		
C8923	2d tte w or w/o fol w/con,co	Not Covered			S	0177	6.6127		
C8924	2d tte w or w/o fol w/con,fu	Not Covered			S	0177	6.6127		
C8925	2d tee w or w/o fol w/con,in	Not Covered			S	0178	9.2840		
C8926	Tee w or w/o fol w/cont,cong	Not Covered			S	0178	9.2840		
C8927	Tee w or w/o fol w/cont, mon	Not Covered			S	0178	9.2840		
C8928	Tte w or w/o fol w/con,stres	Not Covered			S	0178	9.2840		

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C8929	Tte w or wo fol wcon,doppler	Covered	N	1	S	0178	9.2840		
C8930	Tte w or w/o contr, cont ecg	Covered	N	1	S	0178	9.2840		
C8931	Mra, w/dye, spinal canal	Covered	N	1	Q3	0284	5.7574		
C8932	Mra, w/o dye, spinal canal	Covered	N	1	Q3	0336	3.8614		
C8933	Mra, w/o&w/dye, spinal canal	Covered	N	1	Q3	0337	6.5129		
C8934	Mra, w/dye, upper extremity	Covered	N	1	Q3	0284	5.7574		
C8935	Mra, w/o dye, upper extr	Covered	N	1	Q3	0336	3.8614		
C8936	Mra, w/o&w/dye, upper extr	Covered	N	1	Q3	0337	6.5129		
C8957	Prolonged iv inf, req pump	Not Covered			S	0440	3.8439		
C9025	Injection, ramucirumab	Not Covered			G	1488			
C9026	Injection, vedolizumab	Not Covered			G	1489			
C9027	Injection, pembrolizumab	Not Covered			G	1490			
C9113	Inj pantoprazole sodium, via	Not Covered			N				
C9121	Injection, argatroban	Not Covered			K	9121			
C9132	Kcentra, per i.u.	Not Covered			G	9132			
C9136	Factor viii (eloctate)	Not Covered			G	1656			
C9248	Inj, clevidipine butyrate	Covered	N	16	K	9248			By Report
C9250	Artiss fibrin sealant	Covered	N		N				
C9254	Injection, lacosamide	Covered	N		N				
C9257	Bevacizumab injection	Covered	N	455	K	1281			\$1.64
C9275	Hexaminolevulinate hcl	Covered	N	1	N				
C9285	Patch, lidocaine/tetracaine	Covered	N	1	N				
C9290	Inj, bupivacaine liposome	Covered	N	288	N				
C9293	Injection, glucarpidase	Covered	N	4	K	9293			By Report
C9349	Fortaderm, fortaderm antimic	Not Covered			G	1657			
C9352	Neuragen nerve guide, per cm	Not Covered			N				
C9353	Neurawrap nerve protector,cm	Not Covered			N				
C9354	Veritas collagen matrix, cm2	Not Covered			N				
C9355	Neuromatrix nerve cuff, cm	Not Covered			N				
C9356	Tenoglide tendon prot, cm2	Covered	N	1	N				
C9358	Surgimend, fetal	Covered	N	1	N				
C9359	Implnt,bon void filler-putty	Covered	N	1	N				
C9360	Surgimend, neonatal	Covered	N	2	N				
C9361	Neuromend nerve wrap	Covered	N	1	N				
C9362	Implnt,bon void filler-strip	Covered	N	1	N				
C9363	Integra meshed bil wound mat	Covered	N	1	N				
C9364	Porcine implant, permacol	Covered	N	1	N				
C9399	Unclassified drugs or biolog	Not Covered			A				
C9442	Injection, belinostat	Not Covered			G	1658			
C9443	Injection, dalbavancin	Not Covered			G	1659			
C9444	Injection, oritavancin	Not Covered			G	1660			
C9446	Inj, tedizolid phosphate	Not Covered			G	1662			

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
C9447	Inj, phenylephrine ketorolac	Not Covered			G	1663			
C9497	Loxapine, inhalation powder	Not Covered			G	9497			
C9600	Perc drug-el cor stent sing	Covered	N	1	J1	0229	129.8028		
C9601	Perc drug-el cor stent bran	Covered	N	1	N				
C9602	Perc d-e cor stent ather s	Covered	N	1	J1	0319	200.1597		
C9603	Perc d-e cor stent ather br	Covered	N	1	N				
C9604	Perc d-e cor revasc t cabg s	Covered	N	1	J1	0229	129.8028		
C9605	Perc d-e cor revasc t cabg b	Covered	N	1	N				
C9606	Perc d-e cor revasc w ami s	Covered	N	1	J1	0319	200.1597		
C9607	Perc d-e cor revasc chro sin	Covered	N	1	J1	0319	200.1597		
C9608	Perc d-e cor revasc chro add	Covered	N	1	N				
C9724	Eps stomach plic	Covered	N	1	T	0422	25.8201		
C9725	Place endorectal app	Covered	N	1	T	0148	5.9659		
C9726	Rxt breast appl place/remov	Not Covered			N				
C9727	Insert palate implants	Not Covered			T	0252	8.7183		
C9728	Place device/marker, non pro	Not Covered			S	0310	14.0014		
C9733	Non-ophthalmic fva	Covered	N	1	Q2	0263	4.5438		
C9734	U/s trtmt, not leiomyomata	Not Covered			S	0066	25.6592		
C9737	Lap esoph augmentation	Not Covered			T	0174	108.7985		
C9739	Cystoscopy prostatic imp 1-3	Not Covered			T	0162	28.1079		
C9740	Cysto impl 4 or more	Not Covered			T	1564			
C9741	Impl pressure sensor w/angio	Not Covered			T	0080	34.7342		
C9742	Laryngoscopy with injection	Not Covered			T	0073	16.9813		
C9800	Dermal filler inj px/suppl	Not Covered			T	0328	18.9748		
C9898	Inpnt stay radiolabeled item	Covered	N	1	N				
C9899	Inpt implant pros dev,no cov	Covered	N	1	A				By Report
D0120	Periodic oral evaluation	Covered	N	1	E				\$553.25
D0140	Limit oral eval problm focus	Covered	N	1	E				\$553.25
D0145	Oral evaluation, pt < 3yrs	Not Covered			E				
D0150	Comprehensve oral evaluation	Covered	N	1	S	0330	3.4106		
D0160	Extensv oral eval prob focus	Not Covered			E				
D0170	Re-eval,est pt,problem focus	Not Covered			E				
D0171	Re-eval post-op visit	Not Covered			E				
D0180	Comp periodontal evaluation	Not Covered			E				
D0190	Screening of a patient	Not Covered			E				
D0191	Assessment of a patient	Not Covered			E				
D0210	Intraor complete film series	Not Covered			E				
D0220	Intraoral periapical first	Covered	N	1	E				\$9.72
D0230	Intraoral periapical ea add	Covered	N	1	E				\$7.86
D0240	Intraoral occlusal film	Covered	N		S	0330	3.4106		
D0250	Extraoral first film	Covered	N	1	S	0330	3.4106		
D0260	Extraoral ea additional film	Covered	N	14	S	0330	3.4106		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D0270	Dental bitewing single image	Covered	N	1	S	0330	3.4106		
D0272	Dental bitewings two images	Covered	N	1	S	0330	3.4106		
D0273	Bitewings - three images	Covered	N	1	E				\$553.25
D0274	Bitewings four images	Covered	N	1	S	0330	3.4106		
D0277	Vert bitewings 7 to 8 images	Not Covered			S	0330	3.4106		
D0290	Skull/facial bone image	Not Covered			E				
D0310	Dental saligraphy	Not Covered			E				
D0320	Dental tmj arthrogram incl i	Not Covered			E				
D0321	Other tmj images by report	Not Covered			E				
D0322	Dental tomographic survey	Not Covered			E				
D0330	Panoramic image	Not Covered			E				
D0340	Cephalometric image	Not Covered			E				
D0350	Oral/facial photo images	Not Covered			E				
D0351	3d photographic image	Not Covered			E				
D0364	Cone beam ct capt & interp	Not Covered			E				
D0365	Cone beam ct interprete man	Not Covered			E				
D0366	Cone beam ct interprete max	Not Covered			E				
D0367	Cone beam ct interp both jaw	Not Covered			E				
D0368	Cone beam ct interprete tmj	Not Covered			E				
D0369	Max mri capture & interprete	Not Covered			E				
D0370	Max ultrasound capt & interp	Not Covered			E				
D0371	Sialoendoscopy capt & interp	Not Covered			E				
D0380	Cone beam ct capture limited	Not Covered			E				
D0381	Cone beam ct capt mandible	Not Covered			E				
D0382	Cone beam ct capt maxilla	Not Covered			E				
D0383	Cone beam ct both jaws	Not Covered			E				
D0384	Cone beam ct capture tmj	Not Covered			E				
D0385	Max mri image capture	Not Covered			E				
D0386	Max ultrasound image capture	Not Covered			E				
D0391	Imterprete diagnostic image	Not Covered			E				
D0393	Trtmnt simulation 3d image	Not Covered			E				
D0394	Digital sub 2 or more images	Not Covered			E				
D0395	Fusion 2 or more 3d images	Not Covered			E				
D0415	Collection of microorganisms	Not Covered			E				
D0416	Viral culture	Not Covered			B				
D0417	Collect & prep saliva sample	Not Covered			E				
D0418	Analysis of saliva sample	Not Covered			E				
D0421	Gen tst suscept oral disease	Not Covered			B				
D0425	Caries susceptibility test	Not Covered			E				
D0431	Diag tst detect mucos abnorm	Not Covered			B				
D0460	Pulp vitality test	Not Covered			S	0330	3.4106		
D0470	Diagnostic casts	Covered	N	1	E				\$553.25

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D0472	Gross exam, prep & report	Not Covered			B				
D0473	Micro exam, prep & report	Not Covered			B				
D0474	Micro w exam of surg margins	Not Covered			B				
D0475	Decalcification procedure	Not Covered			B				
D0476	Spec stains for microorganism	Not Covered			B				
D0477	Spec stains not for microorg	Not Covered			B				
D0478	Immunohistochemical stains	Not Covered			B				
D0479	Tissue in-situ hybridization	Not Covered			B				
D0480	Cytopath smear prep & report	Not Covered			B				
D0481	Electron microscopy	Not Covered			B				
D0482	Direct immunofluorescence	Not Covered			B				
D0483	Indirect immunofluorescence	Not Covered			B				
D0484	Consult slides prep elsewhere	Not Covered			B				
D0485	Consult inc prep of slides	Not Covered			B				
D0486	Access of transep cytol samp	Not Covered			E				
D0502	Other oral pathology procedure	Not Covered			B				
D0601	Caries risk assess low risk	Not Covered			E				
D0602	Caries risk assess mod risk	Not Covered			E				
D0603	Caries risk assess high risk	Not Covered			E				
D0999	Unspecified diagnostic procedure	Not Covered			B				
D1110	Dental prophylaxis adult	Covered	N	1	E				\$553.25
D1120	Dental prophylaxis child	Covered	N	1	E				\$553.25
D1206	Topical fluoride varnish	Covered	N	1	E				\$553.25
D1208	Topical app fluorid ex vrnsh	Covered	N	1	E				\$553.25
D1310	Nutri counsel-control caries	Not Covered			E				
D1320	Tobacco counseling	Not Covered			E				
D1330	Oral hygiene instruction	Not Covered			E				
D1351	Dental sealant per tooth	Covered	N	1	E				\$553.25
D1352	Prev resin rest, perm tooth	Covered	N	1	E				\$33.58
D1353	Sealant repair per tooth	Not Covered			E				
D1510	Space maintainer fxd unilat	Covered	N	2	S	0330	3.4106		
D1515	Fixed bilat space maintainer	Covered	N	2	S	0330	3.4106		
D1520	Remove unilat space maintainer	Covered	N	4	S	0330	3.4106		
D1525	Remove bilat space maintainer	Covered	N	2	S	0330	3.4106		
D1550	Recement space maintainer	Covered	N	4	S	0330	3.4106		
D1555	Remove fix space maintainer	Covered	N	4	E				\$553.25
D1999	Unspecified preventive procedure	Not Covered			E				
D2140	Amalgam one surface permanent	Covered	N	1	E				\$553.25
D2150	Amalgam two surfaces permanent	Covered	N	1	E				\$553.25
D2160	Amalgam three surfaces permanent	Covered	N	1	E				\$553.25
D2161	Amalgam 4 or > surfaces permanent	Covered	N	1	E				\$553.25
D2330	Resin one surface-anterior	Covered	N	1	E				\$553.25

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D2331	Resin two surfaces-anterior	Covered	N	1	E				\$553.25
D2332	Resin three surfaces-anterio	Covered	N	1	E				\$553.25
D2335	Resin 4/> surf or w incis an	Covered	N	1	E				\$553.25
D2390	Ant resin-based cmpst crown	Covered	N		E				\$553.25
D2391	Post 1 srfc resinbased cmpst	Covered	N		E				\$553.25
D2392	Post 2 srfc resinbased cmpst	Covered	N		E				\$553.25
D2393	Post 3 srfc resinbased cmpst	Covered	N		E				\$553.25
D2394	Post >=4srfc resinbase cmpst	Covered	N		E				\$553.25
D2410	Dental gold foil one surface	Not Covered			E				
D2420	Dental gold foil two surface	Not Covered			E				
D2430	Dental gold foil three surfa	Not Covered			E				
D2510	Dental inlay metallic 1 surf	Not Covered			E				
D2520	Dental inlay metallic 2 surf	Not Covered			E				
D2530	Dental inlay metl 3/more sur	Not Covered			E				
D2542	Dental onlay metallic 2 surf	Not Covered			E				
D2543	Dental onlay metallic 3 surf	Not Covered			E				
D2544	Dental onlay metl 4/more sur	Not Covered			E				
D2610	Inlay porcelain/ceramic 1 su	Not Covered			E				
D2620	Inlay porcelain/ceramic 2 su	Not Covered			E				
D2630	Dental onlay porc 3/more sur	Not Covered			E				
D2642	Dental onlay porcelin 2 surf	Not Covered			E				
D2643	Dental onlay porcelin 3 surf	Not Covered			E				
D2644	Dental onlay porc 4/more sur	Not Covered			E				
D2650	Inlay composite/resin one su	Not Covered			E				
D2651	Inlay composite/resin two su	Not Covered			E				
D2652	Dental inlay resin 3/mre sur	Not Covered			E				
D2662	Dental onlay resin 2 surface	Not Covered			E				
D2663	Dental onlay resin 3 surface	Not Covered			E				
D2664	Dental onlay resin 4/mre sur	Not Covered			E				
D2710	Crown resin-based indirect	Covered	N	1	E				\$553.25
D2712	Crown 3/4 resin-based compos	Covered	N		E				\$553.25
D2720	Crown resin w/ high noble me	Covered	N	1	E				\$553.25
D2721	Crown resin w/ base metal	Covered	N	1	E				\$553.25
D2722	Crown resin w/ noble metal	Not Covered			E				
D2740	Crown porcelain/ceramic subs	Covered	N	1	E				\$553.25
D2750	Crown porcelain w/ h noble m	Covered	N	2	E				\$553.25
D2751	Crown porcelain fused base m	Covered	N	1	E				\$553.25
D2752	Crown porcelain w/ noble met	Covered	N	1	E				\$553.25
D2780	Crown 3/4 cast hi noble met	Not Covered			E				
D2781	Crown 3/4 cast base metal	Covered	N	1	E				\$553.25
D2782	Crown 3/4 cast noble metal	Not Covered			E				
D2783	Crown 3/4 porcelain/ceramic	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D2790	Crown full cast high noble m	Covered	N	1	E				\$553.25
D2791	Crown full cast base metal	Covered	N	1	E				\$553.25
D2792	Crown full cast noble metal	Covered	N	1	E				\$553.25
D2794	Crown-titanium	Not Covered			E				
D2799	Provisional crown	Not Covered			E				
D2910	Recement inlay onlay or part	Covered	N	1	E				\$553.25
D2915	Recement cast or prefab post	Covered	N	1	E				\$553.25
D2920	Re-cement or re-bond crown	Covered	N	5	E				\$553.25
D2921	Reattach tooth fragment	Not Covered			E				
D2929	Prefab porc/ceram crown pri	Not Covered			E				
D2930	Prefab stnlss steel crwn pri	Covered	N	1	E				\$553.25
D2931	Prefab stnlss steel crown pe	Covered	N	1	E				\$553.25
D2932	Prefabricated resin crown	Covered	N	1	E				\$553.25
D2933	Prefab stainless steel crown	Not Covered			E				
D2934	Prefab steel crown primary	Covered	N	1	E				\$553.25
D2940	Protective restoration	Covered	N	1	E				\$553.25
D2941	Int therapeutic restoration	Not Covered			E				
D2949	Restorative foundation	Not Covered			E				
D2950	Core build-up incl any pins	Not Covered			E				
D2951	Tooth pin retention	Not Covered			E				
D2952	Post and core cast + crown	Not Covered			E				
D2953	Each addtnl cast post	Not Covered			E				
D2954	Prefab post/core + crown	Not Covered			E				
D2955	Post removal	Not Covered			E				
D2957	Each addtnl prefab post	Not Covered			E				
D2960	Laminate labial veneer	Not Covered			E				
D2961	Lab labial veneer resin	Not Covered			E				
D2962	Lab labial veneer porcelain	Not Covered			E				
D2970	Temp crown (fractured tooth)	Not Covered			E				
D2971	Add proc construct new crown	Not Covered			E				
D2975	Coping	Not Covered			E				
D2980	Crown repair	Not Covered			E				
D2981	Inlay repair	Not Covered			E				
D2982	Onlay repair	Not Covered			E				
D2983	Veneer repair	Not Covered			E				
D2990	Resin infiltration of lesion	Not Covered			E				
D2999	Dental unspec restorative pr	Covered	N	1	S	0330	3.4106		
D3110	Pulp cap direct	Not Covered			E				
D3120	Pulp cap indirect	Not Covered			E				
D3220	Therapeutic pulpotomy	Covered	N	1	E				\$553.25
D3221	Gross pulpal debridement	Covered	N	1	E				\$553.25
D3222	Part pulp for apexogenesis	Not Covered			E				

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D3230	Pulpal therapy anterior prim	Not Covered			E				
D3240	Pulpal therapy posterior pri	Not Covered			E				
D3310	End thxpy, anterior tooth	Covered	N	1	E				\$553.25
D3320	End thxpy, bicuspid tooth	Covered	N	1	E				\$553.25
D3330	End thxpy, molar	Covered	N	1	E				\$553.25
D3331	Non-surg tx root canal obs	Not Covered			E				
D3332	Incomplete endodontic tx	Not Covered			E				
D3333	Internal root repair	Not Covered			E				
D3346	Retreat root canal anterior	Covered	N	1	E				\$553.25
D3347	Retreat root canal bicuspid	Covered	N	1	E				\$553.25
D3348	Retreat root canal molar	Covered	N	1	E				\$553.25
D3351	Apexification/recalc initial	Covered	N	1	E				\$553.25
D3352	Apexification/recalc interim	Covered	N	1	E				\$553.25
D3353	Apexification/recalc final	Covered	N	1	E				\$553.25
D3355	Pulpal regeneration initial	Not Covered			E				
D3356	Pulpal regeneration interim	Not Covered			E				
D3357	Pulpal regeneration complete	Not Covered			E				
D3410	Apicoectomy - anterior	Covered	N	1	E				\$553.25
D3421	Root surgery bicuspid	Covered	N	1	E				\$553.25
D3425	Root surgery molar	Covered	N	1	E				\$553.25
D3426	Root surgery ea add root	Covered	N	2	E				\$553.25
D3427	Periradicular surgery	Not Covered			E				
D3428	Bone graft peri per tooth	Not Covered			E				
D3429	Bone graft peri each addl	Not Covered			E				
D3430	Retrograde filling	Covered	N	3	E				\$553.25
D3431	Biological materials	Not Covered			E				
D3432	Guided tissue regeneration	Not Covered			E				
D3450	Root amputation	Covered	N	3	E				\$553.25
D3460	Endodontic endosseous implan	Not Covered			S	0330	3.4106		
D3470	Intentional replantation	Not Covered			E				
D3910	Isolation- tooth w rubb dam	Not Covered			E				
D3920	Tooth splitting	Not Covered			E				
D3950	Canal prep/fitting of dowel	Not Covered			E				
D3999	Endodontic procedure	Covered	N	1	S	0330	3.4106		
D4210	Gingivectomy/plasty 4 or mor	Covered	N	4	E				\$553.25
D4211	Gingivectomy/plasty 1 to 3	Covered	N	1	E				\$553.25
D4212	Gingivectomy/plasty rest	Not Covered			E				
D4230	Ana crown exp 4 or> per quad	Not Covered			E				
D4231	Ana crown exp 1-3 per quad	Not Covered			E				
D4240	Gingival flap proc w/ planin	Covered	N		E				\$553.25
D4241	Gngvl flap w rootplan 1-3 th	Covered	N	4	E				\$553.25
D4245	Apically positioned flap	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D4249	Crown lengthen hard tissue	Not Covered			E				
D4260	Osseous surgery 4 or more	Covered	N	4	S	0330	3.4106		
D4261	Osseous surg 1 to 3 teeth	Covered	N	4	E				\$553.25
D4263	Bone replce graft first site	Covered	N	1	S	0330	3.4106		
D4264	Bone replce graft each add	Covered	N		S	0330	3.4106		
D4265	Bio mtrls to aid soft/os reg	Not Covered			E				
D4266	Guided tiss regen resorable	Not Covered			E				
D4267	Guided tiss regen nonresorb	Not Covered			E				
D4268	Surgical revision procedure	Not Covered			S	0330	3.4106		
D4270	Pedicle soft tissue graft pr	Covered	N		S	0330	3.4106		
D4273	Subepithelial tissue graft	Not Covered			S	0330	3.4106		
D4274	Distal/proximal wedge proc	Not Covered			E				
D4275	Soft tissue allograft	Covered	N	1	E				\$369.49
D4276	Con tissue w dble ped graft	Not Covered			E				
D4277	Soft tissue graft firsttooth	Not Covered			E				
D4278	Soft tissue graft addl tooth	Not Covered			E				
D4320	Provision splnt intracoronal	Not Covered			E				
D4321	Provisional splint extracoro	Not Covered			E				
D4341	Periodontal scaling & root	Covered	N	4	E				\$553.25
D4342	Periodontal scaling 1-3teeth	Covered	N	4	E				\$553.25
D4355	Full mouth debridement	Covered	N	1	S	0330	3.4106		
D4381	Localized delivery antimicro	Not Covered			S	0330	3.4106		
D4910	Periodontal maint procedures	Covered	N	4	E				\$553.25
D4920	Unscheduled dressing change	Not Covered			E				
D4921	Gingival irrigation per quad	Not Covered			E				
D4999	Unspecified periodontal proc	Covered	N	1	E				\$553.25
D5110	Dentures complete maxillary	Not Covered			E				
D5120	Dentures complete mandible	Not Covered			E				
D5130	Dentures immediat maxillary	Not Covered			E				
D5140	Dentures immediat mandible	Not Covered			E				
D5211	Dentures maxill part resin	Not Covered			E				
D5212	Dentures mand part resin	Not Covered			E				
D5213	Dentures maxill part metal	Not Covered			E				
D5214	Dentures mandibl part metal	Not Covered			E				
D5225	Maxillary part denture flex	Not Covered			E				
D5226	Mandibular part denture flex	Not Covered			E				
D5281	Removable partial denture	Not Covered			E				
D5410	Dentures adjust cmplt maxil	Not Covered			E				
D5411	Dentures adjust cmplt mand	Not Covered			E				
D5421	Dentures adjust part maxill	Not Covered			E				
D5422	Dentures adjust part mandbl	Not Covered			E				
D5510	Dentur repr broken compl bas	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D5520	Replace denture teeth complt	Not Covered			E				
D5610	Dentures repair resin base	Not Covered			E				
D5620	Rep part denture cast frame	Not Covered			E				
D5630	Rep partial denture clasp	Not Covered			E				
D5640	Replace part denture teeth	Not Covered			E				
D5650	Add tooth to partial denture	Not Covered			E				
D5660	Add clasp to partial denture	Not Covered			E				
D5670	Replc tth&acrlc on mtl frmwk	Not Covered			E				
D5671	Replc tth&acrlc mandibular	Not Covered			E				
D5710	Dentures rebase cmplt maxil	Not Covered			E				
D5711	Dentures rebase cmplt mand	Not Covered			E				
D5720	Dentures rebase part maxill	Not Covered			E				
D5721	Dentures rebase part mandbl	Not Covered			E				
D5730	Denture reln cmplt maxil ch	Not Covered			E				
D5731	Denture reln cmplt mand chr	Not Covered			E				
D5740	Denture reln part maxil chr	Not Covered			E				
D5741	Denture reln part mand chr	Not Covered			E				
D5750	Denture reln cmplt max lab	Not Covered			E				
D5751	Denture reln cmplt mand lab	Not Covered			E				
D5760	Denture reln part maxil lab	Not Covered			E				
D5761	Denture reln part mand lab	Not Covered			E				
D5810	Denture interm cmplt maxill	Not Covered			E				
D5811	Denture interm cmplt mandbl	Not Covered			E				
D5820	Denture interm part maxill	Not Covered			E				
D5821	Denture interm part mandbl	Not Covered			E				
D5850	Denture tiss conditn maxill	Not Covered			E				
D5851	Denture tiss condtin mandbl	Not Covered			E				
D5862	Precision attachment	Not Covered			E				
D5863	Overdenture complete max	Not Covered			E				
D5864	Overdenture partial max	Not Covered			E				
D5865	Overdenture complete mandib	Not Covered			E				
D5866	Overdenture partial mandib	Not Covered			E				
D5867	Replacement of precision att	Not Covered			E				
D5875	Prosthesis modification	Not Covered			E				
D5899	Removable prosthodontic proc	Not Covered			E				
D5911	Facial moulage sectional	Not Covered			S	0330	3.4106		
D5912	Facial moulage complete	Not Covered			S	0330	3.4106		
D5913	Nasal prosthesis	Not Covered			E				
D5914	Auricular prosthesis	Not Covered			E				
D5915	Orbital prosthesis	Not Covered			E				
D5916	Ocular prosthesis	Not Covered			E				
D5919	Facial prosthesis	Not Covered			E				

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D5922	Nasal septal prosthesis	Not Covered			E				
D5923	Ocular prosthesis interim	Not Covered			E				
D5924	Cranial prosthesis	Not Covered			E				
D5925	Facial augmentation implant	Not Covered			E				
D5926	Replacement nasal prosthesis	Not Covered			E				
D5927	Auricular replacement	Not Covered			E				
D5928	Orbital replacement	Not Covered			E				
D5929	Facial replacement	Not Covered			E				
D5931	Surgical obturator	Not Covered			E				
D5932	Postsurgical obturator	Not Covered			E				
D5933	Refitting of obturator	Not Covered			E				
D5934	Mandibular flange prosthesis	Not Covered			E				
D5935	Mandibular denture prosth	Not Covered			E				
D5936	Temp obturator prosthesis	Not Covered			E				
D5937	Trismus appliance	Not Covered			E				
D5951	Feeding aid	Not Covered			E				
D5952	Pediatric speech aid	Not Covered			E				
D5953	Adult speech aid	Not Covered			E				
D5954	Superimposed prosthesis	Not Covered			E				
D5955	Palatal lift prosthesis	Not Covered			E				
D5958	Intraoral con def inter plt	Not Covered			E				
D5959	Intraoral con def mod palat	Not Covered			E				
D5960	Modify speech aid prosthesis	Not Covered			E				
D5982	Surgical stent	Not Covered			E				
D5983	Radiation applicator	Not Covered			S	0330	3.4106		
D5984	Radiation shield	Not Covered			S	0330	3.4106		
D5985	Radiation cone locator	Not Covered			S	0330	3.4106		
D5986	Fluoride applicator	Not Covered			E				
D5987	Commissure splint	Not Covered			S	0330	3.4106		
D5988	Surgical splint	Not Covered			E				
D5991	Vesiculobullous disease carr	Not Covered			E				
D5992	Adjust max prost appliance	Not Covered			E				
D5993	Main/clean max prosthesis	Not Covered			E				
D5994	Peridontal medicament	Not Covered			E				
D5999	Maxillofacial prosthesis	Not Covered			E				
D6010	Odontics endosteal implant	Not Covered			E				
D6011	Second stage implant surgery	Not Covered			E				
D6012	Endosteal implant	Not Covered			E				
D6013	Surgical place mini implant	Not Covered			E				
D6040	Odontics eposteal implant	Not Covered			E				
D6050	Odontics transosteal implnt	Not Covered			E				
D6051	Interim abutment	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D6052	Semi precision attach abut	Not Covered			E				
D6055	Implant connecting bar	Not Covered			E				
D6056	Prefabricated abutment	Not Covered			E				
D6057	Custom abutment	Not Covered			E				
D6058	Abutment supported crown	Not Covered			E				
D6059	Abutment supported mtl crown	Not Covered			E				
D6060	Abutment supported mtl crown	Not Covered			E				
D6061	Abutment supported mtl crown	Not Covered			E				
D6062	Abutment supported mtl crown	Not Covered			E				
D6063	Abutment supported mtl crown	Not Covered			E				
D6064	Abutment supported mtl crown	Not Covered			E				
D6065	Implant supported crown	Not Covered			E				
D6066	Implant supported mtl crown	Not Covered			E				
D6067	Implant supported mtl crown	Not Covered			E				
D6068	Abutment supported retainer	Not Covered			E				
D6069	Abutment supported retainer	Not Covered			E				
D6070	Abutment supported retainer	Not Covered			E				
D6071	Abutment supported retainer	Not Covered			E				
D6072	Abutment supported retainer	Not Covered			E				
D6073	Abutment supported retainer	Not Covered			E				
D6074	Abutment supported retainer	Not Covered			E				
D6075	Implant supported retainer	Not Covered			E				
D6076	Implant supported retainer	Not Covered			E				
D6077	Implant supported retainer	Not Covered			E				
D6080	Implant maintenance	Not Covered			E				
D6090	Repair implant	Not Covered			E				
D6091	Repl semi/precision attach	Not Covered			E				
D6092	Recement supp crown	Not Covered			E				
D6093	Recement supp part denture	Not Covered			E				
D6094	Abut support crown titanium	Not Covered			E				
D6095	Odontics repr abutment	Not Covered			E				
D6100	Removal of implant	Not Covered			E				
D6101	Debridement of a periimplant	Not Covered			E				
D6102	Debridement & contouring	Not Covered			E				
D6103	Bone graft repair perimplant	Not Covered			E				
D6104	Bone graft time of implant	Not Covered			E				
D6110	Implnt/abut remov dent max	Not Covered			E				
D6111	Implnt/abut remov dent mand	Not Covered			E				
D6112	Imp/abut rem dent part max	Not Covered			E				
D6113	Imp/abut rem dent part mand	Not Covered			E				
D6114	Implnt/abut fixed dent max	Not Covered			E				
D6115	Implnt/abut fixed dent mand	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D6116	Imp/abut fixed dent part max	Not Covered			E				
D6117	Imp/abut fixed dent part man	Not Covered			E				
D6190	Radio/surgical implant index	Not Covered			E				
D6194	Abut support retainer titani	Not Covered			E				
D6199	Implant procedure	Not Covered			E				
D6205	Pontic-indirect resin based	Not Covered			E				
D6210	Prosthodont high noble metal	Not Covered			E				
D6211	Bridge base metal cast	Not Covered			E				
D6212	Bridge noble metal cast	Not Covered			E				
D6214	Pontic titanium	Not Covered			E				
D6240	Bridge porcelain high noble	Not Covered			E				
D6241	Bridge porcelain base metal	Not Covered			E				
D6242	Bridge porcelain nobel metal	Not Covered			E				
D6245	Bridge porcelain/ceramic	Not Covered			E				
D6250	Bridge resin w/high noble	Not Covered			E				
D6251	Bridge resin base metal	Not Covered			E				
D6252	Bridge resin w/noble metal	Not Covered			E				
D6253	Provisional pontic	Not Covered			E				
D6545	Dental retainr cast metl	Not Covered			E				
D6548	Porcelain/ceramic retainer	Not Covered			E				
D6549	Resin retainer	Not Covered			E				
D6600	Porcelain/ceramic inlay 2srf	Not Covered			E				
D6601	Porc/ceram inlay >= 3 surfac	Not Covered			E				
D6602	Cst hgh nble mtl inlay 2 srf	Not Covered			E				
D6603	Cst hgh nble mtl inlay >=3sr	Not Covered			E				
D6604	Cst bse mtl inlay 2 surfaces	Not Covered			E				
D6605	Cst bse mtl inlay >= 3 surfa	Not Covered			E				
D6606	Cast noble metal inlay 2 sur	Not Covered			E				
D6607	Cst noble mtl inlay >=3 surf	Not Covered			E				
D6608	Onlay porc/crmc 2 surfaces	Not Covered			E				
D6609	Onlay porc/crmc >=3 surfaces	Not Covered			E				
D6610	Onlay cst hgh nbl mtl 2 srfc	Not Covered			E				
D6611	Onlay cst hgh nbl mtl >=3srf	Not Covered			E				
D6612	Onlay cst base mtl 2 surface	Not Covered			E				
D6613	Onlay cst base mtl >=3 surfa	Not Covered			E				
D6614	Onlay cst nbl mtl 2 surfaces	Not Covered			E				
D6615	Onlay cst nbl mtl >=3 surfac	Not Covered			E				
D6624	Inlay titanium	Not Covered			E				
D6634	Onlay titanium	Not Covered			E				
D6710	Crown-indirect resin based	Not Covered			E				
D6720	Retain crown resin w hi nble	Not Covered			E				
D6721	Crown resin w/base metal	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
D6722	Crown resin w/noble metal	Not Covered			E				
D6740	Crown porcelain/ceramic	Not Covered			E				
D6750	Crown porcelain high noble	Not Covered			E				
D6751	Crown porcelain base metal	Not Covered			E				
D6752	Crown porcelain noble metal	Not Covered			E				
D6780	Crown 3/4 high noble metal	Not Covered			E				
D6781	Crown 3/4 cast based metal	Not Covered			E				
D6782	Crown 3/4 cast noble metal	Not Covered			E				
D6783	Crown 3/4 porcelain/ceramic	Not Covered			E				
D6790	Crown full high noble metal	Not Covered			E				
D6791	Crown full base metal cast	Not Covered			E				
D6792	Crown full noble metal cast	Not Covered			E				
D6793	Provisional retainer crown	Not Covered			E				
D6794	Crown titanium	Not Covered			E				
D6920	Dental connector bar	Covered	N	1	S	0330	3.4106		
D6930	Recement/bond part denture	Not Covered			E				
D6940	Stress breaker	Not Covered			E				
D6950	Precision attachment	Not Covered			E				
D6980	Fixed partial repair	Not Covered			E				
D6985	Pediatric partial denture fx	Not Covered			E				
D6999	Fixed prosthodontic proc	Not Covered			E				
D7111	Extraction coronal remnants	Covered	N		S	0330	3.4106		
D7140	Extraction erupted tooth/exr	Covered	N		S	0330	3.4106		
D7210	Rem imp tooth w mucoper flap	Covered	N		S	0330	3.4106		
D7220	Impact tooth remov soft tiss	Covered	N		S	0330	3.4106		
D7230	Impact tooth remov part bony	Covered	N		S	0330	3.4106		
D7240	Impact tooth remov comp bony	Covered	N		S	0330	3.4106		
D7241	Impact tooth rem bony w/comp	Covered	N		S	0330	3.4106		
D7250	Tooth root removal	Covered	N	1	S	0330	3.4106		
D7251	Coronectomy	Covered	N	1	E				\$209.42
D7260	Oral antral fistula closure	Covered	N		S	0330	3.4106		
D7261	Primary closure sinus perf	Covered	N	1	S	0330	3.4106		
D7270	Tooth reimplantation	Covered	N		E				\$553.25
D7272	Tooth transplantation	Not Covered			E				
D7280	Exposure impact tooth orthod	Covered	N		E				\$553.25
D7282	Mobilize erupted/malpos toot	Not Covered			E				
D7283	Place device impacted tooth	Not Covered			B				
D7285	Biopsy of oral tissue hard	Covered	N		E				\$553.25
D7286	Biopsy of oral tissue soft	Covered	N		E				\$553.25
D7287	Exfoliative cytolog collect	Covered	N	1	E				\$553.25
D7288	Brush biopsy	Not Covered			B				
D7290	Repositioning of teeth	Not Covered			E				

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D7291	Transseptal fibrotomy	Not Covered			S	0330	3.4106		
D7292	Screw retained plate	Not Covered			E				
D7293	Temp anchorage dev w flap	Not Covered			E				
D7294	Temp anchorage dev w/o flap	Not Covered			E				
D7295	Bone harvest,auto graft proc	Covered	N	1	E				\$689.25
D7310	Alveoplasty w/ extraction	Covered	N	4	E				\$553.25
D7311	Alveoloplasty w/extract 1-3	Covered	N	4	E				\$553.25
D7320	Alveoplasty w/o extraction	Covered	N	4	E				\$553.25
D7321	Alveoloplasty not w/extracts	Not Covered			B				
D7340	Vestibuloplasty ridge extens	Covered	N		E				\$553.25
D7350	Vestibuloplasty exten graft	Covered	N		E				\$553.25
D7410	Rad exc lesion up to 1.25 cm	Covered	N		E				\$553.25
D7411	Excision benign lesion>1.25c	Covered	N	1	E				\$553.25
D7412	Excision benign lesion compl	Covered	N	1	E				\$553.25
D7413	Excision malig lesion<=1.25c	Covered	N	1	E				\$553.25
D7414	Excision malig lesion>1.25cm	Covered	N	1	E				\$553.25
D7415	Excision malig les complicat	Covered	N	1	E				\$553.25
D7440	Malig tumor exc to 1.25 cm	Covered	N		E				\$553.25
D7441	Malig tumor > 1.25 cm	Covered	N		E				\$553.25
D7450	Rem odontogen cyst to 1.25cm	Covered	N		E				\$553.25
D7451	Rem odontogen cyst > 1.25 cm	Covered	N		E				\$553.25
D7460	Rem nonodonto cyst to 1.25cm	Covered	N		E				\$553.25
D7461	Rem nonodonto cyst > 1.25 cm	Covered	N		E				\$553.25
D7465	Lesion destruction	Covered	N		E				\$553.25
D7471	Rem exostosis any site	Covered	N	2	E				\$553.25
D7472	Removal of torus palatinus	Covered	N	1	E				\$553.25
D7473	Remove torus mandibularis	Covered	N	2	E				\$553.25
D7485	Surg reduct osseoustuberosit	Covered	N	2	E				\$553.25
D7490	Maxilla or mandible resectio	Covered	N	1	E				\$553.25
D7510	I&d absc intraoral soft tiss	Covered	N		E				\$553.25
D7511	Incision/drain abscess intra	Not Covered			B				
D7520	I&d abscess extraoral	Covered	N		E				\$553.25
D7521	Incision/drain abscess extra	Not Covered			B				
D7530	Removal fb skin/areolar tiss	Covered	N		E				\$553.25
D7540	Removal of fb reaction	Covered	N		E				\$553.25
D7550	Removal of sloughed off bone	Covered	N		E				\$553.25
D7560	Maxillary sinusotomy	Covered	N	1	E				\$553.25
D7610	Maxilla open reduct simple	Covered	N		E				\$553.25
D7620	Clsd reduct simpl maxilla fx	Covered	N		E				\$553.25
D7630	Open red simpl mandible fx	Covered	N		E				\$553.25
D7640	Clsd red simpl mandible fx	Covered	N		E				\$553.25
D7650	Open red simp malar/zygom fx	Covered	N		E				\$553.25

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D7660	Clsd red simp malar/zygom fx	Covered	N		E				\$553.25
D7670	Closd rductn splint alveolus	Covered	N		E				\$553.25
D7671	Alveolus open reduction	Covered	N	1	E				\$553.25
D7680	Reduct simple facial bone fx	Covered	N		E				\$553.25
D7710	Maxilla open reduct compound	Covered	N		E				\$553.25
D7720	Clsd reduct compd maxilla fx	Covered	N		E				\$553.25
D7730	Open reduct compd mandble fx	Covered	N		E				\$553.25
D7740	Clsd reduct compd mandble fx	Covered	N		E				\$553.25
D7750	Open red comp malar/zygma fx	Covered	N		E				\$553.25
D7760	Clsd red comp malar/zygma fx	Covered	N		E				\$553.25
D7770	Open reduc compd alveolus fx	Covered	N		E				\$553.25
D7771	Alveolus clsd reduc stblz te	Covered	N	1	E				\$553.25
D7780	Reduct compnd facial bone fx	Covered	N		E				\$553.25
D7810	Tmj open reduct-dislocation	Covered	N		E				\$553.25
D7820	Closed tmp manipulation	Covered	N		E				\$553.25
D7830	Tmj manipulation under anest	Covered	N		E				\$553.25
D7840	Removal of tmj condyle	Covered	N	1	E				\$553.25
D7850	Tmj meniscectomy	Covered	N	2	E				\$553.25
D7852	Tmj repair of joint disc	Not Covered			E				
D7854	Tmj excisn of joint membrane	Not Covered			E				
D7856	Tmj cutting of a muscle	Not Covered			E				
D7858	Tmj reconstruction	Not Covered			E				
D7860	Tmj cutting into joint	Covered	N	2	E				\$553.25
D7865	Tmj reshaping components	Not Covered			E				
D7870	Tmj aspiration joint fluid	Covered	N	2	E				\$553.25
D7871	Lysis + lavage w catheters	Not Covered			E				
D7872	Tmj diagnostic arthroscopy	Not Covered			E				
D7873	Tmj arthroscopy lysis adhesn	Not Covered			E				
D7874	Tmj arthroscopy disc reposit	Not Covered			E				
D7875	Tmj arthroscopy synovectomy	Not Covered			E				
D7876	Tmj arthroscopy discectomy	Not Covered			E				
D7877	Tmj arthroscopy debridement	Not Covered			E				
D7880	Occlusal orthotic appliance	Covered	N	1	E				\$553.25
D7899	Tmj unspecified therapy	Not Covered			E				
D7910	Dent sutur recent wnd to 5cm	Covered	N	1	E				\$553.25
D7911	Dental suture wound to 5 cm	Covered	N	1	E				\$553.25
D7912	Suture complicate wnd > 5 cm	Covered	N	1	E				\$553.25
D7920	Dental skin graft	Covered	N	1	E				\$553.25
D7921	Collect & appl blood product	Not Covered			E				
D7940	Reshaping bone orthognathic	Covered	N	1	S	0330	3.4106		
D7941	Bone cutting ramus closed	Covered	N	1	E				\$553.25
D7943	Cutting ramus open w/graft	Covered	N	1	E				\$553.25

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D7944	Bone cutting segmented	Covered	N	1	E				\$553.25
D7945	Bone cutting body mandible	Covered	N	1	E				\$553.25
D7946	Reconstruction maxilla total	Covered	N	1	E				\$553.25
D7947	Reconstruct maxilla segment	Covered	N	1	E				\$553.25
D7948	Reconstruct midface no graft	Covered	N	1	E				\$553.25
D7949	Reconstruct midface w/graft	Covered	N	1	E				\$553.25
D7950	Mandible graft	Covered	N	1	E				\$553.25
D7951	Sinus aug w bone or bone sub	Not Covered			E				
D7952	Sinus augmentation vertical	Not Covered			E				
D7953	Bone replacement graft	Covered	N		E				\$553.25
D7955	Repair maxillofacial defects	Covered	N	1	E				\$553.25
D7960	Frenulectomy/frenectomy	Covered	N	2	E				\$553.25
D7963	Frenuloplasty	Covered	N	1	E				\$553.25
D7970	Excision hyperplastic tissue	Covered	N	2	E				\$553.25
D7971	Excision pericoronaral gingiva	Covered	N	1	E				\$553.25
D7972	Surg redct fibrous tuberosit	Covered	N	1	E				\$553.25
D7980	Sialolithotomy	Covered	N		E				\$553.25
D7981	Excision of salivary gland	Covered	N		E				\$553.25
D7982	Sialodochoplasty	Covered	N		E				\$553.25
D7983	Closure of salivary fistula	Covered	N		E				\$553.25
D7990	Emergency tracheotomy	Covered	N		E				\$553.25
D7991	Dental coronoidectomy	Covered	N	1	E				\$553.25
D7995	Synthetic graft facial bones	Not Covered			E				
D7996	Implant mandible for augment	Not Covered			E				
D7997	Appliance removal	Not Covered			E				
D7998	Intraoral place of fix dev	Covered	N	1	E				\$553.25
D7999	Oral surgery procedure	Covered	N		E				Billed Charges
D8010	Limited dental tx primary	Not Covered			E				
D8020	Limited dental tx transition	Not Covered			E				
D8030	Limited dental tx adolescent	Not Covered			E				
D8040	Limited dental tx adult	Not Covered			E				
D8050	Intercep dental tx primary	Not Covered			E				
D8060	Intercep dental tx transitn	Not Covered			E				
D8070	Compre dental tx transition	Not Covered			E				
D8080	Compre dental tx adolescent	Not Covered			E				
D8090	Compre dental tx adult	Not Covered			E				
D8210	Orthodontic rem appliance tx	Not Covered			E				
D8220	Fixed appliance therapy habt	Not Covered			E				
D8660	Preorthodontic tx visit	Not Covered			E				
D8670	Periodic orthodontc tx visit	Not Covered			E				
D8680	Orthodontic retention	Not Covered			E				
D8690	Orthodontic treatment	Not Covered			E				

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D8691	Repair ortho appliance	Not Covered			E				
D8692	Replacement retainer	Not Covered			E				
D8693	Rebond/reccement retainers	Not Covered			E				
D8694	Repair fixed retainers	Not Covered			E				
D8999	Orthodontic procedure	Not Covered			E				
D9110	Tx dental pain minor proc	Not Covered			N				
D9120	Fix partial denture section	Not Covered			E				
D9210	Dent anesthesia w/o surgery	Not Covered			E				
D9211	Regional block anesthesia	Not Covered			E				
D9212	Trigeminal block anesthesia	Not Covered			E				
D9215	Local anesthesia	Not Covered			E				
D9219	Eval for deep sed/gen anesth	Not Covered			E				
D9220	General anesthesia	Not Covered			E				
D9221	General anesthesia ea ad 15m	Not Covered			E				
D9230	Analgesia	Not Covered			N				
D9241	Intravenous sedation	Not Covered			E				
D9242	Iv sedation ea ad 15 m	Not Covered			E				
D9248	Sedation (non-iv)	Not Covered			N				
D9310	Dental consultation	Not Covered			E				
D9410	Dental house call	Not Covered			E				
D9420	Hospital/asc call	Not Covered			E				
D9430	Office visit during hours	Not Covered			E				
D9440	Office visit after hours	Not Covered			E				
D9450	Case presentation tx plan	Not Covered			E				
D9610	Dent therapeutic drug inject	Not Covered			E				
D9612	Thera par drugs 2 or > admin	Not Covered			E				
D9630	Other drugs/medicaments	Not Covered			S	0330	3.4106		
D9910	Dent appl desensitizing med	Not Covered			E				
D9911	Appl desensitizing resin	Not Covered			E				
D9920	Behavior management	Not Covered			E				
D9930	Treatment of complications	Covered	N		S	0330	3.4106		
D9931	Clean/inspect rem appliance	Not Covered			E				
D9940	Dental occlusal guard	Covered	N	1	S	0330	3.4106		
D9941	Fabrication athletic guard	Not Covered			E				
D9942	Repair/reline occlusal guard	Not Covered			E				
D9950	Occlusion analysis	Not Covered			S	0330	3.4106		
D9951	Limited occlusal adjustment	Not Covered			S	0330	3.4106		
D9952	Complete occlusal adjustment	Not Covered			S	0330	3.4106		
D9970	Enamel microabrasion	Not Covered			E				
D9971	Odontoplasty 1-2 teeth	Not Covered			E				
D9972	Extrnl bleaching per arch	Not Covered			E				
D9973	Extrnl bleaching per tooth	Not Covered			E				

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D9974	Intrnl bleaching per tooth	Not Covered			E				
D9975	External bleaching home app	Not Covered			E				
D9985	Sales tax	Not Covered			E				
D9986	Missed appointment	Not Covered			E				
D9987	Cancelled appointment	Not Covered			E				
D9999	Adjunctive procedure	Not Covered			E				
E0100	Cane adjust/fixed with tip	Not Covered			Y				
E0105	Cane adjust/fixed quad/3 pro	Not Covered			Y				
E0110	Crutch forearm pair	Not Covered			Y				
E0111	Crutch forearm each	Not Covered			Y				
E0112	Crutch underarm pair wood	Not Covered			Y				
E0113	Crutch underarm each wood	Not Covered			Y				
E0114	Crutch underarm pair no wood	Not Covered			Y				
E0116	Crutch underarm each no wood	Not Covered			Y				
E0117	Underarm springassist crutch	Not Covered			Y				
E0118	Crutch substitute	Not Covered			E				
E0130	Walker rigid adjust/fixed ht	Not Covered			Y				
E0135	Walker folding adjust/fixed	Not Covered			Y				
E0140	Walker w trunk support	Not Covered			Y				
E0141	Rigid wheeled walker adj/fix	Not Covered			Y				
E0143	Walker folding wheeled w/o s	Not Covered			Y				
E0144	Enclosed walker w rear seat	Not Covered			Y				
E0147	Walker variable wheel resist	Not Covered			Y				
E0148	Heavyduty walker no wheels	Not Covered			Y				
E0149	Heavy duty wheeled walker	Not Covered			Y				
E0153	Forearm crutch platform atta	Not Covered			Y				
E0154	Walker platform attachment	Not Covered			Y				
E0155	Walker wheel attachment,pair	Not Covered			Y				
E0156	Walker seat attachment	Not Covered			Y				
E0157	Walker crutch attachment	Not Covered			Y				
E0158	Walker leg extenders set of4	Not Covered			Y				
E0159	Brake for wheeled walker	Not Covered			Y				
E0160	Sitz type bath or equipment	Not Covered			Y				
E0161	Sitz bath/equipment w/faucet	Not Covered			Y				
E0162	Sitz bath chair	Not Covered			Y				
E0163	Commode chair with fixed arm	Not Covered			Y				
E0165	Commode chair with detacharm	Not Covered			Y				
E0167	Commode chair pail or pan	Not Covered			Y				
E0168	Heavyduty/wide commode chair	Not Covered			Y				
E0170	Commode chair electric	Covered	N	1	Y				\$154.20
E0171	Commode chair non-electric	Not Covered			Y				
E0172	Seat lift mechanism toilet	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E0175	Commode chair foot rest	Not Covered			Y				
E0181	Press pad alternating w/ pum	Not Covered			Y				
E0182	Replace pump, alt press pad	Not Covered			Y				
E0184	Dry pressure mattress	Not Covered			Y				
E0185	Gel pressure mattress pad	Not Covered			Y				
E0186	Air pressure mattress	Not Covered			Y				
E0187	Water pressure mattress	Not Covered			Y				
E0188	Synthetic sheepskin pad	Not Covered			Y				
E0189	Lambswool sheepskin pad	Not Covered			Y				
E0190	Positioning cushion	Covered	N	1	E				Max Fee
E0191	Protector heel or elbow	Not Covered			Y				
E0193	Powered air flotation bed	Not Covered			Y				
E0194	Air fluidized bed	Not Covered			Y				
E0196	Gel pressure mattress	Not Covered			Y				
E0197	Air pressure pad for mattres	Not Covered			Y				
E0198	Water pressure pad for mattr	Not Covered			Y				
E0199	Dry pressure pad for mattres	Not Covered			Y				
E0200	Heat lamp without stand	Not Covered			Y				
E0202	Phototherapy light w/ photom	Not Covered			Y				
E0203	Therapeutic lightbox tabletp	Not Covered			E				
E0205	Heat lamp with stand	Not Covered			Y				
E0210	Electric heat pad standard	Not Covered			Y				
E0215	Electric heat pad moist	Not Covered			Y				
E0217	Water circ heat pad w pump	Not Covered			Y				
E0218	Water circ cold pad w pump	Not Covered			Y				
E0221	Infrared heating pad system	Not Covered			Y				
E0225	Hydrocollator unit	Not Covered			Y				
E0231	Wound warming device	Not Covered			E				
E0232	Warming card for nwt	Not Covered			E				
E0235	Paraffin bath unit portable	Not Covered			Y				
E0236	Pump for water circulating p	Not Covered			Y				
E0239	Hydrocollator unit portable	Not Covered			Y				
E0240	Bath/shower chair	Not Covered			E				
E0241	Bath tub wall rail	Not Covered			E				
E0242	Bath tub rail floor	Not Covered			E				
E0243	Toilet rail	Not Covered			E				
E0244	Toilet seat raised	Not Covered			E				
E0245	Tub stool or bench	Not Covered			E				
E0246	Transfer tub rail attachment	Not Covered			E				
E0247	Trans bench w/wo comm open	Not Covered			E				
E0248	Hdtrans bench w/wo comm open	Not Covered			E				
E0249	Pad water circulating heat u	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E0250	Hosp bed fixed ht w/ mattres	Not Covered			Y				
E0251	Hosp bed fixd ht w/o mattres	Not Covered			Y				
E0255	Hospital bed var ht w/ mattr	Not Covered			Y				
E0256	Hospital bed var ht w/o matt	Not Covered			Y				
E0260	Hosp bed semi-electr w/ matt	Not Covered			Y				
E0261	Hosp bed semi-electr w/o mat	Not Covered			Y				
E0265	Hosp bed total electr w/ mat	Not Covered			Y				
E0266	Hosp bed total elec w/o matt	Not Covered			Y				
E0270	Hospital bed institutional t	Not Covered			E				
E0271	Mattress innerspring	Not Covered			Y				
E0272	Mattress foam rubber	Not Covered			Y				
E0273	Bed board	Not Covered			E				
E0274	Over-bed table	Not Covered			E				
E0275	Bed pan standard	Not Covered			Y				
E0276	Bed pan fracture	Not Covered			Y				
E0277	Powered pres-redu air mattrs	Not Covered			Y				
E0280	Bed cradle	Not Covered			Y				
E0290	Hosp bed fx ht w/o rails w/m	Not Covered			Y				
E0291	Hosp bed fx ht w/o rail w/o	Not Covered			Y				
E0292	Hosp bed var ht w/o rail w/o	Not Covered			Y				
E0293	Hosp bed var ht w/o rail w/	Not Covered			Y				
E0294	Hosp bed semi-elect w/ mattr	Not Covered			Y				
E0295	Hosp bed semi-elect w/o matt	Not Covered			Y				
E0296	Hosp bed total elect w/ matt	Not Covered			Y				
E0297	Hosp bed total elect w/o mat	Not Covered			Y				
E0300	Enclosed ped crib hosp grade	Not Covered			Y				
E0301	Hd hosp bed, 350-600 lbs	Not Covered			Y				
E0302	Ex hd hosp bed > 600 lbs	Not Covered			Y				
E0303	Hosp bed hvy dty xtra wide	Not Covered			Y				
E0304	Hosp bed xtra hvy dty x wide	Not Covered			Y				
E0305	Rails bed side half length	Not Covered			Y				
E0310	Rails bed side full length	Not Covered			Y				
E0315	Bed accessory brd/tbl/supprt	Not Covered			E				
E0316	Bed safety enclosure	Covered	N	1	Y				\$202.72
E0325	Urinal male jug-type	Not Covered			Y				
E0326	Urinal female jug-type	Not Covered			Y				
E0328	Ped hospital bed, manual	Not Covered			Y				
E0329	Ped hospital bed semi/elect	Not Covered			Y				
E0350	Control unit bowel system	Not Covered			E				
E0352	Disposable pack w/bowel syst	Not Covered			E				
E0370	Air elevator for heel	Not Covered			E				
E0371	Nonpower mattress overlay	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E0372	Powered air mattress overlay	Not Covered			Y				
E0373	Nonpowered pressure mattress	Covered	N	1	Y				\$589.58
E0424	Stationary compressed gas O2	Not Covered			Y				
E0425	Gas system stationary compre	Not Covered			E				
E0430	Oxygen system gas portable	Not Covered			E				
E0431	Portable gaseous O2	Not Covered			Y				
E0433	Portable liquid oxygen sys	Not Covered			Y				
E0434	Portable liquid O2	Not Covered			Y				
E0435	Oxygen system liquid portabl	Not Covered			E				
E0439	Stationary liquid O2	Not Covered			Y				
E0440	Oxygen system liquid station	Not Covered			E				
E0441	Stationary o2 contents, gas	Not Covered			Y				
E0442	Stationary o2 contents, liq	Not Covered			Y				
E0443	Portable O2 contents, gas	Not Covered			Y				
E0444	Portable O2 contents, liquid	Not Covered			Y				
E0445	Oximeter non-invasive	Not Covered			N				
E0446	Topical ox deliver sys, nos	Not Covered			E				
E0450	Vol control vent invasiv int	Not Covered			Y				
E0455	Oxygen tent excl croup/ped t	Not Covered			Y				
E0457	Chest shell	Not Covered			E				
E0459	Chest wrap	Not Covered			E				
E0460	Neg press vent portabl/statn	Not Covered			Y				
E0461	Vol control vent noninv int	Not Covered			Y				
E0462	Rocking bed w/ or w/o side r	Not Covered			Y				
E0463	Press supp vent invasive int	Not Covered			Y				
E0464	Press supp vent noninv int	Not Covered			Y				
E0470	Rad w/o backup non-inv intfc	Not Covered			Y				
E0471	Rad w/backup non inv intrfc	Not Covered			Y				
E0472	Rad w backup invasive intrfc	Not Covered			Y				
E0480	Percussor elect/pneum home m	Not Covered			Y				
E0481	Intrpulumnry percuss vent sys	Not Covered			E				
E0482	Cough stimulating device	Not Covered			Y				
E0483	Chest compression gen system	Not Covered			Y				
E0484	Non-elec oscillatory pep dvc	Not Covered			Y				
E0485	Oral device/appliance prefab	Not Covered			Y				
E0486	Oral device/appliance cusfab	Not Covered			Y				
E0487	Electronic spirometer	Not Covered			N				
E0500	Ippb all types	Not Covered			Y				
E0550	Humidif extens supple w ippb	Not Covered			Y				
E0555	Humidifier for use w/ regula	Not Covered			Y				
E0560	Humidifier supplemental w/ i	Not Covered			Y				
E0561	Humidifier nonheated w pap	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E0562	Humidifier heated used w pap	Not Covered			Y				
E0565	Compressor air power source	Not Covered			Y				
E0570	Nebulizer with compression	Not Covered			Y				
E0572	Aerosol compressor adjust pr	Not Covered			Y				
E0574	Ultrasonic generator w svneb	Not Covered			Y				
E0575	Nebulizer ultrasonic	Not Covered			Y				
E0580	Nebulizer for use w/ regulat	Covered	N	1	Y				\$128.61
E0585	Nebulizer w/ compressor & he	Not Covered			Y				
E0600	Suction pump portab hom modl	Not Covered			Y				
E0601	Cont airway pressure device	Not Covered			Y				
E0602	Manual breast pump	Not Covered			Y				
E0603	Electric breast pump	Not Covered			N				
E0604	Hosp grade elec breast pump	Not Covered			A				
E0605	Vaporizer room type	Not Covered			Y				
E0606	Drainage board postural	Not Covered			Y				
E0607	Blood glucose monitor home	Not Covered			Y				
E0610	Pacemaker monitr audible/vis	Not Covered			Y				
E0615	Pacemaker monitr digital/vis	Not Covered			Y				
E0616	Cardiac event recorder	Not Covered			N				
E0617	Automatic ext defibrillator	Not Covered			Y				
E0618	Apnea monitor	Not Covered			Y				
E0619	Apnea monitor w recorder	Not Covered			Y				
E0620	Cap bld skin piercing laser	Not Covered			Y				
E0621	Patient lift sling or seat	Not Covered			Y				
E0625	Patient lift bathroom or toi	Not Covered			E				
E0627	Seat lift incorp lift-chair	Not Covered			Y				
E0628	Seat lift for pt furn-electr	Not Covered			Y				
E0629	Seat lift for pt furn-non-el	Not Covered			Y				
E0630	Patient lift hydraulic	Not Covered			Y				
E0635	Patient lift electric	Not Covered			Y				
E0636	Pt support & positioning sys	Not Covered			Y				
E0637	Combination sit to stand sys	Not Covered			E				
E0638	Standing frame sys	Not Covered			E				
E0639	Moveable patient lift system	Not Covered			E				
E0640	Fixed patient lift system	Not Covered			E				
E0641	Multi-position stnd fram sys	Not Covered			E				
E0642	Dynamic standing frame	Not Covered			E				
E0650	Pneuma compressor non-segment	Not Covered			Y				
E0651	Pneum compressor segmental	Not Covered			Y				
E0652	Pneum compres w/cal pressure	Not Covered			Y				
E0655	Pneumatic appliance half arm	Covered	N	1	Y				\$77.77
E0656	Segmental pneumatic trunk	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E0657	Segmental pneumatic chest	Not Covered			Y				
E0660	Pneumatic appliance full leg	Not Covered			Y				
E0665	Pneumatic appliance full arm	Not Covered			Y				
E0666	Pneumatic appliance half leg	Not Covered			Y				
E0667	Seg pneumatic appl full leg	Not Covered			Y				
E0668	Seg pneumatic appl full arm	Not Covered			Y				
E0669	Seg pneumatic appli half leg	Not Covered			Y				
E0670	Seg pneum int legs/trunk	Not Covered			Y				
E0671	Pressure pneum appl full leg	Not Covered			Y				
E0672	Pressure pneum appl full arm	Not Covered			Y				
E0673	Pressure pneum appl half leg	Not Covered			Y				
E0675	Pneumatic compression device	Not Covered			Y				
E0676	Inter limb compress dev nos	Not Covered			Y				
E0691	Uvl pnl 2 sq ft or less	Not Covered			Y				
E0692	Uvl sys panel 4 ft	Not Covered			Y				
E0693	Uvl sys panel 6 ft	Not Covered			Y				
E0694	Uvl md cabinet sys 6 ft	Not Covered			Y				
E0700	Safety equipment	Covered	N	1	E				By Report
E0705	Transfer device	Not Covered			B				
E0710	Restraints any type	Not Covered			E				
E0720	Tens two lead	Not Covered			Y				
E0730	Tens four lead	Not Covered			Y				
E0731	Conductive garment for tens/	Not Covered			Y				
E0740	Incontinence treatment systm	Covered	N	2	Y				\$501.69
E0744	Neuromuscular stim for scoli	Not Covered			Y				
E0745	Neuromuscular stim for shock	Not Covered			Y				
E0746	Electromyograph biofeedback	Not Covered			N				
E0747	Elec osteogen stim not spine	Not Covered			Y				
E0748	Elec osteogen stim spinal	Not Covered			Y				
E0749	Elec osteogen stim implanted	Not Covered			N				
E0755	Electronic salivary reflex s	Not Covered			E				
E0760	Osteogen ultrasound stim/tor	Not Covered			Y				
E0761	Nontherm electromgntc device	Not Covered			E				
E0762	Trans elec jt stim dev sys	Not Covered			B				
E0764	Functional neuromuscularstim	Not Covered			Y				
E0765	Nerve stimulator for tx n&v	Not Covered			Y				
E0766	Elec stim cancer treatment	Not Covered			Y				
E0769	Electric wound treatment dev	Not Covered			B				
E0770	Functional electric stim nos	Covered	N	1	Y				By Report
E0776	Iv pole	Not Covered			Y				
E0779	Amb infusion pump mechanical	Not Covered			Y				
E0780	Mech amb infusion pump <8hrs	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E0781	External ambulatory infus pu	Not Covered			Y				
E0782	Non-programble infusion pump	Not Covered			N				
E0783	Programmable infusion pump	Not Covered			N				
E0784	Ext amb infusn pump insulin	Not Covered			Y				
E0785	Replacement impl pump cathet	Not Covered			N				
E0786	Implantable pump replacement	Not Covered			N				
E0791	Parenteral infusion pump sta	Not Covered			Y				
E0830	Ambulatory traction device	Not Covered			N				
E0840	Tract frame attach headboard	Not Covered			Y				
E0849	Cervical pneum trac equip	Covered	N	1	Y				\$494.44
E0850	Traction stand free standing	Not Covered			Y				
E0855	Cervical traction equipment	Not Covered			Y				
E0856	Cervic collar w air bladders	Not Covered			Y				
E0860	Tract equip cervical tract	Not Covered			Y				
E0870	Tract frame attach footboard	Not Covered			Y				
E0880	Trac stand free stand extrem	Not Covered			Y				
E0890	Traction frame attach pelvic	Not Covered			Y				
E0900	Trac stand free stand pelvic	Not Covered			Y				
E0910	Trapeze bar attached to bed	Not Covered			Y				
E0911	Hd trapeze bar attach to bed	Not Covered			Y				
E0912	Hd trapeze bar free standing	Not Covered			Y				
E0920	Fracture frame attached to b	Not Covered			Y				
E0930	Fracture frame free standing	Not Covered			Y				
E0935	Cont pas motion exercise dev	Not Covered			Y				
E0936	Cpm device, other than knee	Not Covered			E				
E0940	Trapeze bar free standing	Not Covered			Y				
E0941	Gravity assisted traction de	Not Covered			Y				
E0942	Cervical head harness/halter	Not Covered			Y				
E0944	Pelvic belt/harness/boot	Not Covered			Y				
E0945	Belt/harness extremity	Not Covered			Y				
E0946	Fracture frame dual w cross	Not Covered			Y				
E0947	Fracture frame attachmnts pe	Not Covered			Y				
E0948	Fracture frame attachmnts ce	Not Covered			Y				
E0950	Tray	Not Covered			Y				
E0951	Loop heel	Not Covered			Y				
E0952	Toe loop/holder, each	Not Covered			Y				
E0955	Cushioned headrest	Not Covered			Y				
E0956	W/c lateral trunk/hip suppor	Not Covered			Y				
E0957	W/c medial thigh support	Not Covered			Y				
E0958	Whlchr att- conv 1 arm drive	Not Covered			Y				
E0959	Amputee adapter	Not Covered			B				
E0960	W/c shoulder harness/straps	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E0961	Wheelchair brake extension	Not Covered			B				
E0966	Wheelchair head rest extensi	Not Covered			B				
E0967	Manual wc hand rim w project	Not Covered			Y				
E0968	Wheelchair commode seat	Not Covered			Y				
E0969	Wheelchair narrowing device	Not Covered			Y				
E0970	Wheelchair no. 2 footplates	Not Covered			E				
E0971	Wheelchair anti-tipping devi	Not Covered			B				
E0973	W/ch access det adj armrest	Not Covered			B				
E0974	W/ch access anti-rollback	Not Covered			B				
E0978	W/c acc,saf belt pelv strap	Not Covered			B				
E0980	Wheelchair safety vest	Not Covered			Y				
E0981	Seat upholstery, replacement	Not Covered			Y				
E0982	Back upholstery, replacement	Not Covered			Y				
E0983	Add pwr joystick	Not Covered			Y				
E0984	Add pwr tiller	Not Covered			Y				
E0985	W/c seat lift mechanism	Not Covered			Y				
E0986	Man w/c push-rim powr system	Not Covered			Y				
E0988	Lever-activated wheel drive	Covered	N	1	Y				\$308.51
E0990	Wheelchair elevating leg res	Not Covered			B				
E0992	Wheelchair solid seat insert	Not Covered			B				
E0994	Wheelchair arm rest	Not Covered			Y				
E0995	Wheelchair calf rest	Not Covered			B				
E1002	Pwr seat tilt	Not Covered			Y				
E1003	Pwr seat recline	Not Covered			Y				
E1004	Pwr seat recline mech	Not Covered			Y				
E1005	Pwr seat recline pwr	Not Covered			Y				
E1006	Pwr seat combo w/o shear	Not Covered			Y				
E1007	Pwr seat combo w/shear	Not Covered			Y				
E1008	Pwr seat combo pwr shear	Not Covered			Y				
E1009	Add mech leg elevation	Not Covered			Y				
E1010	Add pwr leg elevation	Not Covered			Y				
E1011	Ped wc modify width adjustm	Not Covered			Y				
E1014	Reclining back add ped w/c	Covered	N	1	Y				\$350.35
E1015	Shock absorber for man w/c	Not Covered			Y				
E1016	Shock absorber for power w/c	Not Covered			Y				
E1017	Hd shck absrbr for hd man wc	Not Covered			Y				
E1018	Hd shck absrber for hd powwc	Not Covered			Y				
E1020	Residual limb support system	Not Covered			Y				
E1028	W/c manual swingaway	Not Covered			Y				
E1029	W/c vent tray fixed	Not Covered			Y				
E1030	W/c vent tray gimbaled	Not Covered			Y				
E1031	Rollabout chair with casters	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E1035	Patient transfer system <300	Covered	N	1	Y				By Report
E1036	Patient transfer system >300	Not Covered			Y				
E1037	Transport chair, ped size	Not Covered			Y				
E1038	Transport chair pt wt<=300lb	Not Covered			Y				
E1039	Transport chair pt wt >300lb	Covered	N	1	Y				\$32.81
E1050	Wheelchr fxd full length arms	Not Covered			Y				
E1060	Wheelchair detachable arms	Not Covered			Y				
E1070	Wheelchair detachable foot r	Not Covered			Y				
E1083	Hemi-wheelchair fixed arms	Not Covered			Y				
E1084	Hemi-wheelchair detachable a	Not Covered			Y				
E1085	Hemi-wheelchair fixed arms	Not Covered			E				
E1086	Hemi-wheelchair detachable a	Not Covered			E				
E1087	Wheelchair lightwt fixed arm	Not Covered			Y				
E1088	Wheelchair lightweight det a	Not Covered			Y				
E1089	Wheelchair lightwt fixed arm	Not Covered			E				
E1090	Wheelchair lightweight det a	Not Covered			E				
E1092	Wheelchair wide w/ leg rests	Not Covered			Y				
E1093	Wheelchair wide w/ foot rest	Not Covered			Y				
E1100	Whchr s-recl fxd arm leg res	Not Covered			Y				
E1110	Wheelchair semi-recl detach	Covered	N	1	Y				\$97.54
E1130	Whlchr stand fxd arm ft rest	Not Covered			E				
E1140	Wheelchair standard detach a	Not Covered			E				
E1150	Wheelchair standard w/ leg r	Not Covered			Y				
E1160	Wheelchair fixed arms	Not Covered			Y				
E1161	Manual adult wc w tiltinspac	Not Covered			Y				
E1170	Whlchr ampu fxd arm leg rest	Not Covered			Y				
E1171	Wheelchair amputee w/o leg r	Not Covered			Y				
E1172	Wheelchair amputee detach ar	Not Covered			Y				
E1180	Wheelchair amputee w/ foot r	Not Covered			Y				
E1190	Wheelchair amputee w/ leg re	Not Covered			Y				
E1195	Wheelchair amputee heavy dut	Not Covered			Y				
E1200	Wheelchair amputee fixed arm	Not Covered			Y				
E1220	Whlchr special size/constrc	Not Covered			Y				
E1221	Wheelchair spec size w foot	Not Covered			Y				
E1222	Wheelchair spec size w/ leg	Not Covered			Y				
E1223	Wheelchair spec size w foot	Not Covered			Y				
E1224	Wheelchair spec size w/ leg	Not Covered			Y				
E1225	Manual semi-reclining back	Not Covered			Y				
E1226	Manual fully reclining back	Not Covered			B				
E1227	Wheelchair spec sz spec ht a	Not Covered			Y				
E1228	Wheelchair spec sz spec ht b	Not Covered			Y				
E1229	Pediatric wheelchair nos	Covered	N	1	Y				By Report

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E1230	Power operated vehicle	Not Covered			Y				
E1231	Rigid ped w/c tilt-in-space	Not Covered			Y				
E1232	Folding ped wc tilt-in-space	Not Covered			Y				
E1233	Rig ped wc tltnspc w/o seat	Not Covered			Y				
E1234	Fld ped wc tltnspc w/o seat	Not Covered			Y				
E1235	Rigid ped wc adjustable	Not Covered			Y				
E1236	Folding ped wc adjustable	Not Covered			Y				
E1237	Rgd ped wc adjstabl w/o seat	Not Covered			Y				
E1238	Fld ped wc adjstabl w/o seat	Not Covered			Y				
E1239	Ped power wheelchair nos	Not Covered			Y				
E1240	Whchr litwt det arm leg rest	Not Covered			Y				
E1250	Wheelchair lightwt fixed arm	Not Covered			E				
E1260	Wheelchair lightwt foot rest	Not Covered			E				
E1270	Wheelchair lightweight leg r	Not Covered			Y				
E1280	Whchr h-duty det arm leg res	Not Covered			Y				
E1285	Wheelchair heavy duty fixed	Not Covered			E				
E1290	Wheelchair hvy duty detach a	Not Covered			E				
E1295	Wheelchair heavy duty fixed	Not Covered			Y				
E1296	Wheelchair special seat heig	Not Covered			Y				
E1297	Wheelchair special seat dept	Not Covered			Y				
E1298	Wheelchair spec seat depth/w	Not Covered			Y				
E1300	Whirlpool portable	Not Covered			E				
E1310	Whirlpool non-portable	Not Covered			Y				
E1352	O2 flow reg pos inspir press	Not Covered			Y				
E1353	Oxygen supplies regulator	Not Covered			Y				
E1354	Wheeled cart, port cyl/conc	Not Covered			Y				
E1355	Oxygen supplies stand/rack	Not Covered			Y				
E1356	Batt pack/cart, port conc	Not Covered			Y				
E1357	Battery charger, port conc	Not Covered			Y				
E1358	Dc power adapter, port conc	Not Covered			Y				
E1372	Oxy suppl heater for nebuliz	Not Covered			Y				
E1390	Oxygen concentrator	Not Covered			Y				
E1391	Oxygen concentrator, dual	Not Covered			Y				
E1392	Portable oxygen concentrator	Not Covered			Y				
E1399	Durable medical equipment mi	Not Covered			Y				
E1405	O2/water vapor enrich w/heat	Not Covered			Y				
E1406	O2/water vapor enrich w/o he	Not Covered			Y				
E1500	Centrifuge	Covered	N	1	A				By Report
E1510	Kidney dialysate delivry sys	Covered	N	1	A				By Report
E1520	Heparin infusion pump	Not Covered			A				
E1530	Replacement air bubble detec	Not Covered			A				
E1540	Replacement pressure alarm	Not Covered			A				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E1550	Bath conductivity meter	Not Covered			A				
E1560	Replace blood leak detector	Not Covered			A				
E1570	Adjustable chair for esrd pt	Not Covered			A				
E1575	Transducer protect/fld bar	Not Covered			A				
E1580	Unipuncture control system	Not Covered			A				
E1590	Hemodialysis machine	Not Covered			A				
E1592	Auto interm peritoneal dialy	Not Covered			A				
E1594	Cycler dialysis machine	Not Covered			A				
E1600	Deli/install chrg hemo equip	Not Covered			A				
E1610	Reverse osmosis h2o puri sys	Not Covered			A				
E1615	Deionizer h2o puri system	Not Covered			A				
E1620	Replacement blood pump	Not Covered			A				
E1625	Water softening system	Not Covered			A				
E1630	Reciprocating peritoneal dia	Covered	N	1	A				By Report
E1632	Wearable artificial kidney	Not Covered			A				
E1634	Peritoneal dialysis clamp	Not Covered			B				
E1635	Compact travel hemodialyzer	Not Covered			A				
E1636	Sorbent cartridges per 10	Not Covered			A				
E1637	Hemostats for dialysis, each	Covered	N		A				By Report
E1639	Dialysis scale	Covered	N	1	A				By Report
E1699	Dialysis equipment noc	Not Covered			A				
E1700	Jaw motion rehab system	Not Covered			Y				
E1701	Repl cushions for jaw motion	Not Covered			Y				
E1702	Repl measr scales jaw motion	Not Covered			Y				
E1800	Adjust elbow ext/flex device	Not Covered			Y				
E1801	Sps elbow device	Not Covered			Y				
E1802	Adjst forearm pro/sup device	Not Covered			Y				
E1805	Adjust wrist ext/flex device	Not Covered			Y				
E1806	Sps wrist device	Not Covered			Y				
E1810	Adjust knee ext/flex device	Not Covered			Y				
E1811	Sps knee device	Not Covered			Y				
E1812	Knee ext/flex w act res ctrl	Not Covered			Y				
E1815	Adjust ankle ext/flex device	Not Covered			Y				
E1816	Sps ankle device	Not Covered			Y				
E1818	Sps forearm device	Not Covered			Y				
E1820	Soft interface material	Not Covered			Y				
E1821	Replacement interface spsd	Not Covered			Y				
E1825	Adjust finger ext/flex devc	Not Covered			Y				
E1830	Adjust toe ext/flex device	Not Covered			Y				
E1831	Static str toe dev ext/flex	Not Covered			Y				
E1840	Adj shoulder ext/flex device	Not Covered			Y				
E1841	Static str shldr dev rom adj	Not Covered			Y				

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E1902	Aac non-electronic board	Not Covered			Y				
E2000	Gastric suction pump hme mdl	Not Covered			Y				
E2100	Bld glucose monitor w voice	Covered	N	1	Y				\$617.14
E2101	Bld glucose monitor w lance	Not Covered			Y				
E2120	Pulse gen sys tx endolymp fl	Not Covered			Y				
E2201	Man w/ch acc seat w>=20"<24"	Not Covered			Y				
E2202	Seat width 24-27 in	Not Covered			Y				
E2203	Frame depth less than 22 in	Not Covered			Y				
E2204	Frame depth 22 to 25 in	Not Covered			Y				
E2205	Manual wc accessory, handrim	Covered	N	1	Y				\$30.80
E2206	Complete wheel lock assembly	Covered	N	2	Y				\$38.39
E2207	Crutch and cane holder	Not Covered			Y				
E2208	Cylinder tank carrier	Not Covered			Y				
E2209	Arm trough each	Not Covered			Y				
E2210	Wheelchair bearings	Not Covered			Y				
E2211	Pneumatic propulsion tire	Not Covered			Y				
E2212	Pneumatic prop tire tube	Not Covered			Y				
E2213	Pneumatic prop tire insert	Not Covered			Y				
E2214	Pneumatic caster tire each	Not Covered			Y				
E2215	Pneumatic caster tire tube	Not Covered			Y				
E2216	Foam filled propulsion tire	Not Covered			Y				
E2217	Foam filled caster tire each	Not Covered			Y				
E2218	Foam propulsion tire each	Not Covered			Y				
E2219	Foam caster tire any size ea	Not Covered			Y				
E2220	Solid propulsion tire each	Not Covered			Y				
E2221	Solid caster tire each	Not Covered			Y				
E2222	Solid caster integrated whl	Not Covered			Y				
E2224	Propulsion whl excludes tire	Not Covered			Y				
E2225	Caster wheel excludes tire	Not Covered			Y				
E2226	Caster fork replacement only	Not Covered			Y				
E2227	Gear reduction drive wheel	Not Covered			Y				
E2228	Mwc acc, wheelchair brake	Not Covered			Y				
E2230	Manual standing system	Covered	N	1	Y				By Report
E2231	Solid seat support base	Covered	N	1	Y				\$154.82
E2291	Planar back for ped size wc	Covered	N	1	Y				By Report
E2292	Planar seat for ped size wc	Covered	N	1	Y				By Report
E2293	Contour back for ped size wc	Covered	N	1	Y				By Report
E2294	Contour seat for ped size wc	Covered	N	1	Y				By Report
E2295	Ped dynamic seating frame	Covered	N	1	Y				By Report
E2300	Pwr seat elevation sys	Not Covered			Y				
E2301	Pwr standing	Not Covered			Y				
E2310	Electro connect btw control	Not Covered			Y				

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E2311	Electro connect btw 2 sys	Not Covered			Y				
E2312	Mini-prop remote joystick	Not Covered			Y				
E2313	Pwc harness, expand control	Not Covered			Y				
E2321	Hand interface joystick	Not Covered			Y				
E2322	Mult mech switches	Not Covered			Y				
E2323	Special joystick handle	Not Covered			Y				
E2324	Chin cup interface	Not Covered			Y				
E2325	Sip and puff interface	Not Covered			Y				
E2326	Breath tube kit	Not Covered			Y				
E2327	Head control interface mech	Not Covered			Y				
E2328	Head/extremity control inter	Not Covered			Y				
E2329	Head control nonproportional	Not Covered			Y				
E2330	Head control proximity switc	Not Covered			Y				
E2331	Attendant control	Not Covered			Y				
E2340	W/c wdth 20-23 in seat frame	Not Covered			Y				
E2341	W/c wdth 24-27 in seat frame	Not Covered			Y				
E2342	W/c dpth 20-21 in seat frame	Not Covered			Y				
E2343	W/c dpth 22-25 in seat frame	Not Covered			Y				
E2351	Electronic sgd interface	Not Covered			Y				
E2358	Gr 34 nonsealed leadacid	Covered	N	3	Y				By Report
E2359	Gr34 sealed leadacid battery	Covered	N	3	Y				\$179.46
E2360	22nf nonsealed leadacid	Not Covered			Y				
E2361	22nf sealed leadacid battery	Not Covered			Y				
E2362	Gr24 nonsealed leadacid	Not Covered			Y				
E2363	Gr24 sealed leadacid battery	Not Covered			Y				
E2364	U1nonsealed leadacid battery	Not Covered			Y				
E2365	U1 sealed leadacid battery	Not Covered			Y				
E2366	Battery charger, single mode	Not Covered			Y				
E2367	Battery charger, dual mode	Not Covered			Y				
E2368	Pwr wc drivewheel motor repl	Covered	N	2	Y				\$495.64
E2369	Pwr wc drivewheel gear repl	Covered	N	2	Y				\$431.71
E2370	Pwr wc dr wh motor/gear comb	Covered	N	2	Y				\$770.32
E2371	Gr27 sealed leadacid battery	Not Covered			Y				
E2372	Gr27 non-sealed leadacid	Not Covered			Y				
E2373	Hand/chin ctrl spec joystick	Not Covered			Y				
E2374	Hand/chin ctrl std joystick	Not Covered			Y				
E2375	Non-expandable controller	Not Covered			Y				
E2376	Expandable controller, repl	Not Covered			Y				
E2377	Expandable controller, initl	Not Covered			Y				
E2378	Pw actuator replacement	Not Covered			Y				
E2381	Pneum drive wheel tire	Not Covered			Y				
E2382	Tube, pneum wheel drive tire	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E2383	Insert, pneum wheel drive	Not Covered			Y				
E2384	Pneumatic caster tire	Not Covered			Y				
E2385	Tube, pneumatic caster tire	Not Covered			Y				
E2386	Foam filled drive wheel tire	Not Covered			Y				
E2387	Foam filled caster tire	Not Covered			Y				
E2388	Foam drive wheel tire	Not Covered			Y				
E2389	Foam caster tire	Not Covered			Y				
E2390	Solid drive wheel tire	Not Covered			Y				
E2391	Solid caster tire	Not Covered			Y				
E2392	Solid caster tire, integrate	Not Covered			Y				
E2394	Drive wheel excludes tire	Not Covered			Y				
E2395	Caster wheel excludes tire	Not Covered			Y				
E2396	Caster fork	Not Covered			Y				
E2397	Pwc acc, lith-based battery	Not Covered			Y				
E2402	Neg press wound therapy pump	Not Covered			Y				
E2500	Sgd digitized pre-rec <=8min	Not Covered			Y				
E2502	Sgd prerec msg >8min <=20min	Not Covered			Y				
E2504	Sgd prerec msg>20min <=40min	Not Covered			Y				
E2506	Sgd prerec msg > 40 min	Not Covered			Y				
E2508	Sgd spelling phys contact	Not Covered			Y				
E2510	Sgd w multi methods msg/accs	Not Covered			Y				
E2511	Sgd sftwre prgrm for pc/pda	Not Covered			Y				
E2512	Sgd accessory, mounting sys	Not Covered			Y				
E2599	Sgd accessory noc	Not Covered			Y				
E2601	Gen w/c cushion wdth < 22 in	Covered	N	1	Y				\$58.68
E2602	Gen w/c cushion wdth >=22 in	Covered	N	1	Y				\$114.56
E2603	Skin protect wc cus wd <22in	Covered	N	1	Y				\$145.45
E2604	Skin protect wc cus wd>=22in	Covered	N	1	Y				\$180.78
E2605	Position wc cush wdth <22 in	Covered	N	1	Y				\$258.27
E2606	Position wc cush wdth>=22 in	Covered	N	1	Y				\$402.91
E2607	Skin pro/pos wc cus wd <22in	Covered	N	1	Y				\$278.10
E2608	Skin pro/pos wc cus wd>=22in	Covered	N	1	Y				\$333.99
E2609	Custom fabricate w/c cushion	Covered	N	1	Y				\$796.78
E2610	Powered w/c cushion	Not Covered			B				
E2611	Gen use back cush wdth <22in	Covered	N	1	Y				\$299.70
E2612	Gen use back cush wdth>=22in	Covered	N	1	Y				\$405.42
E2613	Position back cush wd <22in	Covered	N	1	Y				\$377.12
E2614	Position back cush wd>=22in	Covered	N	1	Y				\$521.89
E2615	Pos back post/lat wdth <22in	Covered	N	1	Y				\$434.00
E2616	Pos back post/lat wdth>=22in	Not Covered			Y				
E2617	Custom fab w/c back cushion	Covered	N	1	Y				\$789.58
E2619	Replace cover w/c seat cush	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
E2620	Wc planar back cush wd <22in	Not Covered			Y				
E2621	Wc planar back cush wd>=22in	Not Covered			Y				
E2622	Adj skin pro w/c cus wd<22in	Covered	N	1	Y				\$287.54
E2623	Adj skin pro wc cus wd>=22in	Covered	N	1	Y				\$365.88
E2624	Adj skin pro/pos cus<22in	Covered	N	1	Y				\$289.90
E2625	Adj skin pro/pos wc cus>=22	Covered	N	1	Y				\$366.99
E2626	Seo mobile arm sup att to wc	Covered	N	1	Y				\$640.14
E2627	Arm supp att to wc rancho ty	Covered	N	1	Y				\$1,021.46
E2628	Mobile arm supports reclinin	Covered	N	1	Y				\$769.50
E2629	Friction dampening arm supp	Covered	N	1	Y				\$950.82
E2630	Monosuspension arm/hand supp	Covered	N	1	Y				\$680.97
E2631	Elevat proximal arm support	Covered	N	1	Y				\$272.39
E2632	Offset/lat rocker arm w/ela	Covered	N	1	Y				\$160.70
E2633	Mobile arm support supinator	Covered	N	1	Y				\$146.92
E8000	Posterior gait trainer	Not Covered			E				
E8001	Upright gait trainer	Not Covered			E				
E8002	Anterior gait trainer	Not Covered			E				
G0008	Admin influenza virus vac	Covered	N	1	S	0436	0.4393		
G0009	Admin pneumococcal vaccine	Covered	N	12	S	0437	0.7218		
G0010	Admin hepatitis b vaccine	Not Covered			S	0437	0.7218		
G0027	Semen analysis	Not Covered			N				
G0101	Ca screen;pelvic/breast exam	Covered	N	1	V	0631	0.7242		
G0102	Prostate ca screening; dre	Covered	N	1	N				
G0103	Psa screening	Not Covered			N				
G0104	Ca screen;flexi sigmoidscope	Covered	N	1	S	0159	6.3219		
G0105	Colorectal scrn; hi risk ind	Covered	N	1	T	0158	8.8312		
G0106	Colon ca screen;barium enema	Not Covered			S	0157	4.6315		
G0108	Diab manage trn per indiv	Not Covered			A				
G0109	Diab manage trn ind/group	Not Covered			A				
G0117	Glaucoma scrn hgh risk direc	Not Covered			S	0230	0.7019		
G0118	Glaucoma scrn hgh risk direc	Not Covered			S	0230	0.7019		
G0120	Colon ca scrn; barium enema	Not Covered			S	0157	4.6315		
G0121	Colon ca scrn not hi rsk ind	Covered	N	1	T	0158	8.8312		
G0122	Colon ca scrn; barium enema	Not Covered			E				
G0123	Screen cerv/vag thin layer	Not Covered			N				
G0124	Screen c/v thin layer by md	Not Covered			B				
G0127	Trim nail(s)	Not Covered			Q1	0340	0.7061		
G0128	Corf skilled nursing service	Not Covered			B				
G0129	Partial hosp prog service	Covered	N	3	P				Billed Charges
G0130	Single energy x-ray study	Not Covered			S	0260	0.8004		
G0141	Scr c/v cyto,autosys and md	Not Covered			B				
G0143	Scr c/v cyto,thinlayer,rescr	Not Covered			N				

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G0144	Scr c/v cyto,thinlayer,rescr	Not Covered			N				
G0145	Scr c/v cyto,thinlayer,rescr	Not Covered			N				
G0147	Scr c/v cyto, automated sys	Not Covered			N				
G0148	Scr c/v cyto, autosys, rescr	Not Covered			N				
G0151	Hhcp-serv of pt,ea 15 min	Not Covered			B				
G0152	Hhcp-serv of ot,ea 15 min	Not Covered			B				
G0153	Hhcp-svs of s/l path,ea 15mn	Not Covered			B				
G0154	Hhcp-svs of rn,ea 15 min	Not Covered			B				
G0155	Hhcp-svs of csw,ea 15 min	Not Covered			B				
G0156	Hhcp-svs of aide,ea 15 min	Not Covered			B				
G0157	Hhc pt assistant ea 15	Not Covered			B				
G0158	Hhc ot assistant ea 15	Not Covered			B				
G0159	Hhc pt maint ea 15 min	Not Covered			B				
G0160	Hhc occup therapy ea 15	Not Covered			B				
G0161	Hhc slp ea 15 min	Not Covered			B				
G0162	Hhc rn e&m plan svcs, 15 min	Not Covered			B				
G0163	Hhc lprn/rn obs/asses ea 15	Not Covered			B				
G0164	Hhc lis nurse train ea 15	Not Covered			B				
G0166	Extrnl counterpulse, per tx	Not Covered			Q1	0420	1.7762		
G0168	Wound closure by adhesive	Not Covered			B				
G0175	Opps service,sched team conf	Not Covered			V	0633	5.2168		
G0176	Opps/php;activity therapy	Not Covered			P				
G0177	Opps/php; train & educ serv	Not Covered			N				
G0179	Md recertification hha pt	Not Covered			M				
G0180	Md certification hha patient	Not Covered			M				
G0181	Home health care supervision	Not Covered			M				
G0182	Hospice care supervision	Not Covered			M				
G0186	Dstry eye lesn,fdr vssl tech	Not Covered			T	0247	5.9810		
G0202	Screeningmammographydigital	Covered	N	1	A				\$78.80
G0204	Diagnosticmammographydigital	Covered	N	1	A				\$86.25
G0206	Diagnosticmammographydigital	Covered	N	1	A				\$68.79
G0219	Pet img wholbod melano nonco	Not Covered			E				
G0235	Pet not otherwise specified	Not Covered			E				
G0237	Therapeutic procd strg endur	Not Covered			Q1	0340	0.7061		
G0238	Oth resp proc, indiv	Not Covered			Q1	0340	0.7061		
G0239	Oth resp proc, group	Covered	N	1	Q1	0450	0.3942		
G0245	Initial foot exam pt lops	Not Covered			V	0632	1.4327		
G0246	Followup eval of foot pt lop	Not Covered			V	0632	1.4327		
G0247	Routine footcare pt w lops	Not Covered			Q1	0012	1.3279		
G0248	Demonstrate use home inr mon	Not Covered			V	0632	1.4327		
G0249	Provide inr test mater/equip	Not Covered			V	0632	1.4327		
G0250	Md inr test revie inter mgmt	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G0252	Pet imaging initial dx	Not Covered			E				
G0255	Current percep threshold tst	Not Covered			E				
G0257	Unsched dialysis esrd pt hos	Not Covered			S	0170	8.2721		
G0259	Inject for sacroiliac joint	Not Covered			N				
G0260	Inj for sacroiliac jt anesth	Covered	N	1	T	0207	9.0607		
G0268	Removal of impacted wax md	Covered	N	1	N				
G0269	Occlusive device in vein art	Not Covered			N				
G0270	Mnt subs tx for change dx	Not Covered			A				
G0271	Group mnt 2 or more 30 mins	Not Covered			A				
G0276	Pild/placebo control clin tr	Not Covered			T	0208	55.4537		
G0277	Hbot, full body chamber, 30m	Covered	N	4	S	0659	1.4734		
G0278	Iliac art angio,cardiac cath	Not Covered			N				
G0279	Tomosynthesis, mammo screen	Not Covered			A				
G0281	Elec stim unattend for press	Covered	N	1	A				\$12.05
G0282	Elect stim wound care not pd	Not Covered			E				
G0283	Elec stim other than wound	Covered	N	1	A				\$12.05
G0288	Recon, cta for surg plan	Covered	N	1	N				
G0289	Arthro, loose body + chondro	Covered	N	1	N				
G0293	Non-cov surg proc,clin trial	Not Covered			Q1	0340	0.7061		
G0294	Non-cov proc, clinical trial	Not Covered			Q1	0340	0.7061		
G0295	Electromagnetic therapy onc	Not Covered			E				
G0302	Pre-op service lvrs complete	Not Covered			S	0209	3.1121		
G0303	Pre-op service lvrs 10-15dos	Not Covered			S	0209	3.1121		
G0304	Pre-op service lvrs 1-9 dos	Not Covered			S	0213	2.3813		
G0305	Post op service lvrs min 6	Not Covered			S	0213	2.3813		
G0306	Cbc/diffwbc w/o platelet	Not Covered			N				
G0307	Cbc without platelet	Not Covered			N				
G0328	Fecal blood scrn immunoassay	Not Covered			N				
G0329	Electromagntic tx for ulcers	Not Covered			A				
G0333	Dispense fee initial 30 day	Not Covered			M				
G0337	Hospice evaluation preelecti	Not Covered			B				
G0339	Robot lin-radsurg com, first	Not Covered			B				
G0340	Robt lin-radsurg fractx 2-5	Not Covered			B				
G0341	Percutaneous islet celltrans	Not Covered			C				
G0342	Laparoscopy islet cell trans	Not Covered			C				
G0343	Laparotomy islet cell transp	Not Covered			C				
G0364	Bone marrow aspirate & biopsy	Covered	N	1	N				
G0365	Vessel mapping hemo access	Not Covered			S	0267	2.5565		
G0372	Md service required for pmd	Not Covered			M				
G0378	Hospital observation per hr	Covered	N	48	N				
G0379	Direct refer hospital observ	Covered	N	1	Q3	0633	5.2168		
G0380	Lev 1 hosp type b ed visit	Covered	N	1	V	0626	0.8456		

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G0381	Lev 2 hosp type b ed visit	Covered	N	1	V	0627	0.9372		
G0382	Lev 3 hosp type b ed visit	Covered	N	1	V	0628	1.5231		
G0383	Lev 4 hosp type b ed visit	Covered	N	1	V	0629	2.6827		
G0384	Lev 5 hosp type b ed visit	Covered	N	1	Q3	0630	4.1037		
G0389	Ultrasound exam aaa screen	Covered	N	1	S	0265	1.2362		
G0390	Trauma respons w/hosp criti	Covered	N	1	S	0618	11.9898		
G0396	Alcohol/subs interv 15-30mn	Not Covered			S	0432	0.6773		
G0397	Alcohol/subs interv >30 min	Not Covered			S	0322	1.2065		
G0398	Home sleep test/type 2 porta	Not Covered			S	0213	2.3813		
G0399	Home sleep test/type 3 porta	Not Covered			S	0213	2.3813		
G0400	Home sleep test/type 4 porta	Not Covered			S	0213	2.3813		
G0402	Initial preventive exam	Not Covered			V	0632	1.4327		
G0403	Ekg for initial prevent exam	Not Covered			M				
G0404	Ekg tracing for initial prev	Not Covered			S	0450	0.3942		
G0405	Ekg interpret & report preve	Not Covered			B				
G0406	Inpt/tele follow up 15	Not Covered			B				
G0407	Inpt/tele follow up 25	Not Covered			B				
G0408	Inpt/tele follow up 35	Not Covered			B				
G0409	Corf related serv 15 mins ea	Not Covered			B				
G0410	Grp psych partial hosp 45-50	Not Covered			P				
G0411	Inter active grp psych parti	Not Covered			P				
G0412	Open tx iliac spine uni/bil	Covered	N	1	C				\$593.38
G0413	Pelvic ring fracture uni/bil	Covered	N	1	T	0050	35.0819		
G0414	Pelvic ring fx treat int fix	Covered	N	1	C				\$823.61
G0415	Open tx post pelvic fcture	Covered	N	1	C				\$1,128.37
G0416	Prostate biopsy any meth	Covered	N	1	S	0661	3.9671		
G0420	Ed svc ckd ind per session	Not Covered			A				
G0421	Ed svc ckd grp per session	Not Covered			A				
G0422	Intens cardiac rehab w/exerc	Covered	N	1	S	0095	1.3927		
G0423	Intens cardiac rehab no exer	Covered	N	1	S	0095	1.3927		
G0424	Pulmonary rehab w exer	Covered	N	2	Q1	0340	0.7061		
G0425	Inpt/ed teleconsult30	Not Covered			B				
G0426	Inpt/ed teleconsult50	Not Covered			B				
G0427	Inpt/ed teleconsult70	Not Covered			B				
G0428	Collagen meniscus implant	Covered	N	1	E				By Report
G0429	Dermal filler injection(s)	Not Covered			B				
G0431	Drug screen multiple class	Covered	N	1	N				
G0432	Eia hiv-1/hiv-2 screen	Covered	N	1	N				
G0433	Elisa hiv-1/hiv-2 screen	Covered	N	1	N				
G0434	Drug screen multi drug class	Covered	N	1	N				
G0435	Oral hiv-1/hiv-2 screen	Covered	N	1	N				
G0436	Tobacco-use counsel 3-10 min	Not Covered			S	0031	0.3508		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G0437	Tobacco-use counsel>10min	Not Covered			S	0432	0.6773		
G0438	Ppps, initial visit	Covered	N	1	A				\$147.63
G0439	Ppps, subseq visit	Covered	N	1	A				\$98.96
G0442	Annual alcohol screen 15 min	Covered	N	6	S	0432	0.6773		
G0443	Brief alcohol misuse counsel	Covered	N	5	S	0432	0.6773		
G0444	Depression screen annual	Covered	N	6	S	0031	0.3508		
G0445	High inten beh couns std 30m	Covered	N	3	S	0031	0.3508		
G0446	Intens behave ther cardio dx	Covered	N	6	S	0031	0.3508		
G0447	Behavior counsel obesity 15m	Covered	N	5	S	0432	0.6773		
G0448	Place perm pacing cardiovert	Not Covered			B				
G0451	Devlopment test interprt&rep	Covered	N	1	Q3	0432	0.6773		
G0452	Molecular pathology interpr	Not Covered			B				
G0453	Cont intraop neuro monitor	Covered	N	4	N				
G0454	Md document visit by npp	Not Covered			B				
G0455	Fecal microbiota prep instil	Not Covered			Q1	0420	1.7762		
G0458	Ldr prostate brachy comp rat	Not Covered			B				
G0459	Telehealth inpt pharm mgmt	Not Covered			B				
G0460	Autologous prp for ulcers	Not Covered			T	0327	5.7989		
G0463	Hospital outpt clinic visit	Covered	N	1	Q3	0634	1.2977		
G0464	Colorec CA scr, sto bas DNA	Covered	N		N				
G0466	Fqhc visit new patient	Not Covered			A				
G0467	Fqhc visit, estab pt	Not Covered			A				
G0468	Fqhc visit, ippe or awv	Not Covered			A				
G0469	Fqhc visit, mh new pt	Not Covered			A				
G0470	Fqhc visit, mh estab pt	Not Covered			A				
G0471	Ven blood coll snf/hha	Covered	N		A				\$4.80
G0472	Hep c screen high risk/other	Covered	N	1	N				
G0473	Group behave couns 2-10	Covered	N	1	S	0432	0.6773		
G0913	Improve visual funct	Not Covered			M				
G0914	Survey not complete	Not Covered			M				
G0915	No improve visual funct	Not Covered			M				
G0916	Satisfy with care	Not Covered			M				
G0917	Satisfy survey not complete	Not Covered			M				
G0918	No satisfy with care	Not Covered			M				
G3001	Admin + supply, tositumomab	Not Covered			S	0442	15.5257		
G6001	Echo guidance radiotherapy	Not Covered			B				
G6002	Stereoscopic x-ray guidance	Not Covered			B				
G6003	Radiation treatment delivery	Not Covered			B				
G6004	Radiation treatment delivery	Not Covered			B				
G6005	Radiation treatment delivery	Not Covered			B				
G6006	Radiation treatment delivery	Not Covered			B				
G6007	Radiation treatment delivery	Not Covered			B				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G6008	Radiation treatment delivery	Not Covered			B				
G6009	Radiation treatment delivery	Not Covered			B				
G6010	Radiation treatment delivery	Not Covered			B				
G6011	Radiation treatment delivery	Not Covered			B				
G6012	Radiation treatment delivery	Not Covered			B				
G6013	Radiation treatment delivery	Not Covered			B				
G6014	Radiation treatment delivery	Not Covered			B				
G6015	Radiation tx delivery imrt	Not Covered			B				
G6016	Delivery comp imrt	Not Covered			B				
G6017	Intrafraction track motion	Not Covered			B				
G6018	Ileoscopy w/stent	Not Covered			B				
G6019	Colonoscopy lesion removal	Not Covered			B				
G6020	Colonoscopy w/stent	Not Covered			B				
G6021	Unlisted px small intestine	Not Covered			B				
G6022	Sigmoidoscopy w/ablate tumr	Not Covered			B				
G6023	Sigmoidoscopy w/stent	Not Covered			B				
G6024	Lesion removal colonoscopy	Not Covered			B				
G6025	Colonoscopy w/stent	Not Covered			B				
G6027	Anoscopy hra w/spec collect	Not Covered			B				
G6028	Anoscopy hra w/biopsy	Not Covered			B				
G6030	Assay of amitriptyline	Covered	N	1	N				
G6031	Assay of benzodiazepines	Covered	N	1	N				
G6032	Assay of desipramine	Covered	N	1	N				
G6034	Assay of doxepin	Covered	N	1	N				
G6035	Assay of gold	Covered	N	1	N				
G6036	Assay of Imipramine	Covered	N	1	N				
G6037	Assay of nortriptyline	Covered	N	1	N				
G6038	Assay of salicylate	Covered	N	1	N				
G6039	Assay of acetaminophen	Covered	N	1	N				
G6040	Assay of ethanol	Covered	N	1	N				
G6041	Assay of urine alkaloids	Covered	N	1	N				
G6042	Assay of amphetamines	Covered	N	1	N				
G6043	Assay of barbiturates	Covered	N	1	N				
G6044	Assay of cocaine	Covered	N	1	N				
G6045	Assay of dihydrocodeinone	Covered	N	1	N				
G6046	Assay of dihydromorphinone	Covered	N	1	N				
G6047	Assay of dihydrotestosterone	Covered	N	1	N				
G6048	Assay of dimethadione	Covered	N	1	N				
G6049	Assay of Epiandrosterone	Covered	N	1	N				
G6050	Assay of Ethchlorvynol	Covered	N	1	N				
G6051	Assay of flurazepam	Covered	N	1	N				
G6052	Assay of meprobamate	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G6053	Assay of methadone	Covered	N	1	N				
G6054	Assay of methsuximide	Covered	N	1	N				
G6055	Assay of nicotine	Covered	N	1	N				
G6056	Opiate(s),drug and metabolites, each procedu	Covered	N	1	N				
G6057	Assay of phenothiazine	Covered	N	1	N				
G6058	drug confirmation	Covered	N		N				
G8395	Lvef>=40% doc normal or mild	Not Covered			M				
G8396	Lvef not performed	Not Covered			M				
G8397	Dil macula/fundus exam/w doc	Not Covered			M				
G8398	Dil macular/fundus not perfo	Not Covered			M				
G8399	Pt w/dxa document or order	Not Covered			M				
G8400	Pt w/dxa no document or orde	Not Covered			M				
G8401	Pt inelig osteo screen measu	Not Covered			M				
G8404	Low extemity neur exam docum	Not Covered			M				
G8405	Low extemity neur not perfor	Not Covered			M				
G8410	Eval on foot documented	Not Covered			M				
G8415	Eval on foot not performed	Not Covered			M				
G8416	Pt inelig footwear evaluatio	Not Covered			M				
G8417	Calc bmi abv up param f/u	Not Covered			M				
G8418	Calc bmi blw low param f/u	Not Covered			M				
G8419	Calc bmi out nrm param nof/u	Not Covered			M				
G8420	Calc bmi norm parameters	Not Covered			M				
G8421	Bmi not calculated	Not Covered			M				
G8422	Pt inelig bmi calculation	Not Covered			M				
G8427	Doc cur meds by prov	Not Covered			M				
G8428	Cur meds not document	Not Covered			M				
G8430	Pt inelig med check	Not Covered			M				
G8431	Pos clin depres scrn f/u doc	Not Covered			M				
G8432	Clin depression screen not d	Not Covered			M				
G8433	Pt inelig; scrn clin dep	Not Covered			M				
G8442	Pt inelig pain assessment	Not Covered			M				
G8450	Beta-bloc rx pt w/abn lvef	Not Covered			M				
G8451	Pt w/abn lvef inelig b-bloc	Not Covered			M				
G8452	Pt w/abn lvef b-bloc no rx	Not Covered			M				
G8458	Pt inelig geno no antivir tx	Not Covered			M				
G8460	Pt inelig rna no antivir tx	Not Covered			M				
G8461	Pt rec antivir treat hep c	Not Covered			M				
G8465	High risk recurrence pro ca	Not Covered			M				
G8473	Ace/arb thxpy rx'd	Not Covered			M				
G8474	Ace/arb not rx'd; doc reas	Not Covered			M				
G8475	Ace/arb thxpy not rx'd	Not Covered			M				
G8476	Bp sys <140 and dias <90	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G8477	Bp sys>=140 and/or dias >=90	Not Covered			M				
G8478	Bp not performed/doc	Not Covered			M				
G8482	Flu immunize order/admin	Not Covered			M				
G8483	Flu imm no admin doc rea	Not Covered			M				
G8484	Flu immunize no admin	Not Covered			M				
G8485	Report, diabetes measures	Not Covered			M				
G8486	Report, prev care measures	Not Covered			M				
G8487	Report ckd measures	Not Covered			M				
G8489	Cad measures grp	Not Covered			M				
G8490	Ra measures grp	Not Covered			M				
G8491	Hiv/aids measures grp	Not Covered			M				
G8494	Dm meas qual act perform	Not Covered			M				
G8495	Ckd meas qual act perform	Not Covered			M				
G8496	Prev care mg qual act perfrm	Not Covered			M				
G8497	Cabg meas qual act perform	Not Covered			M				
G8498	Cad meas qual act perform	Not Covered			M				
G8499	Ra meas qual act perform	Not Covered			M				
G8500	Hiv meas qual act perform	Not Covered			M				
G8506	Pt rec ace/arb	Not Covered			M				
G8509	Pos pain assess no f/u doc	Not Covered			M				
G8510	Pt inelig neg scrn depres	Not Covered			M				
G8511	Clin depres scrn no f/u doc	Not Covered			M				
G8530	Auto av fistula recd	Not Covered			M				
G8531	Pt inelig; auto av fistula	Not Covered			M				
G8532	No auto av fistula; no reas	Not Covered			M				
G8535	Pt inelig no eld mal scrn	Not Covered			M				
G8536	No doc elder mal scrn	Not Covered			M				
G8539	Doc funct and care plan	Not Covered			M				
G8540	Pt inelig funct assess	Not Covered			M				
G8541	No doc cur funct assess	Not Covered			M				
G8542	Doc funct no deficiencies	Not Covered			M				
G8543	Cur funct asses; no care pln	Not Covered			M				
G8544	Cabg measures grp	Not Covered			M				
G8545	Hepc measures grp	Not Covered			M				
G8548	Hf measures grp	Not Covered			M				
G8549	Hepc mg qual act perform	Not Covered			M				
G8551	Hf mg qual act perform	Not Covered			M				
G8559	Pt ref doc oto eval	Not Covered			M				
G8560	Pt hx act drain prev 90 days	Not Covered			M				
G8561	Pt inelig for ref oto eval	Not Covered			M				
G8562	Pt no hx act drain 90 d	Not Covered			M				
G8563	Pt no ref oto reas no spec	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G8564	Pt ref oto eval	Not Covered			M				
G8565	Ver doc hear loss	Not Covered			M				
G8566	Pt inelig ref oto eval	Not Covered			M				
G8567	Pt no doc hear loss	Not Covered			M				
G8568	Pt no ref otolo no spec	Not Covered			M				
G8569	Prol intubation req	Not Covered			M				
G8570	No prol intub req	Not Covered			M				
G8571	Ster wd ifx 30 d postop	Not Covered			M				
G8572	No ster wd ifx	Not Covered			M				
G8573	Stk cabg	Not Covered			M				
G8574	No strk cabg	Not Covered			M				
G8575	Postop ren fail	Not Covered			M				
G8576	No postop ren fail	Not Covered			M				
G8577	Reop req bld grft oth	Not Covered			M				
G8578	No reop req bld grft oth	Not Covered			M				
G8598	Asp therp used	Not Covered			M				
G8599	No asp therp used	Not Covered			M				
G8600	Tpa initi w/in 3 hrs	Not Covered			M				
G8601	No elig tpa init w/in 3 hrs	Not Covered			M				
G8602	No tpa init w/in 3 hrs	Not Covered			M				
G8627	Surg proc w/in 30 days	Not Covered			M				
G8628	No surg proc w/in 30 days	Not Covered			M				
G8633	Pharm ther osteo rx	Not Covered			M				
G8634	Pt no elg phar ther osteo	Not Covered			M				
G8635	No pharm ther osteo rx	Not Covered			M				
G8645	Asthma measures grp	Not Covered			M				
G8646	Asthma mg qual act perform	Not Covered			M				
G8647	Fun stat score knee >= 0	Not Covered			M				
G8648	Fun stat score knee < 0	Not Covered			M				
G8649	Fun stat score knee pt noelg	Not Covered			M				
G8650	Fun stat score knee not done	Not Covered			M				
G8651	Fun stat score hip >= 0	Not Covered			M				
G8652	Fun stat score hip < 0	Not Covered			M				
G8653	Fun stat score hip pt no elg	Not Covered			M				
G8654	Fun stat score hip not done	Not Covered			M				
G8655	Fun stat score le >= 0	Not Covered			M				
G8656	Fun stat score le < 0	Not Covered			M				
G8657	Fun stat score le pt no elg	Not Covered			M				
G8658	Fun stat score le not done	Not Covered			M				
G8659	Fun stat score ls >= 0	Not Covered			M				
G8660	Fun stat score ls < 0	Not Covered			M				
G8661	Fun stat score ls pt no elg	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G8662	Fun stat score ls not done	Not Covered			M				
G8663	Fun stat score shdl >=0	Not Covered			M				
G8664	Fun stat score shdl < 0	Not Covered			M				
G8665	Fun stat score shdl pt no el	Not Covered			M				
G8666	Fun stat score shdl not done	Not Covered			M				
G8667	Fun stat score ue >=0	Not Covered			M				
G8668	Fun stat score ue < 0	Not Covered			M				
G8669	Fun stat score ue pt no elg	Not Covered			M				
G8670	Fun stat score ue not done	Not Covered			M				
G8671	Fun stat score neck/ts >=0	Not Covered			M				
G8672	Fun stat score neck/ts < 0	Not Covered			M				
G8673	Fun stat scor nek/ts pt no e	Not Covered			M				
G8674	Fun stat scor nek/ts not don	Not Covered			M				
G8694	Lvef <40%	Not Covered			M				
G8696	Antithromb thx presc	Not Covered			M				
G8697	Antithromb no presc doc reas	Not Covered			M				
G8698	Antithromb no presc no reas	Not Covered			M				
G8708	Antibiotic not pres	Not Covered			M				
G8709	Med reas antibiotic pres	Not Covered			M				
G8710	Pt pres antibiotic	Not Covered			M				
G8711	Pres antibiotic	Not Covered			M				
G8712	Not pres antibiotic	Not Covered			M				
G8713	Spkt/v great 1.2 kt/v	Not Covered			M				
G8714	Hemodialysis 3 times week	Not Covered			M				
G8717	Less 1.2 kt/v	Not Covered			M				
G8718	Great 1.7 kt/v per week	Not Covered			M				
G8720	Less 1.7 kt/v per week	Not Covered			M				
G8721	Pt, pn, hist grade doc	Not Covered			M				
G8722	Med reas pt, pn, not doc	Not Covered			M				
G8723	Spec sit not prim tumor	Not Covered			M				
G8724	Pt, pn, hist grade not doc	Not Covered			M				
G8725	Lipid profile perf doc	Not Covered			M				
G8726	Doc reas no lipid profile	Not Covered			M				
G8728	Lipid profile not perf	Not Covered			M				
G8730	Pain doc pos and plan	Not Covered			M				
G8731	Pain neg no plan	Not Covered			M				
G8732	No doc of pain	Not Covered			M				
G8733	Doc pos elder mal scrn plan	Not Covered			M				
G8734	Doc neg elder mal no plan	Not Covered			M				
G8735	Eld mal scrn pos no plan	Not Covered			M				
G8749	Signs of melanoma absent	Not Covered			M				
G8752	Sys bp less 140	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G8753	Sys bp > or = 140	Not Covered			M				
G8754	Dias bp less 90	Not Covered			M				
G8755	Dias bp > or = 90	Not Covered			M				
G8756	No bp measure doc	Not Covered			M				
G8757	Copd mg qual act perform	Not Covered			M				
G8758	Ibd mg qual act perform	Not Covered			M				
G8759	Osa mg qual act perform	Not Covered			M				
G8761	Dementia mg qual act perform	Not Covered			M				
G8762	Pd mg qual act perform	Not Covered			M				
G8765	Cataract mg qual act perform	Not Covered			M				
G8783	Bp scrn perf rec interval	Not Covered			M				
G8784	Pt no elig for bp assess	Not Covered			M				
G8785	Bp scrn no perf at interval	Not Covered			M				
G8797	Specimen site not esophagus	Not Covered			M				
G8798	Specimen site not prostate	Not Covered			M				
G8806	Transab or transvag us	Not Covered			M				
G8807	Doc reas no us	Not Covered			M				
G8808	No transab or transvag us	Not Covered			M				
G8809	Rh-immunoglobulin order	Not Covered			M				
G8810	Doc reas no rh-immuno	Not Covered			M				
G8811	No rh-immunoglobulin order	Not Covered			M				
G8815	Doc reas no statin therapy	Not Covered			M				
G8816	Statin med pres at disch	Not Covered			M				
G8817	Doc reas no statin med disch	Not Covered			M				
G8818	Pt disch to home by day#7	Not Covered			M				
G8825	Pt not disch to home day#7	Not Covered			M				
G8826	Pt disch home day #2 evar	Not Covered			M				
G8833	Pt not disch home day#2 evar	Not Covered			M				
G8834	Pt disch home day #2 cea	Not Covered			M				
G8838	Not disch home by day #2	Not Covered			M				
G8839	Sleep apnea assess	Not Covered			M				
G8840	Doc reas no sleep apnea	Not Covered			M				
G8841	No sleep apnea assess	Not Covered			M				
G8842	Ahi or rdi initial dx	Not Covered			M				
G8843	Doc reas no ahi or rdi	Not Covered			M				
G8844	No ahi or rdi initial dx	Not Covered			M				
G8845	Pos airway press prescribed	Not Covered			M				
G8846	Mod or severe osa	Not Covered			M				
G8848	Mild osa	Not Covered			M				
G8849	Doc reas no pos air press	Not Covered			M				
G8850	No pap prescribed	Not Covered			M				
G8851	Adhere pos air press therapy	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G8852	Pos air press prescribe	Not Covered			M				
G8853	Pos air press not prescribe	Not Covered			M				
G8854	Reas no adhere pos air pres	Not Covered			M				
G8855	Pos air press adhere no perf	Not Covered			M				
G8856	Ref for oto eval	Not Covered			M				
G8857	No elig ref for oto eval	Not Covered			M				
G8858	Not ref for oto eval	Not Covered			M				
G8861	Dxa ordered for osteo	Not Covered			M				
G8863	No assess bone loss	Not Covered			M				
G8864	Pneumococcal vaccine admin	Not Covered			M				
G8865	Doc med reas no pneumococcal	Not Covered			M				
G8866	Doc pt reas no pneumococcal	Not Covered			M				
G8867	No pneumococcal admin	Not Covered			M				
G8868	1st course antitnf	Not Covered			M				
G8869	Doc immun hep b 1st antitnf	Not Covered			M				
G8870	Hepb admin 1st antitnf	Not Covered			M				
G8871	No 1st antitnf	Not Covered			M				
G8872	Intraop image confirm excise	Not Covered			M				
G8873	Specimen not intraop image	Not Covered			M				
G8874	Tissue not image intraop	Not Covered			M				
G8875	Breast cancer dx min invsive	Not Covered			M				
G8876	Doc reas no min inv dx	Not Covered			M				
G8877	No brst cncr dx min invasive	Not Covered			M				
G8878	Sent lymph node biopsy	Not Covered			M				
G8879	Node neg inv brst cncr	Not Covered			M				
G8880	Doc reas no lymph node biop	Not Covered			M				
G8881	Brst cncr stage > t1n0m0	Not Covered			M				
G8882	No sent lymph node biopsy	Not Covered			M				
G8883	Rev, comm, track, doc biopsy	Not Covered			M				
G8884	Doc reas biopsy not review	Not Covered			M				
G8885	No rev, comm, track biopsy	Not Covered			M				
G8898	Copd measures group	Not Covered			M				
G8899	Inflammatory bowel dis mg	Not Covered			M				
G8900	Obstructive sleep apnea mg	Not Covered			M				
G8902	Dementia measures group	Not Covered			M				
G8903	Parkinson's disease mg	Not Covered			M				
G8906	Cataract measures group	Not Covered			M				
G8907	Pt doc no events on discharg	Not Covered			M				
G8908	Pt doc w burn prior to d/c	Not Covered			M				
G8909	Pt doc no burn prior to d/c	Not Covered			M				
G8910	Pt doc to have fall in asc	Not Covered			M				
G8911	Pt doc no fall in asc	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G8912	Pt doc with wrong event	Not Covered			M				
G8913	Pt doc no wrong event	Not Covered			M				
G8914	Pt trans to hosp post d/c	Not Covered			M				
G8915	Pt not trans to hosp at d/c	Not Covered			M				
G8916	Pt w iv ab given on time	Not Covered			M				
G8917	Pt w iv ab not given on time	Not Covered			M				
G8918	Pt w/o preop order iv ab pro	Not Covered			M				
G8923	Lvef < 40% or lvsd	Not Covered			M				
G8924	Spiro ev1/fvc <60% copd sym	Not Covered			M				
G8925	Spiro>=60% or pt no copd sym	Not Covered			M				
G8926	Spiro no perf or doc	Not Covered			M				
G8927	Adj chem pres ajcc iii	Not Covered			M				
G8928	Adj chem not pres rsn spec	Not Covered			M				
G8929	Adj cmo not pres rsn not gvn	Not Covered			M				
G8934	Lvef <40% or dep lv sys fcn	Not Covered			M				
G8935	Rx ace or arb therapy	Not Covered			M				
G8936	Pt not eligible ace/arb	Not Covered			M				
G8937	No rx ace/arb therapy	Not Covered			M				
G8938	Bmi calc, pt no f/u plan elg	Not Covered			M				
G8939	Pain assess doc, f/u no doc	Not Covered			M				
G8940	Srn clin dep doc no f/u pln	Not Covered			M				
G8941	No doc elder scrn, pt no el	Not Covered			M				
G8942	Doc fcn/care plan w/30 days	Not Covered			M				
G8944	Ajcc mel cnr stg 0 - iic	Not Covered			M				
G8946	Mibm but no dx of breast ca	Not Covered			M				
G8947	1 or more neuropsych	Not Covered			M				
G8948	No neuropsych symptoms	Not Covered			M				
G8950	Pre-htn or htn doc, f/u indc	Not Covered			M				
G8951	Pre-htn/htn doc, no pt f/u	Not Covered			M				
G8952	Pre-htn/htn, no f/u, not gvn	Not Covered			M				
G8953	Oncology mg qual act perform	Not Covered			M				
G8955	Most recent assess vol mgmt	Not Covered			M				
G8956	Pt rcv hedia outpt dyls fac	Not Covered			M				
G8958	Assess vol mgmt not doc	Not Covered			M				
G8959	Clin tx mdd comm to tx clin	Not Covered			M				
G8960	Clin tx mdd not comm	Not Covered			M				
G8961	Csit lowrisk surg pts preop	Not Covered			M				
G8962	Csit on pt any reas 30 days	Not Covered			M				
G8963	Csi per asx pt w/pci 2 yrs	Not Covered			M				
G8964	Csi any other than pci 2 yr	Not Covered			M				
G8965	Csit perf on low chd rsk	Not Covered			M				
G8966	Csit perf sx or high chd rsk	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G8967	Wfrn or oral antioag pres	Not Covered			M				
G8968	Md rsn no pres wrfrn or othr	Not Covered			M				
G8969	Pt rsn no pres wrfrn or othr	Not Covered			M				
G8970	No rsk fac or 1 mod risk te	Not Covered			M				
G8971	Warfrn or othr antcog no rx	Not Covered			M				
G8972	1>=risk or>= mod risk for te	Not Covered			M				
G8973	Mst rcnt hbb < 10g/dl	Not Covered			M				
G8974	Hgb not doc rns not gvn	Not Covered			M				
G8975	Hgb <10g/dl, med rsn	Not Covered			M				
G8976	Hgb >= 10 g/dl	Not Covered			M				
G8977	Oncology measures grp	Not Covered			M				
G8978	Mobility current status	Not Covered			E				
G8979	Mobility goal status	Not Covered			E				
G8980	Mobility d/c status	Not Covered			E				
G8981	Body pos current status	Not Covered			E				
G8982	Body pos goal status	Not Covered			E				
G8983	Body pos d/c status	Not Covered			E				
G8984	Carry current status	Not Covered			E				
G8985	Carry goal status	Not Covered			E				
G8986	Carry d/c status	Not Covered			E				
G8987	Self care current status	Not Covered			E				
G8988	Self care goal status	Not Covered			E				
G8989	Self care d/c status	Not Covered			E				
G8990	Other pt/ot current status	Not Covered			E				
G8991	Other pt/ot goal status	Not Covered			E				
G8992	Other pt/ot d/c status	Not Covered			E				
G8993	Sub pt/ot current status	Not Covered			E				
G8994	Sub pt/ot goal status	Not Covered			E				
G8995	Sub pt/ot d/c status	Not Covered			E				
G8996	Swallow current status	Not Covered			E				
G8997	Swallow goal status	Not Covered			E				
G8998	Swallow d/c status	Not Covered			E				
G8999	Motor speech current status	Not Covered			E				
G9001	Mccd, initial rate	Not Covered			B				
G9002	Mccd,maintenance rate	Not Covered			B				
G9003	Mccd, risk adj hi, initial	Not Covered			B				
G9004	Mccd, risk adj lo, initial	Not Covered			B				
G9005	Mccd, risk adj, maintenance	Not Covered			B				
G9006	Mccd, home monitoring	Not Covered			B				
G9007	Mccd, sch team conf	Not Covered			B				
G9008	Mccd,phys coor-care ovrsght	Not Covered			B				
G9009	Mccd, risk adj, level 3	Not Covered			B				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9010	Mccd, risk adj, level 4	Not Covered			B				
G9011	Mccd, risk adj, level 5	Not Covered			B				
G9012	Other specified case mgmt	Not Covered			B				
G9013	Esrd demo bundle level i	Not Covered			E				
G9014	Esrd demo bundle-level ii	Not Covered			E				
G9016	Demo-smoking cessation coun	Not Covered			E				
G9017	Amantadine hcl 100mg oral	Not Covered			A				
G9018	Zanamivir,inhalation pwd 10m	Not Covered			A				
G9019	Oseltamivir phosphate 75mg	Not Covered			A				
G9020	Rimantadine hcl 100mg oral	Not Covered			A				
G9033	Amantadine hcl oral brand	Not Covered			A				
G9034	Zanamivir, inh pwdr, brand	Not Covered			A				
G9035	Oseltamivir phosp, brand	Not Covered			A				
G9036	Rimantadine hcl, brand	Not Covered			A				
G9050	Oncology work-up evaluation	Not Covered			E				
G9051	Oncology tx decision-mgmt	Not Covered			E				
G9052	Onc surveillance for disease	Not Covered			E				
G9053	Onc expectant management pt	Not Covered			E				
G9054	Onc supervision palliative	Not Covered			E				
G9055	Onc visit unspecified nos	Not Covered			E				
G9056	Onc prac mgmt adheres guide	Not Covered			E				
G9057	Onc pract mgmt differs trial	Not Covered			E				
G9058	Onc prac mgmt disagree w/gui	Not Covered			E				
G9059	Onc prac mgmt pt opt alterna	Not Covered			E				
G9060	Onc prac mgmt dif pt comorb	Not Covered			E				
G9061	Onc prac cond noadd by guide	Not Covered			E				
G9062	Onc prac guide differs nos	Not Covered			E				
G9063	Onc dx nsclc stgi no progres	Not Covered			M				
G9064	Onc dx nsclc stg2 no progres	Not Covered			M				
G9065	Onc dx nsclc stg3a no progre	Not Covered			M				
G9066	Onc dx nsclc stg3b-4 metasta	Not Covered			M				
G9067	Onc dx nsclc dx unknown nos	Not Covered			M				
G9068	Onc dx sclc/nsclc limited	Not Covered			M				
G9069	Onc dx sclc/nsclc ext at dx	Not Covered			M				
G9070	Onc dx sclc/nsclc ext unknwn	Not Covered			M				
G9071	Onc dx brst stg1-2b hr,nopro	Not Covered			M				
G9072	Onc dx brst stg1-2 noprogres	Not Covered			M				
G9073	Onc dx brst stg3-hr, no pro	Not Covered			M				
G9074	Onc dx brst stg3-noprogress	Not Covered			M				
G9075	Onc dx brst metastic/ recur	Not Covered			M				
G9077	Onc dx prostate t1no progres	Not Covered			M				
G9078	Onc dx prostate t2no progres	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9079	Onc dx prostate t3b-t4noprog	Not Covered			M				
G9080	Onc dx prostate w/rise psa	Not Covered			M				
G9083	Onc dx prostate unknwn nos	Not Covered			M				
G9084	Onc dx colon t1-3,n1-2,no pr	Not Covered			M				
G9085	Onc dx colon t4, n0 w/o prog	Not Covered			M				
G9086	Onc dx colon t1-4 no dx prog	Not Covered			M				
G9087	Onc dx colon metas evid dx	Not Covered			M				
G9088	Onc dx colon metas noevid dx	Not Covered			M				
G9089	Onc dx colon extent unknown	Not Covered			M				
G9090	Onc dx rectal t1-2 no progr	Not Covered			M				
G9091	Onc dx rectal t3 n0 no prog	Not Covered			M				
G9092	Onc dx rectal t1-3,n1-2noprg	Not Covered			M				
G9093	Onc dx rectal t4,n,m0 no prg	Not Covered			M				
G9094	Onc dx rectal m1 w/mets prog	Not Covered			M				
G9095	Onc dx rectal extent unknwn	Not Covered			M				
G9096	Onc dx esophag t1-t3 noprog	Not Covered			M				
G9097	Onc dx esophageal t4 no prog	Not Covered			M				
G9098	Onc dx esophageal mets recur	Not Covered			M				
G9099	Onc dx esophageal unknown	Not Covered			M				
G9100	Onc dx gastric no recurrence	Not Covered			M				
G9101	Onc dx gastric p r1-r2noprog	Not Covered			M				
G9102	Onc dx gastric unresectable	Not Covered			M				
G9103	Onc dx gastric recurrent	Not Covered			M				
G9104	Onc dx gastric unknown nos	Not Covered			M				
G9105	Onc dx pancreatc p r0 res no	Not Covered			M				
G9106	Onc dx pancreatc p r1/r2 no	Not Covered			M				
G9107	Onc dx pancreatic unresectab	Not Covered			M				
G9108	Onc dx pancreatic unknwn nos	Not Covered			M				
G9109	Onc dx head/neck t1-t2no prg	Not Covered			M				
G9110	Onc dx head/neck t3-4 noprog	Not Covered			M				
G9111	Onc dx head/neck m1 mets rec	Not Covered			M				
G9112	Onc dx head/neck ext unknown	Not Covered			M				
G9113	Onc dx ovarian stg1a-b no pr	Not Covered			M				
G9114	Onc dx ovarian stg1a-b or 2	Not Covered			M				
G9115	Onc dx ovarian stg3/4 noprog	Not Covered			M				
G9116	Onc dx ovarian recurrence	Not Covered			M				
G9117	Onc dx ovarian unknown nos	Not Covered			M				
G9123	Onc dx cml chronic phase	Not Covered			M				
G9124	Onc dx cml acceler phase	Not Covered			M				
G9125	Onc dx cml blast phase	Not Covered			M				
G9126	Onc dx cml remission	Not Covered			M				
G9128	Onc dx multi myeloma stage i	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9129	Onc dx mult myeloma stg2 hig	Not Covered			M				
G9130	Onc dx multi myeloma unknown	Not Covered			M				
G9131	Onc dx brst unknown nos	Not Covered			M				
G9132	Onc dx prostate mets no cast	Not Covered			M				
G9133	Onc dx prostate clinical met	Not Covered			M				
G9134	Onc nhlstg 1-2 no relap no	Not Covered			M				
G9135	Onc dx nhl stg 3-4 not relap	Not Covered			M				
G9136	Onc dx nhl trans to lg bcell	Not Covered			M				
G9137	Onc dx nhl relapse/refractor	Not Covered			M				
G9138	Onc dx nhl stg unknown	Not Covered			M				
G9139	Onc dx cml dx status unknown	Not Covered			M				
G9140	Frontier extended stay demo	Not Covered			A				
G9143	Warfarin respon genetic test	Not Covered			N				
G9147	Outpt iv insulin tx any mea	Not Covered			E				
G9148	Medical home level 1	Not Covered			M				
G9149	Medical home level ii	Not Covered			M				
G9150	Medical home level iii	Not Covered			M				
G9151	Mapcp demo state	Not Covered			M				
G9152	Mapcp demo community	Not Covered			M				
G9153	Mapcp demo physician	Not Covered			M				
G9156	Evaluation for wheelchair	Not Covered			M				
G9157	Transesoph doppl cardiac mon	Not Covered			B				
G9158	Motor speech d/c status	Not Covered			E				
G9159	Lang comp current status	Not Covered			E				
G9160	Lang comp goal status	Not Covered			E				
G9161	Lang comp d/c status	Not Covered			E				
G9162	Lang express current status	Not Covered			E				
G9163	Lang express goal status	Not Covered			E				
G9164	Lang express d/c status	Not Covered			E				
G9165	Atten current status	Not Covered			E				
G9166	Atten goal status	Not Covered			E				
G9167	Atten d/c status	Not Covered			E				
G9168	Memory current status	Not Covered			E				
G9169	Memory goal status	Not Covered			E				
G9170	Memory d/c status	Not Covered			E				
G9171	Voice current status	Not Covered			E				
G9172	Voice goal status	Not Covered			E				
G9173	Voice d/c status	Not Covered			E				
G9174	Speech lang current status	Not Covered			E				
G9175	Speech lang goal status	Not Covered			E				
G9176	Speech lang d/c status	Not Covered			E				
G9186	Motor speech goal status	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9187	Bpci home visit	Not Covered			E				
G9188	Beta not given no reason	Not Covered			M				
G9189	Beta pres or already taking	Not Covered			M				
G9190	Medical reason for no beta	Not Covered			M				
G9191	Pt reason for no beta	Not Covered			M				
G9192	System reason for no beta	Not Covered			M				
G9196	Med reason for no ceph	Not Covered			M				
G9197	Order for ceph	Not Covered			M				
G9198	No order for ceph no reason	Not Covered			M				
G9203	Hep c rna done prior to med	Not Covered			M				
G9204	No reason for no hep c rna	Not Covered			M				
G9205	Hep c antiviral started	Not Covered			M				
G9206	Hep c therapy started	Not Covered			M				
G9207	Hep c genotype prior to med	Not Covered			M				
G9208	No reason for no hep c geno	Not Covered			M				
G9209	Hep c rna 4to12 wk after med	Not Covered			M				
G9210	No hepc rna after med docrsn	Not Covered			M				
G9211	No hepc rna after med no rsn	Not Covered			M				
G9212	Doc of dsm-iv init eval	Not Covered			M				
G9213	No doc of dsm-iv	Not Covered			M				
G9217	No pcp proph low cd4 norsn	Not Covered			M				
G9219	No oder pjp for med reason	Not Covered			M				
G9222	Pjp proph ordered low cd4	Not Covered			M				
G9223	Pjp proph ordered cd4 low	Not Covered			M				
G9225	Norsn no foot exam	Not Covered			M				
G9226	3 comp foot exam completed	Covered	N	1	M				By Report
G9227	Docrsn no care plan	Not Covered			M				
G9228	Gc chl syp documented	Not Covered			M				
G9229	Ptrsn no gc chl syp test	Not Covered			M				
G9230	Norsn for gc chl syp test	Not Covered			M				
G9231	Doc esrd dia trans preg	Not Covered			M				
G9232	Docrsn no comm comorb	Not Covered			M				
G9233	Tkr composite	Not Covered			M				
G9234	Tkr intent	Not Covered			M				
G9235	Gs mg composite	Not Covered			M				
G9236	Op rad mg composite	Not Covered			M				
G9237	Gs mg intent	Not Covered			M				
G9238	Op rad mg intent	Not Covered			M				
G9239	Docrsn for catheter	Not Covered			M				
G9240	Doc pt w cath maint dia	Not Covered			M				
G9241	Doc pt w out cath maint dia	Not Covered			M				
G9242	Doc viral load >=200	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9243	Doc viral load <200	Not Covered			M				
G9244	Antiviral not ordered	Not Covered			M				
G9245	Antiviral ordered	Not Covered			M				
G9246	No med visit in 24mo	Not Covered			M				
G9247	1 med visit in 24mo	Not Covered			M				
G9250	Doc of pain comfort 48hr	Not Covered			M				
G9251	Doc no pain comfort 48hr	Not Covered			M				
G9254	Doc pt dischg >2d	Not Covered			M				
G9255	Doc pt dischg <=2d	Not Covered			M				
G9256	Doc death after cas	Not Covered			M				
G9257	Doc stroke after cas	Not Covered			M				
G9258	Doc stroke after cea	Not Covered			M				
G9259	Doc surv no stroke after cas	Not Covered			M				
G9260	Doc death after cea	Not Covered			M				
G9261	Doc surv no stroke after cea	Not Covered			M				
G9262	Doc death in hosp aaa repair	Not Covered			M				
G9263	Doc surv in hosp aaa repair	Not Covered			M				
G9264	Docrsn for cath maint dia	Not Covered			M				
G9265	Doc cath >90d for maint dia	Not Covered			M				
G9266	Norsn pt cath >=90d	Not Covered			M				
G9267	Doc comp or mort w in 30d	Not Covered			M				
G9268	Doc comp or mort w in 90d	Not Covered			M				
G9269	Doc no comp or mort w in 30d	Not Covered			M				
G9270	Doc no comp or mort w in 90d	Not Covered			M				
G9273	Sys<140 and dia<90	Not Covered			M				
G9274	Bp out of nrml limits	Not Covered			M				
G9275	Doc of non tobacco user	Not Covered			M				
G9276	Doc of tobacco user	Not Covered			M				
G9277	Doc daily aspirin or contra	Not Covered			M				
G9278	Doc no daily aspirin	Not Covered			M				
G9279	Pne scrn done doc vac done	Not Covered			M				
G9280	Pne not given norsn	Not Covered			M				
G9281	Pne scrn done doc not ind	Not Covered			M				
G9282	Doc medrsn no histo type	Not Covered			M				
G9283	Hist type doc on report	Not Covered			M				
G9284	No hist type doc on report	Not Covered			M				
G9285	Site not small cell lung ca	Not Covered			M				
G9286	Doc antibio order w in 7d	Not Covered			M				
G9287	No doc antibio order w in 7d	Not Covered			M				
G9288	Doc medrsn no hist type rpt	Not Covered			M				
G9289	Doc type nsm lung ca	Not Covered			M				
G9290	No doc type nsm lung ca	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9291	Not nsm lung ca	Not Covered			M				
G9292	Medrsn no pt category	Not Covered			M				
G9293	No pt category on report	Not Covered			M				
G9294	Pt cat and thck on report	Not Covered			M				
G9295	Non cutaneous loc	Not Covered			M				
G9296	Doc share dec prior proc	Not Covered			M				
G9297	No doc share dec prior proc	Not Covered			M				
G9298	Eval risk vte card 30d prior	Not Covered			M				
G9299	No eval riskk vte card prior	Not Covered			M				
G9300	Doc medrsn no compl antibio	Not Covered			M				
G9301	Doc compl inf antibio	Not Covered			M				
G9302	Norsn incomp inf antibio	Not Covered			M				
G9303	Norsn no pros info op rpt	Not Covered			M				
G9304	Pros info op rpt	Not Covered			M				
G9305	No interv req for leak	Not Covered			M				
G9306	Interv req for leak	Not Covered			M				
G9307	No ret for surg w in 30d	Not Covered			M				
G9308	Unplnd ret to surg w in 30d	Not Covered			M				
G9309	No unplnd hosp readm in 30d	Not Covered			M				
G9310	Unplnd hosp readm in 30d	Not Covered			M				
G9311	No surg site infection	Not Covered			M				
G9312	Surgical site infection	Not Covered			M				
G9313	Docrsn not first line amox	Not Covered			M				
G9314	Norsn not first line amox	Not Covered			M				
G9315	Doc first line amox	Not Covered			M				
G9316	Doc comm risk calc	Not Covered			M				
G9317	No doc comm risk calc	Not Covered			M				
G9318	Image std nomenclature	Not Covered			M				
G9319	Image not std nomenclature	Not Covered			M				
G9320	Medrsn no std nomenclature	Not Covered			M				
G9321	Doc count of ct in 12mo	Not Covered			M				
G9322	No doc count of ct in 12mo	Not Covered			M				
G9323	Mdrsn no doc cnt of ct	Not Covered			M				
G9324	Not all data norsn	Not Covered			M				
G9325	Medrsn no ct rpt to reg	Not Covered			M				
G9326	Norsn no ct rpt to reg	Not Covered			M				
G9327	Ct rpt to reg	Not Covered			M				
G9328	Medrsn no dicom format doc	Not Covered			M				
G9329	Norsn no dicom format doc	Not Covered			M				
G9340	Dicom format doc on rpt	Not Covered			M				
G9341	Srch for ct w in 12 mos	Not Covered			M				
G9342	No srch for ct in 12mo norsn	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9343	Medrsn no dicom srch	Not Covered			M				
G9344	Sysrsn no dicom srch	Not Covered			M				
G9345	Follow up pulm nod	Not Covered			M				
G9346	No follow up pulm nod	Not Covered			M				
G9347	No follow up pulm nod norsn	Not Covered			M				
G9348	Docrsn no sinus ct dx	Not Covered			M				
G9349	Doc sinus ct 28d	Not Covered			M				
G9350	No doc sinus ct 28d or dx	Covered	N		M				By Report
G9351	Doc >1 sinus ct w 90d dx	Not Covered			M				
G9352	Not >1 sinus ct w 90d dx	Not Covered			M				
G9353	Medrsn >1 sinus ct w 90d dx	Not Covered			M				
G9354	Norsn >1 sinus ct w 90d dx	Not Covered			M				
G9355	No early ind/delivery	Not Covered			M				
G9356	Early ind/delivery	Not Covered			M				
G9357	Pp eval/edu perf	Not Covered			M				
G9358	Pp eval/edu not perf	Not Covered			M				
G9359	Doc of neg or man pos tb scn	Not Covered			M				
G9360	No doc of neg or man pos tb	Not Covered			M				
G9361	Med ind for induction	Not Covered			M				
G9362	Mac or pnb w/o genanes >60m	Not Covered			M				
G9363	Mac or pnb w/o genanes <60m	Not Covered			M				
G9364	Sinus caus bac inx	Not Covered			M				
G9365	1high risk med ord	Not Covered			M				
G9366	1high risk no ord	Not Covered			M				
G9367	2high risk med ord	Not Covered			M				
G9368	2high risk no ord	Not Covered			M				
G9369	Fill 2 rx antipsych	Not Covered			M				
G9370	Not fill 2 rx antipsych	Not Covered			M				
G9376	Contd ret attach at 6mth f/u	Not Covered			M				
G9377	No ret attach after 6mt	Not Covered			M				
G9378	Contd ret attach f/u vis	Not Covered			M				
G9379	No acheive flat ret 6mth	Not Covered			M				
G9380	Off assis eol iss	Not Covered			M				
G9381	Doc med reas no offer eol	Not Covered			M				
G9382	No off assis eol	Not Covered			M				
G9383	Recd scrn hcv infec	Not Covered			M				
G9384	Doc med reas no offer eol	Not Covered			M				
G9385	Doc pt reas not rec hcv srn	Not Covered			M				
G9386	Scrn hcv infec not recd	Not Covered			M				
G9389	Unpln rup post cap	Not Covered			M				
G9390	No unpln rup post cap	Not Covered			M				
G9391	Achv refrac +1d	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9392	Not achv refrac +1d	Not Covered			M				
G9393	Ini phq9 >9 remiss <5	Not Covered			M				
G9394	Dx bipolar, death, nhres, hosp	Not Covered			M				
G9395	Ini phq9 >9 no remiss >=5	Not Covered			M				
G9396	Ini phq9 >9 not assess	Not Covered			M				
G9399	Doc disc tx choices	Not Covered			M				
G9400	Doc reas no disc tx opt	Not Covered			M				
G9401	No disc tx choices	Not Covered			M				
G9402	Recd f/u w/in 30d disch	Not Covered			M				
G9403	Doc reas no 30 day f/u	Not Covered			M				
G9404	No 30 day f/u	Not Covered			M				
G9405	Recd f/u w/in 7d disch	Not Covered			M				
G9406	Doc reas no 7d f/u	Not Covered			M				
G9407	No 7d f/u	Not Covered			M				
G9408	Card tamp w/in 30d	Not Covered			M				
G9409	No card tamp e/in 30d	Not Covered			M				
G9410	Admit w/in 180d req remov	Not Covered			M				
G9411	No admit w/in 180d req remov	Not Covered			M				
G9412	Admit w/in 180d req surg rev	Not Covered			M				
G9413	No admit req surg rev	Not Covered			M				
G9414	1dose menig vac btwn 11 & 13	Not Covered			M				
G9415	No 1dose meni vac btwn 11&13	Not Covered			M				
G9416	Tdap or td or 1tet/diph	Not Covered			M				
G9417	No tdap or td or 1tet/diph	Not Covered			M				
G9418	Lungcx bx rpt docs class	Not Covered			M				
G9419	Med reas no rpt histo type	Not Covered			M				
G9420	Spec site no lung	Not Covered			M				
G9421	Lung cx bx rpt no doc class	Not Covered			M				
G9422	Rpt doc class histo type	Not Covered			M				
G9423	Med reas rpt no histo type	Not Covered			M				
G9424	Site no lung or lung cx	Not Covered			M				
G9425	Spec rpt no doc class histo	Not Covered			M				
G9426	Impr med time edarr pain med	Not Covered			M				
G9427	No impro med time pain med	Not Covered			M				
G9428	Rpt pt cat and pt1	Not Covered			M				
G9429	Doc med reas no pt cat	Not Covered			M				
G9430	Spec site no cutaneous	Not Covered			M				
G9431	No pt cat and pt1	Not Covered			M				
G9432	Asth controlled	Not Covered			M				
G9433	Death, nhres, hospice	Not Covered			M				
G9434	Asth not controlled	Not Covered			M				
G9435	Asp presc disch	Not Covered			M				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
G9436	Asp not presc doc reas	Not Covered			M				
G9437	Asp not presc disch	Not Covered			M				
G9438	P2y inhib presc	Not Covered			M				
G9439	P2y inhib not presc doc reas	Not Covered			M				
G9440	P2y inhib not presc	Not Covered			M				
G9441	Statin presc disch	Not Covered			M				
G9442	Statin not presc doc reas	Not Covered			M				
G9443	Statin not presc disch	Not Covered			M				
G9448	Born 1945-1965	Not Covered			M				
G9449	Hx bld transf b/f 1992	Not Covered			M				
G9450	Hx injec drug use	Not Covered			M				
G9451	1x scrn hcv infect	Not Covered			M				
G9452	Doc med reas no scrn hcv	Not Covered			M				
G9453	Pt reas no hcv infect	Not Covered			M				
G9454	No hcv infect srn	Not Covered			M				
G9455	Abd imag w/us, ct or mri	Not Covered			M				
G9456	Doc med pt reas no hcc scrn	Not Covered			M				
G9457	No abd imag w/o reason	Not Covered			M				
G9458	Tob user recd cess interv	Not Covered			M				
G9459	Tob non-user	Not Covered			M				
G9460	No tob assess or cess inter	Not Covered			M				
G9463	Sinusitis intent	Not Covered			M				
G9464	Sinusitis comp	Not Covered			M				
G9465	Aoe intent	Not Covered			M				
G9466	Aoe comp	Not Covered			M				
G9467	Recd cortico >=10mg/day >60d	Not Covered			M				
G9468	No recd cortico>=10mg/d >60d	Not Covered			M				
G9469	Rec cortico>60d or 1rx 600mg	Not Covered			M				
G9470	No rec cortico>60d 1rx 600mg	Not Covered			M				
G9471	W/in 2yr dxa not order	Not Covered			M				
G9472	No dxa no med hx no rv sx	Not Covered			M				
H0017	Behavioral Health; Residential (Hosp.)	Covered	N		Non-Inpatient Program				\$164.85
H0046	Mental Health Services NOS	Covered	N	1	Non-Inpatient Program				\$15.43
H0047	Alcohol & Or Drug Abuse Service, NOS	Covered	N		Non-Inpatient Program				\$74.93
H2001	Rehabilitation Program Per Half Day	Covered	N		Non-Inpatient Program				\$51.49
H2012	Behavioral Health Treatment Per Hour	Covered	N		Non-Inpatient Program				\$13.22
J0120	Tetracyclin injection	Covered	N	2	K	1666			\$12.12
J0129	Abatacept injection	Covered	N	75	K	9230			By Report
J0130	Abciximab injection	Covered	N	1	K	1605			\$527.43
J0131	Acetaminophen injection	Covered	N	1	N				
J0132	Acetylcysteine injection	Covered	N	1	K	1272			\$2.19
J0133	Acyclovir injection	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J0135	Adalimumab injection	Covered	N	2	K	1083			\$338.19
J0153	Adenosine inj 1mg	Covered	N	3	N				
J0171	Adrenalin epinephrine inject	Covered	N	6	N				
J0178	Aflibercept injection	Covered	R		K	1420			\$937.23
J0180	Agalsidase beta injection	Covered	N	9	K	9208			\$120.78
J0190	Inj biperiden lactate/5 mg	Covered	N	1	E				\$3.24
J0200	Alatrofloxacin mesylate	Covered	N		K	1667			\$19.57
J0205	Alglucerase injection	Covered	N		E				\$38.59
J0207	Amifostine	Covered	N		K	7000			\$465.71
J0210	Methyldopate hcl injection	Covered	N	1	N				
J0215	Alefacept	Covered	N	3	K	1633			\$30.69
J0220	Alglucosidase alfa injection	Covered	N	1	K	9234			\$130.82
J0221	Lumizyme injection	Covered	N	14	K	1413			\$145.07
J0256	Alpha 1 proteinase inhibitor	Covered	N	1	K	0901			\$2.73
J0257	Glassia injection	Covered	N	42	K	1415			\$4.74
J0270	Alprostadil for injection	Not Covered			B				
J0275	Alprostadil urethral suppos	Not Covered			B				
J0278	Amikacin sulfate injection	Covered	N	1	N				
J0280	Aminophyllin 250 mg inj	Covered	N	1	N				
J0282	Amiodarone hcl	Covered	N		N				
J0285	Amphotericin b	Covered	N		N				
J0287	Amphotericin b lipid complex	Covered	N		K	9024			\$21.28
J0288	Ampho b cholesteryl sulfate	Covered	N		N				
J0289	Amphotericin b liposome inj	Covered	N		K	0736			\$34.87
J0290	Ampicillin 500 mg inj	Covered	N	2	N				
J0295	Ampicillin sodium per 1.5 gm	Covered	N		N				
J0300	Amobarbital 125 mg inj	Covered	N	4	K	1341			\$2.73
J0330	Succinylcholine chloride inj	Covered	N		N				
J0348	Anidulafungin injection	Covered	N	1	N				
J0350	Injection anistreplase 30 u	Not Covered			E				
J0360	Hydralazine hcl injection	Covered	N	1	N				
J0364	Apomorphine hydrochloride	Covered	N	1	E				By Report
J0365	Aprotonin, 10,000 kiu	Covered	N		K	1439			\$2.74
J0380	Inj metaraminol bitartrate	Covered	N	1	N				
J0390	Chloroquine injection	Covered	N		N				
J0395	Arbutamine hcl injection	Covered	N		E				\$187.53
J0400	Aripiprazole injection	Covered	N	6	N				
J0401	Inj aripiprazole ext rel 1mg	Covered	N	4	K	1468			By Report
J0456	Azithromycin	Covered	N		N				
J0461	Atropine sulfate injection	Covered	N	3	N				
J0470	Dimecaprol injection	Covered	N		N				
J0475	Baclofen 10 mg injection	Covered	N	4	K	9032			\$209.58

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J0476	Baclofen intrathecal trial	Covered	N		K	1631			\$82.04
J0480	Basiliximab	Covered	N		K	1683			By Report
J0485	Belatacept injection	Covered	N	8	K	9286			\$3.73
J0490	Belimumab injection	Covered	N	7	K	1353			\$38.27
J0500	Dicyclomine injection	Covered	N	1	N				
J0515	Inj benzotropine mesylate	Covered	N		N				
J0520	Bethanechol chloride inject	Covered	N	1	N				
J0558	Peng benzathine/procaine inj	Covered	N	24	N				
J0561	Penicillin g benzathine inj	Covered	N	24	N				
J0571	Buprenorphine oral 1mg	Covered	N	24	E				\$1.42
J0572	Buprenorphin/nalox up to 3mg	Covered	N	8	E				\$8.79
J0573	Buprenorph/nalox 3.1 to 6mg	Covered	N	4	E				\$17.58
J0574	Buprenorph/nalox 6.1 to 10mg	Covered	N	3	E				\$35.17
J0575	Buprenorph/nalox over 10mg	Covered	N	2	E				\$52.75
J0583	Bivalirudin	Covered	N	1	K	3041			\$1.69
J0585	Injection,onabotulinumtoxina	Covered	N	36	K	0902			\$5.21
J0586	Abobotulinumtoxina	Covered	N		K	1289			\$7.35
J0587	Inj, rimabotulinumtoxinb	Covered	N		K	9018			\$9.03
J0588	Incobotulinumtoxin a	Covered	N	12	K	9278			\$5.43
J0592	Buprenorphine hydrochloride	Covered	N		N				
J0594	Busulfan injection	Covered	N	1	K	1178			By Report
J0595	Butorphanol tartrate 1 mg	Covered	N		N				
J0597	C-1 esterase, berinert	Covered	N	1	K	9269			\$35.77
J0598	C-1 esterase, cinryze	Covered	N	1	K	9251			\$35.75
J0600	Edetate calcium disodium inj	Covered	N	1	K	1274			\$45.33
J0610	Calcium gluconate injection	Covered	N	1	N				
J0620	Calcium glycer & lact/10 ml	Covered	N	1	N				
J0630	Calcitonin salmon injection	Covered	N	1	K	1433			\$39.49
J0636	Inj calcitriol per 0.1 mcg	Covered	N	2	N				
J0637	Caspofungin acetate	Covered	N		K	9019			\$33.88
J0638	Canakinumab injection	Covered	N	15	K	1311			\$91.15
J0640	Leucovorin calcium injection	Covered	N		N				
J0641	Levoleucovorin injection	Covered	N	2	K	1236			\$1.33
J0670	Inj mepivacaine hcl/10 ml	Covered	N	3	N				
J0690	Cefazolin sodium injection	Covered	N	1	N				
J0692	Cefepime hcl for injection	Covered	N	1	N				
J0694	Cefoxitin sodium injection	Covered	N		N				
J0696	Ceftriaxone sodium injection	Covered	N	16	N				
J0697	Sterile cefuroxime injection	Covered	N	4	N				
J0698	Cefotaxime sodium injection	Covered	N	12	N				
J0702	Betamethasone acet&sod phosp	Covered	N	4	N				
J0706	Caffeine citrate injection	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J0710	Cephapirin sodium injection	Covered	N	1	E				\$3.99
J0712	Ceftaroline fosamil inj	Covered	N	6	N				
J0713	Inj ceftazidime per 500 mg	Covered	N	4	N				
J0715	Ceftizoxime sodium / 500 mg	Covered	N		N				
J0716	Centruroides immune f(ab)	Covered	N	3	K	1431			By Report
J0717	Certolizumab pegol inj 1mg	Covered	R		K	1474			By Report
J0720	Chloramphenicol sodium injec	Covered	N	1	N				
J0725	Chorionic gonadotropin/1000u	Covered	N	5	K	1668			\$3.17
J0735	Clonidine hydrochloride	Covered	N		N				
J0740	Cidofovir injection	Covered	N	1	K	9033			\$867.31
J0743	Cilastatin sodium injection	Covered	N		N				
J0744	Ciprofloxacin iv	Covered	N	5	N				
J0745	Inj codeine phosphate /30 mg	Covered	N	1	N				
J0760	Colchicine injection	Covered	N	1	N				
J0770	Colistimethate sodium inj	Covered	N	1	N				
J0775	Collagenase, clost hist inj	Covered	N	1	K	1340			\$37.42
J0780	Prochlorperazine injection	Covered	N	1	N				
J0795	Corticotrelin ovine triflural	Covered	N		K	1684			\$4.77
J0800	Corticotropin injection	Covered	N	1	K	1280			\$95.54
J0833	Cosyntropin injection nos	Covered	N	3	K	0835			\$103.54
J0834	Cosyntropin cortrosyn inj	Covered	N	3	N				
J0840	Crotalidae poly immune fab	Covered	N	6	K	9274			\$2,106.20
J0850	Cytomegalovirus imm iv /vial	Covered	N	1	K	0903			\$732.07
J0878	Daptomycin injection	Covered	N	5	K	9124			\$0.37
J0881	Darbepoetin alfa, non-esrd	Covered	N	15	K	1685			\$5.13
J0882	Darbepoetin alfa, esrd use	Covered	N	15	K	1482			\$5.13
J0885	Epoetin alfa, non-esrd	Covered	N	6	K	1686			\$13.59
J0886	Epoetin alfa 1000 units esrd	Covered	N	4	N				
J0887	Epoetin beta esrd use	Covered	N	1	N				
J0888	Epoetin beta non esrd	Covered	N	1	N				
J0890	Peginesatide injection	Covered	N	4	E				\$10.95
J0894	Decitabine injection	Covered	N	1	K	9231			By Report
J0895	Deferoxamine mesylate inj	Covered	N		N				
J0897	Denosumab injection	Covered	N	12	K	9272			\$14.24
J0945	Brompheniramine maleate inj	Covered	N	1	N				
J1000	Depo-estradiol cypionate inj	Covered	N	1	N				
J1020	Methylprednisolone 20 mg inj	Covered	N	1	N				
J1030	Methylprednisolone 40 mg inj	Covered	N	2	N				
J1040	Methylprednisolone 80 mg inj	Covered	N	2	N				
J1050	Medroxyprogesterone acetate	Covered	N	15	N				
J1071	Inj testosterone cypionate	Covered	N	4	N				
J1094	Inj dexamethasone acetate	Covered	N	8	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J1100	Dexamethasone sodium phos	Covered	N	24	N				
J1110	Inj dihydroergotamine mesylt	Covered	N	1	N				
J1120	Acetazolamid sodium injectio	Covered	N	1	N				
J1160	Digoxin injection	Covered	N	1	N				
J1162	Digoxin immune fab (ovine)	Covered	N	1	K	1687			By Report
J1165	Phenytoin sodium injection	Covered	N	1	N				
J1170	Hydromorphone injection	Covered	N	3	N				
J1180	Dyphylline injection	Covered	N		E				\$9.27
J1190	Dexrazoxane hcl injection	Covered	N	1	K	0726			\$240.54
J1200	Diphenhydramine hcl injectio	Covered	N	1	N				
J1205	Chlorothiazide sodium inj	Covered	N	1	K	0747			\$10.77
J1212	Dimethyl sulfoxide 50% 50 ml	Covered	N		N				
J1230	Methadone injection	Covered	N	1	N				
J1240	Dimenhydrinate injection	Covered	N	1	N				
J1245	Dipyridamole injection	Covered	N	6	N				
J1250	Inj dobutamine hcl/250 mg	Covered	N	1	N				
J1260	Dolasetron mesylate	Covered	N	1	N				
J1265	Dopamine injection	Covered	N	1	N				
J1267	Doripenem injection	Covered	N	5	N				
J1270	Injection, doxercalciferol	Covered	N	8	N				
J1290	Ecallantide injection	Covered	N	3	K	9263			\$274.61
J1300	Eculizumab injection	Covered	N	9	K	9236			\$181.41
J1320	Amitriptyline injection	Covered	N	1	N				
J1322	Elosulfase alfa, injection	Covered	N		G	1480			\$216.43
J1324	Enfuvirtide injection	Covered	N	1	K	1361			By Report
J1325	Epoprostenol injection	Covered	N		N				
J1327	Eptifibatide injection	Covered	N	1	K	1607			\$13.19
J1330	Ergonovine maleate injection	Covered	N	1	N				
J1335	Ertapenem injection	Covered	N		N				
J1364	Erythro lactobionate /500 mg	Covered	N		K	1669			\$3.56
J1380	Estradiol valerate 10 mg inj	Covered	N	1	N				
J1410	Inj estrogen conjugate 25 mg	Covered	N	1	K	9038			\$63.23
J1430	Ethanolamine oleate 100 mg	Covered	N		K	1688			By Report
J1435	Injection estrone per 1 mg	Covered	N	5	E				\$0.59
J1436	Etidronate disodium inj	Covered	N	1	N				
J1438	Etanercept injection	Covered	N		K	1608			\$152.17
J1439	Inj ferric carboxymaltos 1mg	Covered	N		G	9441			\$1.12
J1442	Inj, filgrastim g-csf 1mcg	Covered	N	96	K	1469			By Report
J1446	Inj, tbo-filgrastim, 5 mcg	Covered	N	8	G	1477			By Report
J1450	Fluconazole	Covered	N		N				
J1451	Fomepizole, 15 mg	Covered	N		K	1689			\$12.80
J1452	Intraocular fomivirsen na	Covered	N	1	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J1453	Fosaprepitant injection	Covered	N	15	K	9242			\$1.63
J1455	Foscarnet sodium injection	Covered	N		N				
J1457	Gallium nitrate injection	Covered	N	1	N				
J1458	Galsulfase injection	Covered	N	7	K	9224			By Report
J1459	Inj ivig privigen 500 mg	Covered	N	85	K	1214			\$46.65
J1460	Gamma globulin 1 cc inj	Covered	N		N				
J1556	Inj, imm glob bivigam, 500mg	Covered	N	1	G	9130			By Report
J1557	Gammplex injection	Covered	N	1	K	9270			\$29.53
J1559	Hizentra injection	Covered	N		K	1312			\$13.05
J1560	Gamma globulin > 10 cc inj	Covered	N	1	N				
J1561	Gamunex-c/gammaked	Covered	N	3	K	0948			\$49.59
J1562	Vivaglobin, inj	Covered	N		E				By Report
J1566	Immune globulin, powder	Covered	N	1	K	2731			\$66.61
J1568	Octagam injection	Covered	N		K	0943			\$57.59
J1569	Gammagard liquid injection	Covered	N	3	K	0944			\$58.36
J1570	Ganciclovir sodium injection	Covered	N		N				
J1571	Hepagam b im injection	Covered	N		K	0946			\$74.05
J1572	Flebogamma injection	Covered	N		K	0947			\$43.44
J1573	Hepagam b intravenous, inj	Covered	N		K	1138			\$74.05
J1580	Garamycin gentamicin inj	Covered	N	1	N				
J1590	Gatifloxacin injection	Covered	N		N				
J1595	Injection glatiramer acetate	Covered	N		K	1015			\$37.36
J1599	Ivig non-lyophilized, nos	Covered	N		N				
J1600	Gold sodium thiomaleate inj	Covered	N	1	K	1742			\$13.89
J1602	Golimumab for iv use 1mg	Covered	N	18	K	1475			By Report
J1610	Glucagon hydrochloride/1 mg	Covered	N	2	K	9042			\$46.87
J1620	Gonadorelin hydroch/ 100 mcg	Covered	N	1	E				\$207.65
J1626	Granisetron hcl injection	Covered	N	11	N				
J1630	Haloperidol injection	Covered	N	2	N				
J1631	Haloperidol decanoate inj	Covered	N	6	N				
J1640	Hemin, 1 mg	Not Covered			K	1690			
J1642	Inj heparin sodium per 10 u	Covered	N		N				
J1644	Inj heparin sodium per 1000u	Covered	N	4	N				
J1645	Dalteparin sodium	Covered	N		N				
J1650	Inj enoxaparin sodium	Covered	N	4	N				
J1652	Fondaparinux sodium	Covered	N		N				
J1655	Tinzaparin sodium injection	Covered	N		E				\$3.93
J1670	Tetanus immune globulin inj	Covered	N	1	K	1670			\$123.06
J1675	Histrelin acetate	Not Covered			B				
J1700	Hydrocortisone acetate inj	Covered	N	4	N				
J1710	Hydrocortisone sodium ph inj	Covered	N	2	N				
J1720	Hydrocortisone sodium succ i	Covered	N	3	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J1725	Hydroxyprogesterone caproate	Covered	N		K	1354			\$2.85
J1730	Diazoxide injection	Covered	N		E				\$126.40
J1740	Ibandronate sodium injection	Covered	N	1	K	9229			By Report
J1741	Ibuprofen injection	Covered	N	1	N				
J1742	Ibutilide fumarate injection	Covered	N		K	9044			\$258.42
J1743	Idursulfase injection	Covered	N	5	K	9232			\$477.52
J1744	Icatibant injection	Covered	N	9	K	1443			\$76.55
J1745	Infliximab injection	Covered	N	6	K	7043			\$67.55
J1750	Inj iron dextran	Covered	N	4	K	1237			\$19.68
J1756	Iron sucrose injection	Covered	N	1	N				
J1786	Imuglucerase injection	Covered	N	54	K	1327			\$41.08
J1790	Droperidol injection	Covered	N		N				
J1800	Propranolol injection	Covered	N	1	N				
J1810	Droperidol/fentanyl inj	Covered	N		E				\$9.70
J1815	Insulin injection	Covered	N	2	N				
J1817	Insulin for insulin pump use	Not Covered			N				
J1826	Interferon beta-1a inj	Covered	N	1	E				\$222.41
J1830	Interferon beta-1b / .25 mg	Covered	N		K	0910			\$58.60
J1835	Itraconazole injection	Covered	N	2	E				\$37.64
J1840	Kanamycin sulfate 500 mg inj	Covered	N	1	N				
J1850	Kanamycin sulfate 75 mg inj	Covered	N		N				
J1885	Ketorolac tromethamine inj	Covered	N	4	N				
J1890	Cephalothin sodium injection	Covered	N	1	N				
J1930	Lanreotide injection	Covered	N	9	K	9237			\$29.42
J1931	Laronidase injection	Covered	N		K	9209			\$23.37
J1940	Furosemide injection	Covered	N	2	N				
J1945	Lepirudin	Covered	N		K	1693			\$167.01
J1950	Leuprolide acetate /3.75 mg	Covered	N	4	K	0800			\$531.87
J1953	Levetiracetam injection	Covered	N	3	N				
J1955	Inj levocarnitine per 1 gm	Not Covered			B				
J1956	Levofloxacin injection	Covered	N	2	N				
J1960	Levorphanol tartrate inj	Covered	N	1	N				
J1980	Hyoscyamine sulfate inj	Covered	N		N				
J1990	Chlordiazepoxide injection	Covered	N	1	N				
J2001	Lidocaine injection	Covered	N		N				
J2010	Lincomycin injection	Covered	N	2	N				
J2020	Linezolid injection	Covered	N	6	K	9001			\$37.96
J2060	Lorazepam injection	Covered	N	2	N				
J2150	Mannitol injection	Covered	N	2	N				
J2170	Mecasermin injection	Covered	N		N				
J2175	Meperidine hydrochl /100 mg	Covered	N	1	N				
J2180	Meperidine/promethazine inj	Covered	N	2	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J2185	Meropenem	Covered	N		N				
J2210	Methylgonovin maleate inj	Covered	N	1	N				
J2212	Methylnaltrexone injection	Covered	N	12	N				
J2248	Micafungin sodium injection	Covered	N	1	K	9227			By Report
J2250	Inj midazolam hydrochloride	Covered	N	4	N				
J2260	Inj milrinone lactate / 5 mg	Covered	N	1	N				
J2265	Minocycline hydrochloride	Covered	N	2	N				
J2270	Morphine sulfate injection	Covered	N	1	N				
J2274	In morphine preservativ free	Covered	N	2	N				
J2278	Ziconotide injection	Covered	N		K	1694			\$7.17
J2280	Inj, moxifloxacin 100 mg	Covered	N		N				
J2300	Inj nalbuphine hydrochloride	Covered	N	2	N				
J2310	Inj naloxone hydrochloride	Covered	N	2	N				
J2315	Naltrexone, depot form	Covered	N	1	K	0759			By Report
J2320	Nandrolone decanoate 50 mg	Covered	N	2	K	1743			\$3.95
J2323	Natalizumab injection	Covered	N	3	K	9126			\$12.84
J2325	Nesiritide injection	Covered	N	1	K	1695			\$32.69
J2353	Octreotide injection, depot	Covered	N	3	K	1207			\$90.26
J2354	Octreotide inj, non-depot	Covered	N		N				
J2355	Oprelvekin injection	Covered	N	1	K	7011			\$260.88
J2357	Omalizumab injection	Covered	N	75	K	9300			\$15.74
J2358	Olanzapine long-acting inj	Covered	N	1	K	1331			\$2.74
J2360	Orphenadrine injection	Covered	N	1	N				
J2370	Phenylephrine hcl injection	Covered	N	1	N				
J2400	Chloroprocaine hcl injection	Covered	N		N				
J2405	Ondansetron hcl injection	Covered	N	32	N				
J2410	Oxymorphone hcl injection	Covered	N	1	N				
J2425	Palifermin injection	Covered	N		K	1696			\$12.72
J2426	Paliperidone palmitate inj	Covered	N	234	K	9255			\$6.56
J2430	Pamidronate disodium /30 mg	Covered	N	3	N				
J2440	Papaverin hcl injection	Covered	N	1	N				
J2460	Oxytetracycline injection	Covered	N	5	E				\$0.98
J2469	Palonosetron hcl	Covered	N	25	K	9210			\$33.08
J2501	Paricalcitol	Covered	N	15	N				
J2503	Pegaptanib sodium injection	Covered	N	1	K	1697			By Report
J2504	Pegademase bovine, 25 iu	Covered	N	1	K	1739			\$181.36
J2505	Injection, pegfilgrastim 6mg	Covered	N	1	K	9119			\$2,729.64
J2507	Pegloticase injection	Covered	N	8	K	9281			\$297.92
J2510	Penicillin g procaine inj	Covered	N	8	N				
J2513	Pentastarch 10% solution	Covered	N	1	E				By Report
J2515	Pentobarbital sodium inj	Covered	N	3	K	1456			\$1.50
J2540	Penicillin g potassium inj	Covered	N		N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J2543	Piperacillin/tazobactam	Covered	N		N				
J2545	Pentamidine non-comp unit	Not Covered			B				
J2550	Promethazine hcl injection	Covered	N	1	N				
J2560	Phenobarbital sodium inj	Covered	N	1	N				
J2562	Plerixafor injection	Covered	N		K	9252			\$269.86
J2590	Oxytocin injection	Covered	N	1	N				
J2597	Inj desmopressin acetate	Covered	N		K	1440			\$3.54
J2650	Prednisolone acetate inj	Covered	N	4	N				
J2670	Totazoline hcl injection	Covered	N	1	K	1457			\$4.03
J2675	Inj progesterone per 50 mg	Covered	N	5	N				
J2680	Fluphenazine decanoate 25 mg	Covered	N	4	N				
J2690	Procainamide hcl injection	Covered	N	1	N				
J2700	Oxacillin sodium injeciton	Covered	N	4	N				
J2704	Inj, propofol, 10 mg	Covered	N	2	N				
J2710	Neostigmine methylsifte inj	Covered	N	1	N				
J2720	Inj protamine sulfate/10 mg	Covered	N	1	N				
J2724	Protein c concentrate	Covered	N	1	K	1139			\$12.56
J2725	Inj protirelin per 250 mcg	Covered	N		E				\$25.08
J2730	Pralidoxime chloride inj	Covered	N		K	1023			\$105.85
J2760	Phentolaine mesylate inj	Covered	N	1	K	1458			\$32.82
J2765	Metoclopramide hcl injection	Covered	N	4	N				
J2770	Quinupristin/dalfopristin	Covered	N	1	K	2770			\$117.80
J2778	Ranibizumab injection	Covered	N	5	K	9233			\$425.19
J2780	Ranitidine hydrochloride inj	Covered	N		N				
J2783	Rasburicase	Not Covered			K	0738			
J2785	Regadenoson injection	Covered	N	4	N				
J2788	Rho d immune globulin 50 mcg	Covered	N	1	N				
J2790	Rho d immune globulin inj	Covered	N	1	N				
J2791	Rhophylac injection	Covered	N		K	0945			\$5.14
J2792	Rho(d) immune globulin h, sd	Covered	N	15	K	1609			\$21.14
J2793	Rilonacept injection	Covered	N		K	1291			\$23.55
J2794	Risperidone, long acting	Covered	N	1	K	9125			\$4.72
J2795	Ropivacaine hcl injection	Covered	N		N				
J2796	Romiplostim injection	Covered	N		K	9245			\$44.92
J2800	Methocarbamol injection	Covered	N	1	N				
J2805	Sinacalide injection	Covered	N	1	N				
J2810	Inj theophylline per 40 mg	Covered	N	1	N				
J2820	Sargramostim injection	Covered	N	15	K	0731			\$29.88
J2850	Inj secretin synthetic human	Covered	N	1	K	1700			\$23.49
J2910	Aurothioglucose injeciton	Covered	N	1	N				
J2916	Na ferric gluconate complex	Covered	N	5	N				
J2920	Methylprednisolone injection	Covered	N	3	N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J2930	Methylprednisolone injection	Covered	N		N				
J2940	Somatrem injection	Not Covered			E				
J2941	Somatropin injection	Not Covered			K	7034			
J2950	Promazine hcl injection	Covered	N	4	N				
J2993	Retepase injection	Not Covered			K	9005			
J2995	Inj streptokinase /250000 iu	Not Covered			N				
J2997	Alteplase recombinant	Covered	N	4	K	7048			\$37.72
J3000	Streptomycin injection	Covered	N	1	N				
J3010	Fentanyl citrate injeciton	Covered	N		N				
J3030	Sumatriptan succinate / 6 mg	Covered	N	1	N				
J3060	Inj, taliglucerase alfa 10 u	Covered	N	2	G	9294			By Report
J3070	Pentazocine injection	Covered	N	1	K	1484			\$5.38
J3095	Telavancin injection	Covered	N	1	K	9258			\$2.15
J3101	Tenecteplase injection	Covered	N	5	K	9002			\$51.90
J3105	Terbutaline sulfate inj	Covered	N	3	N				
J3110	Teriparatide injection	Not Covered			B				
J3121	Inj testostero enanthate 1mg	Covered	N	4	N				
J3145	Testosterone undecanoate 1mg	Not Covered			G	1487			
J3230	Chlorpromazine hcl injection	Covered	N	1	N				
J3240	Thyrotropin injection	Not Covered			K	9108			
J3243	Tigecycline injection	Covered	N	1	K	9228			By Report
J3246	Tirofiban hcl	Not Covered			K	7041			
J3250	Trimethobenzamide hcl inj	Covered	N	1	N				
J3260	Tobramycin sulfate injection	Covered	N	3	N				
J3262	Tocilizumab injection	Covered	N	8	K	9264			\$3.43
J3265	Injection torsemide 10 mg/ml	Covered	N		N				
J3280	Thiethylperazine maleate inj	Covered	N	1	N				
J3285	Treprostinil injection	Covered	N	1	K	1701			\$60.14
J3300	Triamcinolone a inj prs-free	Covered	N	1	K	1253			\$3.34
J3301	Triamcinolone acet inj nos	Covered	N	12	N				
J3302	Triamcinolone diacetate inj	Covered	N	8	N				
J3303	Triamcinolone hexacetoni inj	Covered	N	4	N				
J3305	Inj trimetrexate glucoronate	Covered	N		E				\$146.50
J3310	Perphenazine injeciton	Covered	N	1	N				
J3315	Triptorelin pamoate	Covered	N	1	K	9122			\$409.83
J3320	Spectinomycin di-hcl inj	Covered	N	2	N				
J3350	Urea injection	Not Covered			K	1459			
J3355	Urofollitropin, 75 iu	Covered	N	1	K	1741			\$72.17
J3357	Ustekinumab injection	Covered	N	9	K	9261			\$112.64
J3360	Diazepam injection	Covered	N	2	N				
J3364	Urokinase 5000 iu injection	Covered	N		N				
J3365	Urokinase 250,000 iu inj	Covered	N		E				\$525.89

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J3370	Vancomycin hcl injection	Covered	N	4	N				
J3385	Velaglucerase alfa	Covered	N	5	K	9271			\$349.73
J3396	Verteporfin injection	Covered	N	15	K	1203			\$9.90
J3400	Triflupromazine hcl inj	Covered	N	1	E				\$12.96
J3410	Hydroxyzine hcl injection	Covered	N	4	N				
J3411	Thiamine hcl 100 mg	Covered	N	8	N				
J3415	Pyridoxine hcl 100 mg	Not Covered			N				
J3420	Vitamin b12 injection	Covered	N	1	N				
J3430	Vitamin k phytionadione inj	Covered	N	1	N				
J3465	Injection, voriconazole	Not Covered			K	1052			
J3470	Hyaluronidase injection	Covered	N	1	N				
J3471	Ovine, up to 999 usp units	Covered	N	1	N				
J3472	Ovine, 1000 usp units	Covered	N	1	N				
J3473	Hyaluronidase recombinant	Covered	N	1	N				
J3475	Inj magnesium sulfate	Covered	N		N				
J3480	Inj potassium chloride	Covered	N		N				
J3485	Zidovudine	Covered	N		K	1744			\$1.05
J3486	Ziprasidone mesylate	Covered	N		N				
J3489	Zoledronic acid 1mg	Covered	N	4	K	1356			By Report
J3490	Drugs unclassified injection	Covered	N		N				
J3520	Edetate disodium per 150 mg	Covered	N	2	E				\$1.05
J3530	Nasal vaccine inhalation	Not Covered			N				
J3535	Metered dose inhaler drug	Covered	N	1	E				By Report
J3570	Laetrile amygdalin vit b17	Not Covered			E				
J3590	Unclassified biologics	Covered	N		N				
J7030	Normal saline solution infus	Covered	N		N				
J7040	Normal saline solution infus	Covered	N	3	N				
J7042	5% dextrose/normal saline	Covered	N		N				
J7050	Normal saline solution infus	Covered	N		N				
J7060	5% dextrose/water	Covered	N		N				
J7070	D5w infusion	Covered	N		N				
J7100	Dextran 40 infusion	Covered	N		N				
J7110	Dextran 75 infusion	Covered	N		N				
J7120	Ringers lactate infusion	Covered	N		N				
J7131	Hypertonic saline sol	Covered	N	3	N				
J7178	Human fibrinogen conc inj	Covered	N	13	K	1478			By Report
J7180	Factor xiii anti-hem factor	Covered	N	8	N				
J7181	Factor xiii recomb a-subunit	Covered	N	35	G	1746			By Report
J7182	Factor viii recomb novoeight	Covered	N		E				By Report
J7183	Wilate injection	Covered	N	6	K	1352			\$1.14
J7185	Xyntha inj	Covered	N	5,682	K	1268			\$1.43
J7186	Antihemophilic viii/vwf comp	Covered	N		K	1213			By Report

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J7187	Humate-p, inj	Covered	N	1	K	1704			By Report
J7189	Factor viia	Covered	N	1	K	1705			\$1.53
J7190	Factor viii	Covered	N	45	K	0925			\$0.89
J7191	Factor viii (porcine)	Not Covered			K	1464			
J7192	Factor viii recombinant nos	Covered	N		K	0927			\$1.39
J7193	Factor ix non-recombinant	Covered	N		K	0931			\$1.15
J7194	Factor ix complex	Not Covered			K	0928			
J7195	Factor ix recombinant nos	Not Covered			K	0932			
J7196	Antithrombin recombinant	Covered	N	1	K	1332			By Report
J7197	Antithrombin iii injection	Covered	N		K	1263			\$1.46
J7198	Anti-inhibitor	Covered	N		K	0929			\$1.46
J7199	Hemophilia clot factor noc	Not Covered			B				
J7200	Factor ix recombinan rixubis	Covered	N		G	1467			\$1.45
J7201	Factor ix fc fusion recomb	Covered	N		G	1486			\$2.89
J7300	Intraut copper contraceptive	Covered	N	1	E				\$605.91
J7301	Levonorgestrel iu 13.5 mg	Covered	N	1	E				By Report
J7302	Levonorgestrel iu 52 mg	Covered	N	1	E				\$743.73
J7303	Contraceptive vaginal ring	Not Covered			E				
J7304	Contraceptive hormone patch	Covered	N	1	E				\$10.39
J7306	Levonorgestrel implant sys	Covered	N	1	E				By Report
J7307	Etonogestrel implant system	Covered	N	1	E				\$647.71
J7308	Aminolevulinic acid hcl top	Not Covered			K	7308			
J7309	Methyl aminolevulinate, top	Not Covered			K	1338			
J7310	Ganciclovir long act implant	Not Covered			K	0913			
J7311	Fluocinolone acetone implt	Covered	N	1	K	9225			By Report
J7312	Dexamethasone intra implant	Covered	N		K	9256			\$191.70
J7315	Ophthalmic mitomycin	Covered	N	1	G	1448			\$363.75
J7316	Inj, ocriplasmin, 0.125 mg	Covered	N	4	G	9298			By Report
J7321	Hyalgan/supartz inj per dose	Covered	N	2	K	0873			\$126.46
J7323	Euflexxa inj per dose	Covered	N	2	K	0875			\$127.23
J7324	Orthovisc inj per dose	Covered	N	2	K	0877			\$227.94
J7325	Synvisc or synvisc-one	Covered	N	96	K	0874			\$15.19
J7326	Gel-one	Covered	N	48	K	1417			By Report
J7327	Monovisc inj per dose	Covered	N	2	K	1747			\$987.91
J7330	Cultured chondrocytes implnt	Not Covered			B				
J7336	Capsaicin 8% patch	Covered	N	1	K	1665			\$2.58
J7500	Azathioprine oral 50mg	Covered	N		N				
J7501	Azathioprine parenteral	Covered	N		K	0887			\$45.32
J7502	Cyclosporine oral 100 mg	Covered	N		N				
J7504	Lymphocyte immune globulin	Covered	N		K	0890			\$277.59
J7505	Monoclonal antibodies	Covered	N		N				
J7506	Prednisone oral	Not Covered			N				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J7507	Tacrolimus imme rel oral 1mg	Not Covered			N				
J7508	Tacrolimus ex rel oral 0.1mg	Covered	N	18	G	1465			By Report
J7509	Methylprednisolone oral	Not Covered			N				
J7510	Prednisolone oral per 5 mg	Not Covered			N				
J7511	Antithymocyte globuln rabbit	Covered	N	1	K	9104			\$286.39
J7513	Daclizumab, parenteral	Covered	N	1	K	1612			\$364.78
J7515	Cyclosporine oral 25 mg	Covered	N		N				
J7516	Cyclosporin parenteral 250mg	Covered	N		N				
J7517	Mycophenolate mofetil oral	Not Covered			N				
J7518	Mycophenolic acid	Covered	N	1	N				
J7520	Sirolimus, oral	Covered	N		N				
J7525	Tacrolimus injection	Covered	N		K	9006			\$121.07
J7527	Oral everolimus	Covered	N	4	N				
J7599	Immunosuppressive drug noc	Covered	N		N				
J7604	Acetylcysteine comp unit	Covered	N	1	M				By Report
J7605	Arformoterol non-comp unit	Covered	N	1	M				\$5.02
J7606	Formoterol fumarate, inh	Covered	N	2	M				\$2.66
J7607	Levalbuterol comp con	Covered	N	1	M				By Report
J7608	Acetylcysteine non-comp unit	Covered	N		M				\$2.66
J7609	Albuterol comp unit	Covered	N	1	M				By Report
J7610	Albuterol comp con	Covered	N		M				By Report
J7611	Albuterol non-comp con	Covered	N		M				\$0.14
J7612	Levalbuterol non-comp con	Covered	N		M				\$1.70
J7613	Albuterol non-comp unit	Covered	N		M				\$0.15
J7614	Levalbuterol non-comp unit	Covered	N		M				\$1.12
J7615	Levalbuterol comp unit	Covered	N		M				By Report
J7620	Albuterol ipratrop non-comp	Covered	N	1	M				\$0.80
J7622	Beclomethasone comp unit	Not Covered			M				
J7624	Betamethasone comp unit	Not Covered			M				
J7626	Budesonide non-comp unit	Covered	N		M				\$4.21
J7627	Budesonide comp unit	Covered	N	1	M				By Report
J7628	Bitolterol mesylate comp con	Covered	N		M				\$0.18
J7629	Bitolterol mesylate comp unt	Covered	N		M				\$0.18
J7631	Cromolyn sodium noncomp unit	Covered	N		M				\$0.67
J7632	Cromolyn sodium comp unit	Covered	N	1	M				By Report
J7633	Budesonide non-comp con	Covered	N		M				\$0.03
J7634	Budesonide comp con	Covered	N	1	M				By Report
J7635	Atropine comp con	Covered	N		M				\$0.24
J7636	Atropine comp unit	Covered	N		M				\$0.07
J7637	Dexamethasone comp con	Covered	N		M				\$0.01
J7638	Dexamethasone comp unit	Covered	N		M				\$0.12
J7639	Dornase alfa non-comp unit	Covered	N		M				\$18.25

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J7640	Formoterol comp unit	Covered	N	1	E				\$2.74
J7641	Flunisolide comp unit	Not Covered			M				
J7642	Glycopyrrolate comp con	Not Covered			M				
J7643	Glycopyrrolate comp unit	Not Covered			M				
J7644	Ipratropium bromide non-comp	Covered	N		M				\$0.21
J7645	Ipratropium bromide comp	Covered	N		M				By Report
J7647	Isoetharine comp con	Not Covered			M				
J7648	Isoetharine non-comp con	Not Covered			M				
J7649	Isoetharine non-comp unit	Not Covered			M				
J7650	Isoetharine comp unit	Not Covered			M				
J7657	Isoproterenol comp con	Covered	N	1	M				By Report
J7658	Isoproterenol non-comp con	Covered	N		M				\$0.54
J7659	Isoproterenol non-comp unit	Covered	N		M				\$0.54
J7660	Isoproterenol comp unit	Covered	N	1	M				By Report
J7665	Mannitol for inhaler	Covered	N	4	N				
J7667	Metaproterenol comp con	Covered	N	1	M				By Report
J7668	Metaproterenol non-comp con	Covered	N		M				\$0.22
J7669	Metaproterenol non-comp unit	Not Covered			M				
J7670	Metaproterenol comp unit	Covered	N		M				By Report
J7674	Methacholine chloride, neb	Not Covered			N				
J7676	Pentamidine comp unit dose	Not Covered			M				
J7680	Terbutaline sulf comp con	Covered	N		M				\$0.02
J7681	Terbutaline sulf comp unit	Covered	N		M				\$15.12
J7682	Tobramycin non-comp unit	Covered	N		M				\$49.42
J7683	Triamcinolone comp con	Covered	N		M				\$0.58
J7684	Triamcinolone comp unit	Covered	N		M				\$0.58
J7685	Tobramycin comp unit	Covered	N	1	M				By Report
J7686	Treprostinil, non-comp unit	Covered	N		M				\$271.17
J7699	Inhalation solution for dme	Covered	N		M				By Report
J7799	Non-inhalation drug for dme	Covered	N		N				
J8498	Antiemetic rectal/supp nos	Not Covered			B				
J8499	Oral prescrip drug non chemo	Covered	N		E				By Report
J8501	Oral aprepitant	Covered	N		K	0868			\$6.90
J8510	Oral busulfan	Covered	N		N				
J8515	Cabergoline, oral 0.25mg	Covered	N	1	E				\$16.00
J8520	Capecitabine, oral, 150 mg	Covered	N		K	7042			\$2.37
J8521	Capecitabine, oral, 500 mg	Covered	N		K	0934			\$7.90
J8530	Cyclophosphamide oral 25 mg	Covered	N		N				
J8540	Oral dexamethasone	Covered	N	1	N				
J8560	Etoposide oral 50 mg	Covered	N		K	0802			\$46.52
J8562	Oral fludarabine phosphate	Covered	N	5	E				\$7.99
J8565	Gefitinib oral	Covered	N	1	E				\$57.74

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J8597	Antiemetic drug oral nos	Covered	N		N				
J8600	Melphalan oral 2 mg	Covered	N		N				
J8610	Methotrexate oral 2.5 mg	Covered	N		N				
J8650	Nabilone oral	Covered	N	1	K	1424			By Report
J8700	Temozolomide	Covered	N		K	1086			\$6.35
J8705	Topotecan oral	Covered	N	12	K	1238			\$71.03
J8999	Oral prescription drug chemo	Not Covered			B				
J9000	Doxorubicin hcl injection	Covered	N	15	N				
J9010	Alemtuzumab injection	Covered	N	3	E				\$600.97
J9015	Aldesleukin injection	Covered	N	1	K	0807			\$755.09
J9017	Arsenic trioxide injection	Covered	N	14	K	9012			\$35.86
J9019	Erwinaze injection	Covered	N	25	K	9289			\$322.41
J9020	Asparaginase, nos	Covered	N	2	K	0814			\$64.36
J9025	Azacitidine injection	Covered	N	2	K	1709			\$4.58
J9027	Clofarabine injection	Covered	N	1	K	1710			\$130.11
J9031	Bcg live intravesical vac	Covered	N	1	K	0809			\$164.63
J9033	Bendamustine injection	Covered	N	2	K	9243			\$19.43
J9035	Bevacizumab injection	Covered	N	125	K	9214			\$58.68
J9040	Bleomycin sulfate injection	Covered	N	2	N				
J9041	Bortezomib injection	Covered	N	35	K	9207			\$29.17
J9042	Brentuximab vedotin inj	Covered	N	15	K	9287			\$94.39
J9043	Cabazitaxel injection	Covered	N	75	K	9276			\$138.17
J9045	Carboplatin injection	Covered	N	2	N				
J9047	Injection, carfilzomib, 1 mg	Covered	N	54	G	9295			By Report
J9050	Carmustine injection	Covered	N	4	K	0812			\$138.79
J9055	Cetuximab injection	Covered	N	5	K	9215			\$51.03
J9060	Cisplatin 10 mg injection	Covered	N	2	N				
J9065	Inj cladribine per 1 mg	Covered	N	8	K	0858			\$60.12
J9070	Cyclophosphamide 100 mg inj	Covered	N	2	K	1408			\$5.58
J9098	Cytarabine liposome inj	Not Covered			K	1166			
J9100	Cytarabine hcl 100 mg inj	Covered	N	4	N				
J9120	Dactinomycin injection	Covered	N	2	K	0752			\$14.26
J9130	Dacarbazine 100 mg inj	Covered	N	8	N				
J9150	Daunorubicin injection	Covered	N	1	K	0820			\$72.30
J9151	Daunorubicin citrate inj	Covered	N		K	0821			\$66.42
J9155	Degarelix injection	Covered	N	24	K	1296			\$4.03
J9160	Denileukin diftitox inj	Covered	N	6	E				\$1,368.37
J9165	Diethylstilbestrol injection	Covered	N	3	E				\$14.81
J9171	Docetaxel injection	Covered	N	24	K	0823			\$20.05
J9175	Elliotts b solution per ml	Covered	N	1	N				
J9178	Inj, epirubicin hcl, 2 mg	Covered	N	25	N				
J9179	Eribulin mesylate injection	Covered	N	4	K	1426			\$88.07

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J9181	Etoposide injection	Covered	N	3	N				
J9185	Fludarabine phosphate inj	Covered	N	1	K	0842			\$339.60
J9190	Fluorouracil injection	Covered	N	25	N				
J9200	Floxuridine injection	Covered	N		K	0827			\$135.00
J9201	Gemcitabine hcl injection	Covered	N	1	N				
J9202	Goserelin acetate implant	Covered	N	1	K	0810			\$459.04
J9206	Irinotecan injection	Covered	N	35	N				
J9207	Ixabepilone injection	Covered	N	8	K	9240			\$66.32
J9208	Ifosfamide injection	Covered	N	3	K	0831			\$146.46
J9209	Mesna injection	Covered	N	2	N				
J9211	Idarubicin hcl injection	Covered	N		K	0832			\$431.75
J9212	Interferon alfacon-1 inj	Covered	N	5	E				\$4.20
J9213	Interferon alfa-2a inj	Covered	N		K	1460			\$35.86
J9214	Interferon alfa-2b inj	Covered	N	6	K	0836			\$15.30
J9215	Interferon alfa-n3 inj	Covered	N		N				
J9216	Interferon gamma 1-b inj	Covered	N		K	0838			\$215.11
J9217	Leuprolide acetate suspnsion	Covered	N	4	K	9217			\$459.04
J9218	Leuprolide acetate injeciton	Covered	N	1	N				
J9219	Leuprolide acetate implant	Covered	N		E				\$2,268.30
J9225	Vantas implant	Covered	N	1	K	1711			By Report
J9226	Supprelin la implant	Covered	N	1	K	1142			\$15,263.24
J9228	Ipilimumab injection	Covered	N	3	K	9284			\$124.35
J9230	Mechlorethamine hcl inj	Covered	N	4	K	0751			\$12.34
J9245	Inj melphalan hydrochl 50 mg	Covered	N		K	0840			\$431.91
J9250	Methotrexate sodium inj	Covered	N	6	N				
J9260	Methotrexate sodium inj	Covered	N	5	N				
J9261	Nelarabine injection	Covered	N	1	K	0825			By Report
J9262	Inj, omacetaxine mep, 0.01mg	Covered	N	125	G	9297			By Report
J9263	Oxaliplatin	Covered	N	34	K	1738			\$9.22
J9264	Paclitaxel protein bound	Covered	N	4	K	1712			\$9.38
J9266	Pegaspargase injection	Covered	N	1	K	0843			\$1,587.15
J9267	Paclitaxel injection	Covered	N	4	N				
J9268	Pentostatin injection	Covered	N		K	0844			\$1,789.94
J9270	Plicamycin (mithramycin) inj	Covered	N	3	N				
J9280	Mitomycin injection	Covered	N	3	K	1232			\$124.09
J9293	Mitoxantrone hydrochl / 5 mg	Covered	N	5	K	0864			\$350.00
J9300	Gemtuzumab ozogamicin inj	Covered	N		E				\$2,245.19
J9301	Obinutuzumab inj	Covered	N	1	G	1476			\$52.28
J9302	Ofatumumab injection	Covered	N	2	K	9260			\$45.59
J9303	Panitumumab injection	Covered	N	54	K	9235			\$89.17
J9305	Pemetrexed injection	Covered	N	5	K	9213			\$41.68
J9306	Injection, pertuzumab, 1 mg	Covered	N	84	K	1471			By Report

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
J9307	Pralatrexate injection	Covered	N	6	K	9259			\$161.91
J9310	Rituximab injection	Covered	N	1	K	0849			\$488.72
J9315	Romidepsin injection	Covered	N	28	K	9265			\$218.77
J9320	Streptozocin injection	Covered	N	4	K	0850			\$145.44
J9328	Temozolomide injection	Covered	N	36	K	9253			\$1.70
J9330	Temsirolimus injection	Covered	N	25	K	1168			\$49.77
J9340	Thiotepa injection	Covered	N	3	K	0851			\$91.15
J9351	Topotecan injection	Covered	N	3	K	1350			\$28.64
J9354	Inj, ado-trastuzumab emt 1mg	Covered	N	3	G	9131			By Report
J9355	Trastuzumab injection	Covered	N	7	K	1613			\$75.34
J9357	Valrubicin injection	Covered	N		K	1235			\$541.48
J9360	Vinblastine sulfate inj	Covered	N	3	N				
J9370	Vincristine sulfate 1 mg inj	Covered	N	4	N				
J9371	Inj, vincristine sul lip 1mg	Covered	N	5	G	1466			By Report
J9390	Vinorelbine tartrate inj	Covered	N	5	N				
J9395	Injection, fulvestrant	Covered	N	2	K	9120			\$85.29
J9400	Inj, ziv-aflibercept, 1mg	Covered	N	2	G	9296			By Report
J9600	Porfimer sodium injection	Covered	N		K	0856			\$2,676.85
J9999	Chemotherapy drug	Covered	N		N				
K0001	Standard wheelchair	Not Covered			Y				
K0002	Stnd hemi (low seat) whlchr	Not Covered			Y				
K0003	Lightweight wheelchair	Not Covered			Y				
K0004	High strength ltwt whlchr	Not Covered			Y				
K0005	Ultralightweight wheelchair	Not Covered			Y				
K0006	Heavy duty wheelchair	Not Covered			Y				
K0007	Extra heavy duty wheelchair	Not Covered			Y				
K0008	Cstm manual wheelchair/base	Not Covered			Y				
K0009	Other manual wheelchair/base	Not Covered			Y				
K0010	Stnd wt frame power whlchr	Not Covered			Y				
K0011	Stnd wt pwr whlchr w control	Not Covered			Y				
K0012	Ltwt portbl power whlchr	Not Covered			Y				
K0013	Custom power whlchr base	Not Covered			Y				
K0014	Other power whlchr base	Not Covered			Y				
K0015	Detach non-adjus hght armrst	Not Covered			Y				
K0017	Detach adjust armrest base	Not Covered			Y				
K0018	Detach adjust armrst upper	Not Covered			Y				
K0019	Arm pad each	Not Covered			Y				
K0020	Fixed adjust armrest pair	Not Covered			Y				
K0037	High mount flip-up footrest	Not Covered			Y				
K0038	Leg strap each	Not Covered			Y				
K0039	Leg strap h style each	Not Covered			Y				
K0040	Adjustable angle footplate	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
K0041	Large size footplate each	Not Covered			Y				
K0042	Standard size footplate each	Not Covered			Y				
K0043	Ftrst lower extension tube	Not Covered			Y				
K0044	Ftrst upper hanger bracket	Not Covered			Y				
K0045	Footrest complete assembly	Not Covered			Y				
K0046	Elevat legrst low extension	Not Covered			Y				
K0047	Elevat legrst up hangr brack	Not Covered			Y				
K0050	Ratchet assembly	Not Covered			Y				
K0051	Cam relese assem frst/lgrst	Not Covered			Y				
K0052	Swingaway detach footrest	Not Covered			Y				
K0053	Elevate footrest articulate	Not Covered			Y				
K0056	Seat ht <17 or >=21 ltwt wc	Not Covered			Y				
K0065	Spoke protectors	Not Covered			Y				
K0069	Rear whl complete solid tire	Not Covered			Y				
K0070	Rear whl compl pneum tire	Not Covered			Y				
K0071	Front castr compl pneum tire	Not Covered			Y				
K0072	Frnt cstr cmpl sem-pneum tir	Not Covered			Y				
K0073	Caster pin lock each	Not Covered			Y				
K0077	Front caster assem complete	Not Covered			Y				
K0098	Drive belt power wheelchair	Not Covered			Y				
K0105	Iv hanger	Not Covered			Y				
K0108	W/c component-accessory nos	Not Covered			Y				
K0195	Elevating whlchair leg rests	Not Covered			Y				
K0455	Pump uninterrupted infusion	Not Covered			Y				
K0462	Temporary replacement eqpmnt	Not Covered			Y				
K0552	Supply/ext inf pump syr type	Covered	N	16	Y				\$2.50
K0601	Repl batt silver oxide 1.5 v	Not Covered			Y				
K0602	Repl batt silver oxide 3 v	Not Covered			Y				
K0603	Repl batt alkaline 1.5 v	Not Covered			Y				
K0604	Repl batt lithium 3.6 v	Not Covered			Y				
K0605	Repl batt lithium 4.5 v	Not Covered			Y				
K0606	Aed garment w elec analysis	Not Covered			Y				
K0607	Repl batt for aed	Not Covered			Y				
K0608	Repl garment for aed	Not Covered			Y				
K0609	Repl electrode for aed	Not Covered			Y				
K0669	Seat/back cus no dmpdac ver	Not Covered			Y				
K0672	Removable soft interface le	Covered	N	1	A				\$73.30
K0730	Ctrl dose inh drug deliv sys	Covered	N	1	Y				By Report
K0733	12-24hr sealed lead acid	Not Covered			Y				
K0738	Portable gas oxygen system	Not Covered			Y				
K0739	Repair/svc dme non-oxygen eq	Not Covered			Y				
K0740	Repair/svc oxygen equipment	Not Covered			E				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
K0743	Portable home suction pump	Not Covered			Y				
K0744	Absorp drg <= 16 suc pump	Not Covered			A				
K0745	Absorp drg >16<=48 suc pump	Not Covered			A				
K0746	Absorp drg >48 suc pump	Not Covered			A				
K0800	Pov group 1 std up to 300lbs	Not Covered			Y				
K0801	Pov group 1 hd 301-450 lbs	Not Covered			Y				
K0802	Pov group 1 vhd 451-600 lbs	Not Covered			Y				
K0806	Pov group 2 std up to 300lbs	Not Covered			Y				
K0807	Pov group 2 hd 301-450 lbs	Not Covered			Y				
K0808	Pov group 2 vhd 451-600 lbs	Not Covered			Y				
K0812	Power operated vehicle noc	Not Covered			Y				
K0813	Pwc gp 1 std port seat/back	Not Covered			Y				
K0814	Pwc gp 1 std port cap chair	Not Covered			Y				
K0815	Pwc gp 1 std seat/back	Not Covered			Y				
K0816	Pwc gp 1 std cap chair	Not Covered			Y				
K0820	Pwc gp 2 std port seat/back	Not Covered			Y				
K0821	Pwc gp 2 std port cap chair	Not Covered			Y				
K0822	Pwc gp 2 std seat/back	Not Covered			Y				
K0823	Pwc gp 2 std cap chair	Not Covered			Y				
K0824	Pwc gp 2 hd seat/back	Not Covered			Y				
K0825	Pwc gp 2 hd cap chair	Not Covered			Y				
K0826	Pwc gp 2 vhd seat/back	Not Covered			Y				
K0827	Pwc gp vhd cap chair	Not Covered			Y				
K0828	Pwc gp 2 xtra hd seat/back	Not Covered			Y				
K0829	Pwc gp 2 xtra hd cap chair	Not Covered			Y				
K0830	Pwc gp2 std seat elevate s/b	Not Covered			Y				
K0831	Pwc gp2 std seat elevate cap	Not Covered			Y				
K0835	Pwc gp2 std sing pow opt s/b	Not Covered			Y				
K0836	Pwc gp2 std sing pow opt cap	Not Covered			Y				
K0837	Pwc gp 2 hd sing pow opt s/b	Not Covered			Y				
K0838	Pwc gp 2 hd sing pow opt cap	Not Covered			Y				
K0839	Pwc gp2 vhd sing pow opt s/b	Not Covered			Y				
K0840	Pwc gp2 xhd sing pow opt s/b	Not Covered			Y				
K0841	Pwc gp2 std mult pow opt s/b	Not Covered			Y				
K0842	Pwc gp2 std mult pow opt cap	Not Covered			Y				
K0843	Pwc gp2 hd mult pow opt s/b	Not Covered			Y				
K0848	Pwc gp 3 std seat/back	Not Covered			Y				
K0849	Pwc gp 3 std cap chair	Not Covered			Y				
K0850	Pwc gp 3 hd seat/back	Not Covered			Y				
K0851	Pwc gp 3 hd cap chair	Not Covered			Y				
K0852	Pwc gp 3 vhd seat/back	Not Covered			Y				
K0853	Pwc gp 3 vhd cap chair	Not Covered			Y				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
K0854	Pwc gp 3 xhd seat/back	Not Covered			Y				
K0855	Pwc gp 3 xhd cap chair	Not Covered			Y				
K0856	Pwc gp3 std sing pow opt s/b	Not Covered			Y				
K0857	Pwc gp3 std sing pow opt cap	Not Covered			Y				
K0858	Pwc gp3 hd sing pow opt s/b	Not Covered			Y				
K0859	Pwc gp3 hd sing pow opt cap	Not Covered			Y				
K0860	Pwc gp3 vhd sing pow opt s/b	Not Covered			Y				
K0861	Pwc gp3 std mult pow opt s/b	Not Covered			Y				
K0862	Pwc gp3 hd mult pow opt s/b	Not Covered			Y				
K0863	Pwc gp3 vhd mult pow opt s/b	Not Covered			Y				
K0864	Pwc gp3 xhd mult pow opt s/b	Not Covered			Y				
K0868	Pwc gp 4 std seat/back	Not Covered			Y				
K0869	Pwc gp 4 std cap chair	Not Covered			Y				
K0870	Pwc gp 4 hd seat/back	Not Covered			Y				
K0871	Pwc gp 4 vhd seat/back	Not Covered			Y				
K0877	Pwc gp4 std sing pow opt s/b	Not Covered			Y				
K0878	Pwc gp4 std sing pow opt cap	Not Covered			Y				
K0879	Pwc gp4 hd sing pow opt s/b	Not Covered			Y				
K0880	Pwc gp4 vhd sing pow opt s/b	Not Covered			Y				
K0884	Pwc gp4 std mult pow opt s/b	Not Covered			Y				
K0885	Pwc gp4 std mult pow opt cap	Not Covered			Y				
K0886	Pwc gp4 hd mult pow s/b	Not Covered			Y				
K0890	Pwc gp5 ped sing pow opt s/b	Not Covered			Y				
K0891	Pwc gp5 ped mult pow opt s/b	Not Covered			Y				
K0898	Power wheelchair noc	Not Covered			Y				
K0899	Pow mobil dev no dmepdac	Not Covered			Y				
K0900	Cstm dme other than wheelchr	Not Covered			Y				
K0901	Ko single upright pre ots	Not Covered			A				
K0902	Ko double upright pre ots	Not Covered			A				
L0112	Cranial cervical orthosis	Not Covered			A				
L0113	Cranial cervical torticollis	Covered	N	1	A				By Report
L0120	Cerv flex n/adj foam pre ots	Covered	N	1	A				\$27.36
L0130	Flex thermoplastic collar mo	Covered	N	1	A				\$126.22
L0140	Cervical semi-rigid adjustab	Covered	N	1	A				\$66.03
L0150	Cerv semi-rig adj molded chn	Covered	N	1	A				\$110.87
L0160	Cerv sr wire occ/man pre ots	Covered	N	1	A				\$134.73
L0170	Cervical collar molded to pt	Covered	N	1	A				\$508.46
L0172	Cerv col sr foam 2pc pre ots	Covered	N	1	A				\$99.31
L0174	Cerv sr 2pc thor ext pre ots	Covered	N	1	A				\$224.96
L0180	Cer post col occ/man sup adj	Covered	N	1	A				\$288.77
L0190	Cerv collar supp adj cerv ba	Covered	N	1	A				\$405.98
L0200	Cerv col supp adj bar & thor	Covered	N	1	A				\$487.41

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L0220	Thor rib belt custom fabrica	Covered	N	1	A				\$105.58
L0450	Tlso flex trunk/thor pre ots	Not Covered			A				
L0452	Tlso flex custom fab thoraci	Not Covered			A				
L0454	Tlso trnk sj-t9 pre cst	Covered	N	1	A				\$285.56
L0455	Tlso flex trnk sj-t9 pre ots	Covered	N	1	A				\$312.27
L0456	Tlso flex trnk sj-ss pre cst	Not Covered			A				
L0457	Tlso flex trnk sj-ss pre ots	Covered	N	1	A				\$895.49
L0458	Tlso 2mod symphis-xipho pre	Not Covered			A				
L0460	Tlso 2 shl symphis-stern cst	Not Covered			A				
L0462	Tlso 3mod sacro-scap pre	Not Covered			A				
L0464	Tlso 4mod sacro-scap pre	Not Covered			A				
L0466	Tlso r fram soft ant pre cst	Not Covered			A				
L0467	Tlso r fram soft pre ots	Covered	N	1	A				\$330.18
L0468	Tlso rig fram pelvic pre cst	Not Covered			A				
L0469	Tlso rig fram pelvic pre ots	Covered	N	1	A				\$419.36
L0470	Tlso rigid frame pre subclav	Not Covered			A				
L0472	Tlso rigid frame hyperex pre	Not Covered			A				
L0480	Tlso rigid plastic custom fa	Not Covered			A				
L0482	Tlso rigid lined custom fab	Not Covered			A				
L0484	Tlso rigid plastic cust fab	Not Covered			A				
L0486	Tlso rigidlined cust fab two	Not Covered			A				
L0488	Tlso rigid lined pre one pie	Not Covered			A				
L0490	Tlso rigid plastic pre one	Not Covered			A				
L0491	Tlso 2 piece rigid shell	Not Covered			A				
L0492	Tlso 3 piece rigid shell	Not Covered			A				
L0621	Sio flex pelvic/sacr pre ots	Covered	N	1	A				\$93.08
L0622	Sio flex pelvisacral custom	Covered	N	1	A				\$238.83
L0623	Sio rig pnl pelv/sac pre ots	Covered	N	1	A				By Report
L0624	Sio panel custom	Covered	N	1	A				By Report
L0625	Lo flex l1-below l5 pre ots	Covered	N	1	A				\$45.34
L0626	Lo sag rig pnl stays pre cst	Covered	N	1	A				\$64.18
L0627	Lo sag ri an/pos pnl pre cst	Covered	N	1	A				\$338.43
L0628	Lso flex no ri stays pre ots	Covered	N	1	A				\$69.07
L0629	Lso flex w/rigid stays cust	Covered	N	1	A				\$0.00
L0630	Lso r post pnl sj-t9 pre cst	Covered	N	1	A				\$133.32
L0631	Lso sag r an/pos pnl pre cst	Covered	N	1	A				\$845.22
L0632	Lso sag rigid frame cust	Covered	N	1	A				By Report
L0633	Lso sc r pos/lat pnl pre cst	Covered	N	1	A				\$236.10
L0634	Lso flexion control custom	Covered	N	1	A				By Report
L0635	Lso sagit rigid panel prefab	Covered	N	1	A				\$828.10
L0636	Lso sagittal rigid panel cus	Covered	N	1	A				\$1,362.10
L0637	Lso sc r ant/pos pnl pre cst	Covered	N	1	A				\$980.65

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L0638	Lso sag-coronal panel custom	Covered	N	1	A				\$1,085.93
L0639	Lso s/c shell/panel prefab	Covered	N	1	A				\$980.65
L0640	Lso s/c shell/panel custom	Covered	N	1	A				\$861.55
L0641	Lo rig pos pnl l1-l5 pre ots	Covered	N	1	A				\$70.19
L0642	Lo sag ri an/pos pnl pre ots	Covered	N	1	A				\$370.09
L0643	Lso sag ctr rigi pos pre ots	Covered	N	1	A				\$145.79
L0648	Lso sag r an/pos pnl pre ots	Covered	N	1	A				\$924.31
L0649	Lso sc r pos/lat pnl pre ots	Covered	N	1	A				\$258.17
L0650	Lso sc r ant/pos pnl pre ots	Covered	N	1	A				\$1,072.38
L0651	Lso sag-co shell pnl pre ots	Covered	N	1	A				\$1,072.38
L0700	Ctlso a-p-l control molded	Covered	N	1	A				\$2,085.49
L0710	Ctlso a-p-l control w/ inter	Covered	N	1	A				\$1,730.32
L0810	Halo cervical into jckt vest	Not Covered			A				
L0820	Halo cervical into body jack	Not Covered			A				
L0830	Halo cerv into milwaukee typ	Not Covered			A				
L0859	Mri compatible system	Not Covered			A				
L0861	Halo repl liner/interface	Not Covered			A				
L0970	Tlso corset front	Covered	N	1	A				\$88.42
L0972	Lso corset front	Covered	N	1	A				\$80.97
L0974	Tlso full corset	Covered	N	1	A				\$147.56
L0976	Lso full corset	Covered	N	1	A				\$137.83
L0978	Axillary crutch extension	Covered	N	1	A				\$197.42
L0980	Peroneal straps pair pre ots	Covered	N	1	A				\$13.51
L0982	Stocking sup grips 4 pre ots	Covered	N	1	A				\$14.47
L0984	Protect body sock ea pre ots	Covered	N	2	A				\$53.92
L0999	Add to spinal orthosis nos	Covered	N		A				By Report
L1000	Ctlso milwauke initial model	Covered	N	1	A				\$1,642.83
L1001	Ctlso infant immobilizer	Covered	N	1	A				By Report
L1005	Tension based scoliosis orth	Covered	N	1	A				\$2,635.25
L1010	Ctlso axilla sling	Covered	N	1	A				\$57.94
L1020	Kyphosis pad	Covered	N	1	A				\$66.86
L1025	Kyphosis pad floating	Covered	N	1	A				\$96.47
L1030	Lumbar bolster pad	Covered	N	1	A				\$49.21
L1040	Lumbar or lumbar rib pad	Covered	N	1	A				\$61.00
L1050	Sternal pad	Covered	N	1	A				\$64.41
L1060	Thoracic pad	Covered	N	1	A				\$76.11
L1070	Trapezius sling	Covered	N	1	A				\$69.61
L1080	Outrigger	Covered	N	2	A				\$42.81
L1085	Outrigger bil w/ vert extens	Covered	N	1	A				\$119.08
L1090	Lumbar sling	Covered	N	1	A				\$71.63
L1100	Ring flange plastic/leather	Covered	N	1	A				\$135.32
L1110	Ring flange plas/leather mol	Covered	N	1	A				\$248.94

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L1120	Covers for upright each	Covered	N	2	A				\$30.72
L1200	Furnsh initial orthosis only	Covered	N	1	A				\$1,403.97
L1210	Lateral thoracic extension	Covered	N	1	A				\$202.43
L1220	Anterior thoracic extension	Covered	N	1	A				\$177.43
L1230	Milwaukee type superstructur	Covered	N	1	A				\$439.78
L1240	Lumbar derotation pad	Covered	N	1	A				\$60.07
L1250	Anterior asis pad	Covered	N	2	A				\$55.89
L1260	Anterior thoracic derotation	Covered	N	1	A				\$58.53
L1270	Abdominal pad	Covered	N	1	A				\$59.94
L1280	Rib gusset (elastic) each	Covered	N	2	A				\$66.74
L1290	Lateral trochanteric pad	Covered	N	2	A				\$60.80
L1300	Body jacket mold to patient	Covered	N	1	A				\$1,391.50
L1310	Post-operative body jacket	Covered	N	1	A				\$1,483.18
L1499	Spinal orthosis nos	Covered	N		A				By Report
L1600	Ho flex frejka w/cov pre cst	Covered	N	1	A				\$99.68
L1610	Ho frejka cov only pre cst	Covered	N	1	A				\$39.99
L1620	Ho flex pavlik harns pre cst	Covered	N	1	A				\$106.97
L1630	Abduct control hip semi-flex	Covered	N	1	A				\$143.52
L1640	Pelv band/spread bar thigh c	Covered	N	1	A				\$402.96
L1650	Ho abduction hip adjustable	Covered	N	1	A				\$188.65
L1652	Ho bi thighcuffs w sprdr bar	Not Covered			A				
L1660	Ho abduction static plastic	Covered	N	1	A				\$132.39
L1680	Pelvic & hip control thigh c	Covered	N	1	A				\$1,148.00
L1685	Post-op hip abduct custom fa	Covered	N	1	A				\$920.27
L1686	Ho post-op hip abduction	Covered	N	1	A				\$705.73
L1690	Combination bilateral ho	Covered	N	1	A				\$1,592.13
L1700	Leg perthes orth toronto typ	Covered	N	1	A				\$1,293.05
L1710	Legg perthes orth newington	Covered	N	1	A				\$1,383.05
L1720	Legg perthes orthosis trilat	Covered	N	1	A				\$1,197.47
L1730	Legg perthes orth scottish r	Covered	N	1	A				\$962.42
L1755	Legg perthes patten bottom t	Covered	N	2	A				\$1,253.37
L1810	Ko elastic with joints	Covered	N	2	A				\$77.43
L1812	Ko elastic w/joints pre ots	Covered	N	2	A				\$84.68
L1820	Ko elas w/ condyle pads & jo	Covered	N	2	A				\$102.70
L1830	Ko immob canvas long pre ots	Covered	N	2	A				\$70.50
L1831	Knee orth pos locking joint	Not Covered			A				
L1832	Ko adj jnt pos r sup pre cst	Covered	N	2	A				\$470.36
L1833	Ko adj jnt pos r sup pre ots	Covered	N	2	A				\$514.37
L1834	Ko w/0 joint rigid molded to	Covered	N	2	A				\$648.58
L1836	Ko rigid w/o joints pre ots	Not Covered			A				
L1840	Ko derot ant cruciate custom	Covered	N	2	A				\$728.81
L1843	Ko single upright pre cst	Covered	N	2	A				\$738.77

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L1844	Ko w/adj jt rot cntrl molded	Covered	N	2	A				\$1,556.77
L1845	Ko double upright pre cst	Covered	N	2	A				\$632.36
L1846	Ko w adj flex/ext rotat mold	Covered	N	2	A				\$864.28
L1847	Ko dbl upright w/air pre cst	Covered	N	2	A				\$473.56
L1848	Ko dbl upright w/air pre ots	Covered	N	2	A				\$517.85
L1850	Ko swedish type pre ots	Covered	N	2	A				\$230.81
L1860	Ko supracondylar socket mold	Covered	N	2	A				\$1,054.81
L1900	Afo sprng wir drsflx calf bd	Covered	N	2	A				\$217.34
L1902	Afo ankle gauntlet pre ots	Covered	N	1	A				\$65.17
L1904	Afo molded ankle gauntlet	Covered	N	2	A				\$365.71
L1906	Afo multilig ank sup pre ots	Covered	N	2	A				\$93.03
L1907	Afo supramalleolar custom	Not Covered			A				
L1910	Afo sing bar clasp attach sh	Covered	N	1	A				\$206.89
L1920	Afo sing upright w/ adjust s	Covered	N	2	A				\$270.47
L1930	Afo plastic	Covered	N	2	A				\$213.89
L1932	Afo rig ant tib prefab tcf/=	Covered	N	1	A				\$734.72
L1940	Afo molded to patient plasti	Covered	N	2	A				\$419.00
L1945	Afo molded plas rig ant tib	Covered	N	2	A				\$716.18
L1950	Afo spiral molded to pt plas	Covered	N	2	A				\$602.21
L1951	Afo spiral prefabricated	Not Covered			A				
L1960	Afo pos solid ank plastic mo	Covered	N	2	A				\$428.83
L1970	Afo plastic molded w/ankle j	Covered	N	2	A				\$658.01
L1971	Afo w/ankle joint, prefab	Not Covered			A				
L1980	Afo sing solid stirrup calf	Covered	N	2	A				\$314.97
L1990	Afo doub solid stirrup calf	Covered	N	2	A				\$398.07
L2000	Kafo sing fre stirr thi/calf	Covered	N	2	A				\$784.71
L2005	Kafo sng/dbl mechanical act	Covered	N	1	A				\$3,373.87
L2010	Kafo sng solid stirrup w/o j	Covered	N	2	A				\$719.19
L2020	Kafo dbl solid stirrup band/	Covered	N	2	A				\$903.36
L2030	Kafo dbl solid stirrup w/o j	Covered	N	2	A				\$834.69
L2034	Kafo pla sin up w/wo k/a cus	Covered	N	2	A				\$1,707.72
L2035	Kafo plastic pediatric size	Covered	N	1	A				\$142.61
L2036	Kafo plas doub free knee mol	Covered	N	2	A				\$1,435.39
L2037	Kafo plas sing free knee mol	Covered	N	2	A				\$1,288.62
L2038	Kafo w/o joint multi-axis an	Covered	N	2	A				\$1,106.13
L2040	Hkafo torsion bil rot straps	Covered	N	1	A				\$137.36
L2050	Hkafo torsion cable hip pelv	Covered	N	1	A				\$368.54
L2060	Hkafo torsion ball bearing j	Covered	N	1	A				\$465.06
L2070	Hkafo torsion unilat rot str	Covered	N	1	A				\$107.72
L2080	Hkafo unilat torsion cable	Covered	N	1	A				\$302.40
L2090	Hkafo unilat torsion ball br	Covered	N	1	A				\$375.77
L2106	Afo tib fx cast plaster mold	Covered	N	2	A				\$526.02

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L2108	Afo tib fx cast molded to pt	Covered	N	2	A				\$826.62
L2112	Afo tibial fracture soft	Covered	N	2	A				\$360.95
L2114	Afo tib fx semi-rigid	Covered	N	2	A				\$474.40
L2116	Afo tibial fracture rigid	Covered	N	2	A				\$583.04
L2126	Kafo fem fx cast thermoplas	Covered	N	2	A				\$926.43
L2128	Kafo fem fx cast molded to p	Covered	N	2	A				\$1,326.63
L2132	Kafo femoral fx cast soft	Covered	N	2	A				\$624.09
L2134	Kafo fem fx cast semi-rigid	Covered	N	2	A				\$748.27
L2136	Kafo femoral fx cast rigid	Covered	N	2	A				\$923.77
L2180	Plas shoe insert w ank joint	Covered	N	2	A				\$91.29
L2182	Drop lock knee	Covered	N	4	A				\$85.06
L2184	Limited motion knee joint	Covered	N		A				\$95.83
L2186	Adj motion knee jnt lerman t	Covered	N	4	A				\$120.82
L2188	Quadrilateral brim	Covered	N	2	A				\$231.71
L2190	Waist belt	Covered	N	1	A				\$71.41
L2192	Pelvic band & belt thigh fla	Covered	N	1	A				\$349.47
L2200	Limited ankle motion ea jnt	Covered	N	4	A				\$36.78
L2210	Dorsiflexion assist each joi	Covered	N	4	A				\$52.00
L2220	Dorsi & plantar flex ass/res	Covered	N	4	A				\$64.95
L2230	Split flat caliper stirr & p	Covered	N	2	A				\$61.11
L2232	Rocker bottom, contact afo	Covered	N	2	A				\$80.36
L2240	Round caliper and plate atta	Covered	N	1	A				\$68.17
L2250	Foot plate molded stirrup at	Covered	N	2	A				\$323.87
L2260	Reinforced solid stirrup	Covered	N	2	A				\$155.09
L2265	Long tongue stirrup	Covered	N	2	A				\$92.98
L2270	Varus/valgus strap padded/li	Not Covered			A				
L2275	Plastic mod low ext pad/line	Covered	N	2	A				\$123.37
L2280	Molded inner boot	Covered	N	2	A				\$350.33
L2300	Abduction bar jointed adjust	Covered	N	1	A				\$216.30
L2310	Abduction bar-straight	Covered	N	1	A				\$95.17
L2320	Non-molded lacer	Covered	N	2	A				\$170.19
L2330	Lacer molded to patient mode	Covered	N	2	A				\$321.96
L2335	Anterior swing band	Covered	N	2	A				\$234.35
L2340	Pre-tibial shell molded to p	Covered	N	2	A				\$347.98
L2350	Prosthetic type socket molde	Covered	N	2	A				\$754.19
L2360	Extended steel shank	Covered	N	2	A				\$42.82
L2370	Patten bottom	Covered	N	2	A				\$264.80
L2375	Torsion ank & half solid sti	Covered	N	2	A				\$94.28
L2380	Torsion straight knee joint	Covered	N	2	A				\$115.14
L2385	Straight knee joint heavy du	Covered	N	4	A				\$105.36
L2387	Add le poly knee custom kafo	Covered	N	2	A				\$128.03
L2390	Offset knee joint each	Covered	N	4	A				\$84.68

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L2395	Offset knee joint heavy duty	Covered	N	4	A				\$127.33
L2397	Suspension sleeve lower ext	Covered	N		A				\$104.23
L2405	Knee joint drop lock ea jnt	Covered	N	4	A				\$71.76
L2415	Knee joint cam lock each joi	Covered	N	4	A				\$100.01
L2425	Knee disc/dial lock/adj flex	Covered	N	4	A				\$118.00
L2430	Knee jnt ratchet lock ea jnt	Covered	N	2	A				\$118.00
L2492	Knee lift loop drop lock rin	Covered	N	4	A				\$78.89
L2500	Thi/glut/ischia wgt bearing	Covered	N	1	A				\$244.64
L2510	Th/wght bear quad-lat brim m	Covered	N	2	A				\$608.05
L2520	Th/wght bear quad-lat brim c	Covered	N	2	A				\$356.40
L2525	Th/wght bear nar m-l brim mo	Covered	N	2	A				\$1,033.18
L2526	Th/wght bear nar m-l brim cu	Covered	N	1	A				\$529.92
L2530	Thigh/wght bear lacer non-mo	Covered	N	1	A				\$199.80
L2540	Thigh/wght bear lacer molded	Covered	N	2	A				\$327.09
L2550	Thigh/wght bear high roll cu	Covered	N	2	A				\$222.20
L2570	Hip clevis type 2 posit jnt	Covered	N	2	A				\$423.95
L2580	Pelvic control pelvic sling	Not Covered			A				
L2600	Hip clevis/thrust bearing fr	Covered	N	2	A				\$158.89
L2610	Hip clevis/thrust bearing lo	Covered	N	2	A				\$187.88
L2620	Pelvic control hip heavy dut	Covered	N	2	A				\$261.18
L2622	Hip joint adjustable flexion	Covered	N	2	A				\$249.43
L2624	Hip adj flex ext abduct cont	Covered	N	2	A				\$302.19
L2627	Plastic mold recipro hip & c	Covered	N	1	A				\$1,326.29
L2628	Metal frame recipro hip & ca	Covered	N	1	A				\$1,296.19
L2630	Pelvic control band & belt u	Covered	N	1	A				\$191.57
L2640	Pelvic control band & belt b	Covered	N	1	A				\$259.99
L2650	Pelv & thor control gluteal	Covered	N	2	A				\$114.60
L2660	Thoracic control thoracic ba	Covered	N	1	A				\$144.19
L2670	Thorac cont paraspinal uprig	Covered	N	1	A				\$134.10
L2680	Thorac cont lat support upri	Covered	N	2	A				\$135.67
L2750	Plating chrome/nickel pr bar	Covered	N	1	A				\$71.42
L2755	Carbon graphite lamination	Covered	N	4	A				\$107.59
L2760	Extension per extension per	Covered	N	4	A				\$47.00
L2768	Ortho sidebar disconnect	Covered	N		A				\$107.29
L2780	Non-corrosive finish	Covered	N	8	A				\$52.35
L2785	Drop lock retainer each	Covered	N		A				\$26.16
L2795	Knee control full kneecap	Covered	N	2	A				\$65.73
L2800	Knee cap medial or lateral p	Covered	N	2	A				\$82.53
L2810	Knee control condylar pad	Covered	N	2	A				\$60.42
L2820	Soft interface below knee se	Covered	N	2	A				\$67.18
L2830	Soft interface above knee se	Covered	N	2	A				\$72.68
L2840	Tibial length sock fx or equ	Covered	N	4	A				\$34.97

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L2850	Femoral lgth sock fx or equa	Covered	N		A				\$63.87
L2861	Torsion mechanism knee/ankle	Covered	N		E				By Report
L2999	Lower extremity orthosis nos	Covered	N	1	A				Max Fee
L3000	Ft insert ucb berkeley shell	Not Covered			A				
L3001	Foot insert remov molded spe	Covered	N	2	A				\$108.89
L3002	Foot insert plastazote or eq	Covered	N	2	A				\$132.98
L3003	Foot insert silicone gel eac	Covered	N	2	A				\$143.48
L3010	Foot longitudinal arch suppo	Covered	N	2	A				\$143.48
L3020	Foot longitud/metatarsal sup	Covered	N	2	A				\$163.36
L3030	Foot arch support remov prem	Covered	N	2	A				\$62.83
L3031	Foot lamin/prepreg composite	Not Covered			A				
L3040	Ft arch suprt premold longit	Covered	N	2	A				\$38.75
L3050	Foot arch supp premold metat	Covered	N	2	A				\$38.75
L3060	Foot arch supp longitud/meta	Covered	N	2	A				\$60.71
L3070	Arch suprt att to sho longit	Covered	N	2	A				\$26.18
L3080	Arch supp att to shoe metata	Covered	N	2	A				\$26.18
L3090	Arch supp att to shoe long/m	Covered	N	2	A				\$33.50
L3100	Hallus-valgus nt dyn pre ots	Covered	N	1	A				\$35.61
L3140	Abduction rotation bar shoe	Covered	N	1	A				\$73.30
L3150	Abduct rotation bar w/o shoe	Covered	N	1	A				\$67.01
L3160	Shoe styled positioning dev	Covered	N	1	A				By Report
L3170	Foot plas heel stabi pre ots	Covered	N	2	A				\$41.88
L3201	Oxford w supinat/pronat inf	Covered	N	2	A				\$47.40
L3202	Oxford w/ supinat/pronator c	Covered	N	2	A				\$47.40
L3203	Oxford w/ supinator/pronator	Covered	N	2	A				\$47.40
L3204	Hightop w/ supp/pronator inf	Covered	N	2	A				\$47.40
L3206	Hightop w/ supp/pronator chi	Covered	N	2	A				\$47.40
L3207	Hightop w/ supp/pronator jun	Covered	N	2	A				\$47.40
L3208	Surgical boot each infant	Covered	N	2	A				\$12.13
L3209	Surgical boot each child	Covered	N	2	A				\$11.76
L3211	Surgical boot each junior	Covered	N	2	A				\$12.13
L3212	Benesch boot pair infant	Covered	N	1	A				\$47.40
L3213	Benesch boot pair child	Covered	N	1	A				\$47.40
L3214	Benesch boot pair junior	Covered	N	1	A				\$47.40
L3215	Orthopedic ftwear ladies oxf	Covered	N	2	E				\$55.31
L3216	Orthoped ladies shoes dpth i	Not Covered			E				
L3217	Ladies shoes hightop depth i	Covered	N	2	E				\$55.31
L3219	Orthopedic mens shoes oxford	Covered	N	2	E				\$57.46
L3221	Orthopedic mens shoes dpth i	Covered	N	2	E				\$71.70
L3222	Mens shoes hightop depth inl	Covered	N	2	E				\$71.70
L3224	Woman's shoe oxford brace	Covered	N	2	A				\$55.59
L3225	Man's shoe oxford brace	Covered	N	2	A				\$64.68

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L3230	Custom shoes depth inlay	Covered	N	2	A				\$227.28
L3250	Custom mold shoe remov prost	Covered	N	2	A				\$227.28
L3251	Shoe molded to pt silicone s	Covered	N	1	A				\$227.28
L3252	Shoe molded plastazote cust	Covered	N	2	A				\$227.28
L3253	Shoe molded plastazote cust	Covered	N	2	A				\$227.28
L3254	Orth foot non-stdnd size/w	Covered	N	1	A				By Report
L3255	Orth foot non-standard size/	Covered	N	1	A				By Report
L3257	Orth foot add charge split s	Not Covered			A				
L3260	Ambulatory surgical boot eac	Covered	N	2	E				\$18.05
L3265	Plastazote sandal each	Covered	N	2	A				\$46.68
L3300	Sho lift taper to metatarsal	Covered	N		A				\$42.94
L3310	Shoe lift elev heel/sole neo	Covered	N	8	A				\$67.01
L3320	Shoe lift elev heel/sole cor	Covered	N	8	A				\$62.48
L3330	Lifts elevation metal extens	Covered	N	2	A				\$465.96
L3332	Shoe lifts tapered to one-ha	Covered	N	2	A				\$60.71
L3334	Shoe lifts elevation heel /i	Covered	N	4	A				\$31.40
L3340	Shoe wedge sach	Covered	N	2	A				\$70.17
L3350	Shoe heel wedge	Covered	N	2	A				\$18.85
L3360	Shoe sole wedge outside sole	Covered	N	2	A				\$29.31
L3370	Shoe sole wedge between sole	Covered	N	2	A				\$40.82
L3380	Shoe clubfoot wedge	Covered	N	2	A				\$40.82
L3390	Shoe outflare wedge	Covered	N	2	A				\$40.82
L3400	Shoe metatarsal bar wedge ro	Covered	N	2	A				\$33.50
L3410	Shoe metatarsal bar between	Covered	N	2	A				\$76.44
L3420	Full sole/heel wedge btween	Covered	N	2	A				\$45.02
L3430	Sho heel count plast reinfor	Covered	N	2	A				\$131.95
L3440	Heel leather reinforced	Covered	N	2	A				\$62.83
L3450	Shoe heel sach cushion type	Covered	N	2	A				\$86.91
L3455	Shoe heel new leather standa	Covered	N	1	A				\$33.50
L3460	Shoe heel new rubber standar	Covered	N	1	A				\$28.26
L3465	Shoe heel thomas with wedge	Covered	N	2	A				\$48.18
L3470	Shoe heel thomas extend to b	Covered	N	2	A				\$51.32
L3480	Shoe heel pad & depress for	Covered	N	2	A				\$51.32
L3485	Shoe heel pad removable for	Covered	N	2	A				\$18.44
L3500	Ortho shoe add leather insol	Covered	N	1	A				\$24.07
L3510	Orthopedic shoe add rub insl	Covered	N	1	A				\$24.07
L3520	O shoe add felt w leath insl	Covered	N	1	A				\$26.18
L3530	Ortho shoe add half sole	Not Covered			A				
L3540	Ortho shoe add full sole	Not Covered			A				
L3550	O shoe add standard toe tap	Covered	N	1	A				\$7.35
L3560	O shoe add horseshoe toe tap	Covered	N	1	A				\$18.85
L3570	O shoe add instep extension	Covered	N	1	A				\$70.17

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L3580	O shoe add instep velcro clo	Covered	N	2	A				\$53.42
L3590	O shoe convert to sof counte	Covered	N	2	A				\$43.99
L3595	Ortho shoe add march bar	Covered	N	1	A				\$34.52
L3600	Trans shoe calip plate exist	Covered	N	2	A				\$62.83
L3610	Trans shoe caliper plate new	Covered	N	2	A				\$82.73
L3620	Trans shoe solid stirrup exi	Not Covered			A				
L3630	Trans shoe solid stirrup new	Covered	N	2	A				\$82.73
L3640	Shoe dennis browne splint bo	Covered	N	1	A				\$35.61
L3649	Orthopedic shoe modifica nos	Covered	N	2	A				By Report
L3650	So 8 abd restraint pre ots	Covered	N	1	A				\$53.29
L3660	So 8 ab rstr can/web pre ots	Covered	N	2	A				\$97.44
L3670	So acro/clav can web pre ots	Covered	N	2	A				\$114.14
L3671	So cap design w/o jnts cf	Covered	N	1	A				\$675.17
L3674	So airplane w/wo joint cf	Covered	N	2	A				\$929.11
L3675	So vest canvas/web pre ots	Covered	N	1	A				\$131.48
L3677	So hard plas stabili pre cst	Covered	N	1	A				By Report
L3678	So hard plas stabili pre ots	Covered	N	2	A				By Report
L3702	Eo w/o joints cf	Covered	N	2	A				\$216.38
L3710	Eo elas w/metal jnts pre ots	Covered	N	1	A				\$93.58
L3720	Forearm/arm cuffs free motio	Covered	N	2	A				\$518.45
L3730	Forearm/arm cuffs ext/flex a	Covered	N	1	A				\$812.68
L3740	Cuffs adj lock w/ active con	Covered	N	2	A				\$859.59
L3760	Eo withjoint, prefabricated	Covered	N	1	A				\$374.73
L3762	Eo rigid w/o joints pre ots	Not Covered			A				
L3763	Ewho rigid w/o jnts cf	Covered	N	2	A				\$531.97
L3764	Ewho w/joint(s) cf	Covered	N	2	A				\$559.32
L3765	Ewhfo rigid w/o jnts cf	Covered	N	2	A				\$960.83
L3766	Ewhfo w/joint(s) cf	Covered	N	2	A				\$1,017.44
L3806	Whfo w/joint(s) custom fab	Covered	N	2	A				\$340.38
L3807	Whfo w/o joints pre cst	Covered	N	2	A				\$187.36
L3808	Whfo, rigid w/o joints	Covered	N	2	A				\$257.46
L3809	Whfo w/o joints pre ots	Covered	N	2	A				\$204.88
L3891	Torsion mechanism wrist/elbo	Covered	N		E				By Report
L3900	Hinge extension/flex wrist/f	Covered	N	2	A				\$1,225.49
L3901	Hinge ext/flex wrist finger	Covered	N	1	A				\$1,420.07
L3904	Whfo electric custom fitted	Covered	N	1	A				\$2,217.03
L3905	Who w/nontorsion jnt(s) cf	Covered	N	2	A				\$743.10
L3906	Who w/o joints cf	Covered	N	2	A				\$302.61
L3908	Who cock-up nonmolde pre ots	Covered	N	2	A				\$46.09
L3912	Hfo flexion glove pre ots	Covered	N	2	A				\$88.82
L3913	Hfo w/o joints cf	Covered	N	2	A				\$202.94
L3915	Who nontorsion jnts pre cst	Covered	N	2	A				\$398.34

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L3916	Who nontorsion jnts pre ots	Covered	N	2	A				\$435.58
L3917	Metacarp fx orthosis pre cst	Not Covered			A				
L3918	Metacarp fx orthosis pre ots	Covered	N	2	A				\$86.54
L3919	Ho w/o joints cf	Covered	N	2	A				\$202.94
L3921	Hfo w/joint(s) cf	Covered	N	2	A				\$240.67
L3923	Hfo without joints pre cst	Covered	N	2	A				\$67.25
L3924	Hfo without joints pre ots	Covered	N	2	A				\$73.53
L3925	Fo pip dip jnt/sprng pre ots	Covered	N	1	A				\$48.11
L3927	Fo pip dip no jt spr pre ots	Not Covered			A				
L3929	Hfo nontorsion jnts pre cst	Covered	N	1	A				\$76.28
L3930	Hfo nontorsion jnts pre ots	Covered	N	2	A				\$83.41
L3931	Whfo nontorsion joint prefab	Covered	N	1	A				\$169.66
L3933	Fo w/o joints cf	Covered	N	2	A				\$159.88
L3935	Fo nontorsion joint cf	Covered	N	2	A				\$165.55
L3956	Add joint upper ext orthosis	Covered	N		A				By Report
L3960	Sewho airplan desig abdu pos	Covered	N	1	A				\$609.82
L3961	Sewho cap design w/o jnts cf	Covered	N	1	A				\$1,258.96
L3962	Sewho erbs palsey design abd	Covered	N	1	A				\$634.01
L3967	Sewho airplane w/o jnts cf	Covered	N	1	A				\$1,486.41
L3971	Sewho cap design w/jnt(s) cf	Covered	N	1	A				\$1,410.92
L3973	Sewho airplane w/jnt(s) cf	Covered	N	1	A				\$1,486.41
L3975	Sewhfo cap design w/o jnt cf	Covered	N	1	A				\$1,258.96
L3976	Sewhfo airplane w/o jnts cf	Covered	N	1	A				\$1,258.96
L3977	Sewhfo cap desgn w/jnt(s) cf	Covered	N	1	A				\$1,410.92
L3978	Sewhfo airplane w/jnt(s) cf	Covered	N	1	A				\$1,486.41
L3980	Up ext fx orthos humeral nos	Covered	N	1	A				\$278.72
L3981	Ue fx orth shoul cap forearm	Not Covered			A				
L3982	Upper ext fx orthosis rad/ul	Covered	N	1	A				\$294.45
L3984	Upper ext fx orthosis wrist	Covered	N	2	A				\$313.61
L3995	Sock fracture or equal each	Covered	N		A				\$24.75
L3999	Upper limb orthosis nos	Covered	N		A				Max Fee
L4000	Repl girdle milwaukee orth	Covered	N	1	A				\$1,097.24
L4002	Replace strap, any orthosis	Covered	N	2	A				By Report
L4010	Replace trilateral socket br	Covered	N	1	A				\$581.67
L4020	Replace quadlat socket brim	Covered	N	1	A				\$749.14
L4030	Replace socket brim cust fit	Covered	N	1	A				\$403.11
L4040	Replace molded thigh lacer	Covered	N	2	A				\$332.89
L4045	Replace non-molded thigh lac	Covered	N	2	A				\$273.25
L4050	Replace molded calf lacer	Covered	N	1	A				\$360.51
L4055	Replace non-molded calf lace	Covered	N	2	A				\$221.13
L4060	Replace high roll cuff	Covered	N	1	A				\$253.20
L4070	Replace prox & dist upright	Covered	N	2	A				\$247.60

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L4080	Repl met band kafo-af prox	Covered	N	1	A				\$94.78
L4090	Repl met band kafo-af calf/	Covered	N	4	A				\$89.59
L4100	Repl leath cuff kafo prox th	Covered	N	2	A				\$85.09
L4110	Repl leath cuff kafo-af cal	Covered	N	4	A				\$69.70
L4130	Replace pretibial shell	Covered	N	1	A				\$423.16
L4205	Ortho dvc repair per 15 min	Covered	N	4	A				\$16.65
L4210	Orth dev repair/repl minor p	Covered	N	1	A				By Report
L4350	Ankle control ortho pre ots	Not Covered			A				
L4360	Pneumat walking boot pre cst	Covered	N	2	A				\$214.22
L4361	Pneuma/vac walk boot pre ots	Covered	N	2	A				\$234.26
L4370	Pneum full leg splnt pre ots	Covered	N	2	A				\$146.05
L4386	Non-pneum walk boot pre cst	Not Covered			A				
L4387	Non-pneum walk boot pre ots	Covered	N	2	A				\$142.76
L4392	Replace afo soft interface	Covered	N	2	A				\$18.69
L4394	Replace foot drop spint	Covered	N	2	A				\$13.61
L4396	Static or dynami afo pre cst	Covered	N	2	A				\$133.26
L4397	Static or dynami afo pre ots	Covered	N	2	A				\$145.71
L4398	Foot drop splint pre ots	Covered	N	2	A				\$61.34
L4631	Afo, walk boot type, cus fab	Covered	N	2	A				\$1,242.94
L5000	Sho insert w arch toe filler	Covered	N	2	A				\$435.04
L5010	Mold socket ank hgt w/ toe f	Covered	N	1	A				\$1,161.95
L5020	Tibial tubercle hgt w/ toe f	Covered	N	1	A				\$1,633.45
L5050	Ank symes mold sckt sach ft	Covered	N	1	A				\$1,906.85
L5060	Symes met fr leath socket ar	Covered	N	1	A				\$2,512.38
L5100	Molded socket shin sach foot	Covered	N	2	A				\$2,170.97
L5105	Plast socket jts/thgh lacer	Covered	N	1	A				\$3,067.30
L5150	Mold sckt ext knee shin sach	Covered	N	1	A				\$3,378.71
L5160	Mold socket bent knee shin s	Covered	N	1	A				\$3,590.36
L5200	Kne sing axis fric shin sach	Covered	N	2	A				\$2,907.23
L5210	No knee/ankle joints w/ ft b	Covered	N	2	A				\$2,146.96
L5220	No knee joint with artic ali	Covered	N	1	A				\$2,513.38
L5230	Fem focal defc constant fri	Covered	N	1	A				\$3,346.04
L5250	Hip canad sing axi cons fric	Covered	N	1	A				\$4,806.49
L5270	Tilt table locking hip sing	Covered	N	1	A				\$5,034.86
L5280	Hemipelvect canad sing axis	Covered	N	1	A				\$4,941.76
L5301	Bk mold socket sach ft endo	Covered	N	2	A				\$2,144.37
L5312	Knee disart, sach ft, endo	Covered	N	2	A				\$3,466.73
L5321	Ak open end sach	Not Covered			A				
L5331	Hip disart canadian sach ft	Covered	N	2	A				\$4,579.44
L5341	Hemipelvectomy canadian sach	Covered	N	2	A				\$4,680.83
L5400	Postop dress & 1 cast chg bk	Covered	N	1	A				\$1,115.72
L5410	Postop dsg bk ea add cast ch	Covered	N	1	A				\$414.72

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L5420	Postop dsg & 1 cast chg ak/d	Covered	N	1	A				\$1,503.17
L5430	Postop dsg ak ea add cast ch	Covered	N	1	A				\$492.35
L5450	Postop app non-wgt bear dsg	Covered	N	1	A				\$405.70
L5460	Postop app non-wgt bear dsg	Covered	N	1	A				\$532.13
L5500	Init bk ptb plaster direct	Covered	N	1	A				\$1,386.73
L5505	Init ak ischal plstr direct	Covered	N	1	A				\$1,623.38
L5510	Prep bk ptb plaster molded	Covered	N	1	A				\$1,424.30
L5520	Perp bk ptb thermopls direct	Covered	N	2	A				\$1,446.71
L5530	Prep bk ptb thermopls molded	Covered	N	1	A				\$1,516.30
L5535	Prep bk ptb open end socket	Covered	N	2	A				\$1,678.15
L5540	Prep bk ptb laminated socket	Covered	N	2	A				\$1,860.91
L5560	Prep ak ischial plast molded	Covered	N	1	A				\$1,789.90
L5570	Prep ak ischial direct form	Covered	N	1	A				\$1,979.80
L5580	Prep ak ischial thermo mold	Covered	N	1	A				\$2,149.07
L5585	Prep ak ischial open end	Covered	N	1	A				\$2,291.79
L5590	Prep ak ischial laminated	Covered	N	1	A				\$2,315.46
L5595	Hip disartic sach thermopls	Covered	N	2	A				\$3,318.82
L5600	Hip disartic sach laminat mold	Covered	N	2	A				\$3,698.79
L5610	Above knee hydracadence	Covered	N	1	A				\$2,275.35
L5611	Ak 4 bar link w/fric swing	Covered	N	2	A				\$1,522.34
L5613	Ak 4 bar ling w/hydraul swig	Covered	N	2	A				\$2,459.27
L5614	4-bar link above knee w/swng	Covered	N	1	A				\$1,392.08
L5616	Ak univ multiplex sys frict	Covered	N	1	A				\$1,310.72
L5617	Ak/bk self-aligning unit ea	Not Covered			A				
L5618	Test socket symes	Covered	N	1	A				\$245.15
L5620	Test socket below knee	Covered	N	2	A				\$233.29
L5622	Test socket knee disarticula	Covered	N	1	A				\$300.59
L5624	Test socket above knee	Covered	N	2	A				\$299.66
L5626	Test socket hip disarticulat	Covered	N	1	A				\$401.88
L5628	Test socket hemipelvectomy	Covered	N	1	A				\$417.12
L5629	Below knee acrylic socket	Covered	N	1	A				\$261.94
L5630	Syme typ expandabl wall sckt	Covered	N	1	A				\$475.15
L5631	Ak/knee disartic acrylic soc	Covered	N	2	A				\$362.15
L5632	Symes type ptb brim design s	Covered	N	2	A				\$207.55
L5634	Symes type poster opening so	Covered	N	1	A				\$269.59
L5636	Symes type medial opening so	Covered	N	2	A				\$212.60
L5637	Below knee total contact	Covered	N	1	A				\$238.12
L5638	Below knee leather socket	Covered	N	1	A				\$401.13
L5639	Below knee wood socket	Covered	N	2	A				\$924.12
L5640	Knee disarticulat leather so	Covered	N	1	A				\$551.12
L5642	Above knee leather socket	Covered	N	1	A				\$523.27
L5643	Hip flex inner socket ext fr	Covered	N	1	A				\$1,282.89

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L5644	Above knee wood socket	Covered	N	1	A				\$532.15
L5645	Bk flex inner socket ext fra	Covered	N	1	A				\$657.66
L5646	Below knee cushion socket	Covered	N	1	A				\$451.60
L5647	Below knee suction socket	Covered	N	1	A				\$874.20
L5648	Above knee cushion socket	Covered	N	1	A				\$593.81
L5649	Isch containmt/narrow m-l so	Covered	N	2	A				\$1,569.31
L5650	Tot contact ak/knee disart s	Covered	N	2	A				\$402.38
L5651	Ak flex inner socket ext fra	Covered	N	2	A				\$989.84
L5652	Suction susp ak/knee disart	Covered	N	2	A				\$359.35
L5653	Knee disart expand wall sock	Covered	N	1	A				\$555.29
L5654	Socket insert symes	Covered	N	1	A				\$292.16
L5655	Socket insert below knee	Covered	N	2	A				\$218.61
L5656	Socket insert knee articulat	Covered	N	1	A				\$346.47
L5658	Socket insert above knee	Covered	N	1	A				\$360.83
L5661	Multi-durometer symes	Covered	N	2	A				\$562.66
L5665	Multi-durometer below knee	Covered	N	2	A				\$556.11
L5666	Below knee cuff suspension	Covered	N	2	A				\$61.51
L5668	Bk molded distal cushion	Covered	N	2	A				\$84.24
L5670	Bk molded supracondylar susp	Covered	N	2	A				\$223.66
L5671	Bk/ak locking mechanism	Covered	N	2	A				\$546.64
L5672	Bk removable medial brim sus	Covered	N	1	A				\$254.11
L5673	Socket insert w lock mech	Not Covered			A				
L5676	Bk knee joints single axis p	Covered	N	1	A				\$298.68
L5677	Bk knee joints polycentric p	Covered	N	1	A				\$437.16
L5678	Bk joint covers pair	Covered	N	1	A				\$36.82
L5679	Socket insert w/o lock mech	Not Covered			A				
L5680	Bk thigh lacer non-molded	Covered	N	1	A				\$275.31
L5681	Intl custm cong/latyp insert	Not Covered			A				
L5682	Bk thigh lacer glut/ischia m	Covered	N	1	A				\$554.41
L5683	Initial custom socket insert	Not Covered			A				
L5684	Bk fork strap	Covered	N	2	A				\$43.91
L5685	Below knee sus/seal sleeve	Covered	N	2	A				\$105.68
L5686	Bk back check	Covered	N	1	A				\$45.38
L5688	Bk waist belt webbing	Covered	N	2	A				\$58.46
L5690	Bk waist belt padded and lin	Covered	N	2	A				\$82.18
L5692	Ak pelvic control belt light	Covered	N	1	A				\$131.33
L5694	Ak pelvic control belt pad/l	Covered	N	1	A				\$149.52
L5695	Ak sleeve susp neoprene/equa	Covered	N	2	A				\$134.42
L5696	Ak/knee disartic pelvic join	Covered	N	1	A				\$162.78
L5697	Ak/knee disartic pelvic band	Covered	N	1	A				\$66.16
L5698	Ak/knee disartic silesian ba	Covered	N	2	A				\$95.58
L5699	Shoulder harness	Covered	N	1	A				\$153.68

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L5700	Replace socket below knee	Covered	N	2	A				\$2,777.73
L5701	Replace socket above knee	Covered	N	2	A				\$3,268.19
L5702	Replace socket hip	Covered	N	1	A				\$4,758.21
L5703	Symes ankle w/o (sach) foot	Covered	N	2	A				\$1,734.01
L5704	Custom shape cover bk	Covered	N	1	A				\$512.45
L5705	Custom shape cover ak	Covered	N	2	A				\$841.28
L5706	Custom shape cvr knee disart	Covered	N	1	A				\$833.83
L5707	Custom shape cvr hip disart	Not Covered			A				
L5710	Kne-shin exo sng axi mnl loc	Covered	N	1	A				\$336.01
L5711	Knee-shin exo mnl lock ultra	Covered	N	2	A				\$471.88
L5712	Knee-shin exo frict swg & st	Covered	N	2	A				\$358.00
L5714	Knee-shin exo variable frict	Covered	N	1	A				\$392.83
L5716	Knee-shin exo mech stance ph	Covered	N	2	A				\$674.36
L5718	Knee-shin exo frct swg & sta	Covered	N	1	A				\$1,001.15
L5722	Knee-shin pneum swg frct exo	Covered	N	1	A				\$889.55
L5724	Knee-shin exo fluid swing ph	Covered	N	1	A				\$1,508.98
L5726	Knee-shin ext jnts fld swg e	Covered	N	1	A				\$1,670.88
L5728	Knee-shin fluid swg & stance	Covered	N	2	A				\$2,087.51
L5780	Knee-shin pneum/hydra pneum	Covered	N	1	A				\$1,258.24
L5781	Lower limb pros vacuum pump	Covered	N	1	A				\$3,300.81
L5782	Hd low limb pros vacuum pump	Covered	N	1	A				\$3,479.82
L5785	Exoskeletal bk ultralt mater	Covered	N	2	A				\$428.23
L5790	Exoskeletal ak ultra-light m	Covered	N	2	A				\$608.95
L5795	Exoskel hip ultra-light mate	Covered	N	2	A				\$884.98
L5810	Endoskel knee-shin mnl lock	Covered	N	2	A				\$401.29
L5811	Endo knee-shin mnl lck ultra	Covered	N	2	A				\$631.94
L5812	Endo knee-shin frct swg & st	Covered	N	2	A				\$500.00
L5814	Endo knee-shin hydral swg ph	Covered	N	2	A				\$3,063.80
L5816	Endo knee-shin polyc mch sta	Covered	N	2	A				\$700.97
L5818	Endo knee-shin frct swg & st	Covered	N	2	A				\$934.14
L5822	Endo knee-shin pneum swg frc	Covered	N	2	A				\$1,403.61
L5824	Endo knee-shin fluid swing p	Covered	N	2	A				\$1,311.01
L5826	Miniature knee joint	Covered	N	2	A				\$2,576.30
L5828	Endo knee-shin fluid swg/sta	Covered	N	2	A				\$2,584.89
L5830	Endo knee-shin pneum/swg pha	Covered	N	2	A				\$1,711.63
L5840	Multi-axial knee/shin system	Covered	N	2	A				\$3,391.76
L5845	Knee-shin sys stance flexion	Not Covered			A				
L5848	Knee-shin sys hydraul stance	Not Covered			A				
L5850	Endo ak/hip knee extens assi	Covered	N	2	A				\$105.43
L5855	Mech hip extension assist	Covered	N	2	A				\$339.40
L5856	Elec knee-shin swing/stance	Covered	N	2	A				\$19,799.35
L5857	Elec knee-shin swing only	Covered	N	1	A				\$7,022.62

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L5858	Stance phase only	Covered	N	2	A				\$15,332.09
L5859	Knee-shin pro flex/ext cont	Covered	R	2	A				By Report
L5910	Endo below knee alignable sy	Covered	N	2	A				\$298.52
L5920	Endo ak/hip alignable system	Covered	N	2	A				\$437.32
L5925	Above knee manual lock	Covered	N	2	A				\$366.47
L5930	High activity knee frame	Not Covered			A				
L5940	Endo bk ultra-light material	Covered	N	2	A				\$548.35
L5950	Endo ak ultra-light material	Covered	N	2	A				\$688.90
L5960	Endo hip ultra-light materia	Covered	N	2	A				\$881.10
L5961	Endo poly hip, pneu/hyd/rot	Covered	N	2	A				By Report
L5962	Below knee flex cover system	Covered	N	2	A				\$645.98
L5964	Above knee flex cover system	Covered	N	2	A				\$948.11
L5966	Hip flexible cover system	Covered	N	2	A				\$1,229.18
L5968	Multiaxial ankle w dorsiflex	Covered	N	2	A				\$2,997.84
L5969	Ak/ft power asst incl motors	Covered	R		A				\$13,089.32
L5970	Foot external keel sach foot	Covered	N	2	A				\$172.83
L5971	Sach foot, replacement	Covered	N	2	A				\$172.83
L5972	Flexible keel foot	Covered	N	2	A				\$321.53
L5973	Ank-foot sys dors-plant flex	Covered	R	2	A				\$15,227.49
L5974	Foot single axis ankle/foot	Covered	N	2	A				\$209.19
L5975	Combo ankle/foot prosthesis	Covered	N	2	A				\$382.43
L5976	Energy storing foot	Covered	N	2	A				\$519.94
L5978	Ft prosth multiaxial ankl/ft	Covered	N	2	A				\$320.72
L5979	Multi-axial ankle/ft prosth	Covered	N	2	A				\$2,507.64
L5980	Flex foot system	Covered	N	2	A				\$3,401.27
L5981	Flex-walk sys low ext prosth	Covered	N	2	A				\$2,752.61
L5982	Exoskeletal axial rotation u	Covered	N	2	A				\$555.29
L5984	Endoskeletal axial rotation	Covered	N	2	A				\$550.22
L5985	Lwr ext dynamic prosth pylon	Covered	N	2	A				\$232.71
L5986	Multi-axial rotation unit	Covered	N	2	A				\$588.80
L5987	Shank ft w vert load pylon	Covered	N	2	A				\$5,934.58
L5988	Vertical shock reducing pylo	Covered	N	2	A				\$1,648.01
L5990	User adjustable heel height	Covered	N	2	A				\$1,496.64
L5999	Lowr extremity prosthes nos	Covered	N		A				By Report
L6000	Part hand thumb rem	Covered	N	1	A				\$1,419.76
L6010	Part hand little/ring	Covered	N	1	A				\$1,585.46
L6020	Part hand no fingers	Covered	N	1	A				\$1,515.05
L6026	Part hand myo exclu term dev	Not Covered			A				
L6050	Wrst mld sock flx hng tri pad	Covered	N	1	A				\$1,877.59
L6055	Wrst mold sock w/exp interfa	Covered	N	2	A				\$2,297.39
L6100	Elb mold sock flex hinge pad	Covered	N	1	A				\$1,941.02
L6110	Elbow mold sock suspension t	Covered	N	1	A				\$2,101.74

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L6120	Elbow mold doub splt soc ste	Covered	N	1	A				\$2,338.72
L6130	Elbow stump activated lock h	Covered	N	1	A				\$2,444.57
L6200	Elbow mold outsid lock hinge	Covered	N	1	A				\$2,692.28
L6205	Elbow molded w/ expand inter	Covered	N	2	A				\$3,083.33
L6250	Elbow inter loc elbow forarm	Covered	N	1	A				\$2,608.02
L6300	Shlder disart int lock elbow	Covered	N	1	A				\$3,457.83
L6310	Shoulder passive restor comp	Covered	N	1	A				\$3,050.55
L6320	Shoulder passive restor cap	Covered	N	1	A				\$1,878.11
L6350	Thoracic intern lock elbow	Covered	N	1	A				\$3,887.31
L6360	Thoracic passive restor comp	Covered	N	1	A				\$2,648.24
L6370	Thoracic passive restor cap	Covered	N	1	A				\$1,857.87
L6380	Postop dsg cast chg wrst/elb	Covered	N	2	A				\$1,055.17
L6382	Postop dsg cast chg elb dis/	Not Covered			A				
L6384	Postop dsg cast chg shlder/t	Covered	N	2	A				\$1,571.51
L6386	Postop ea cast chg & realign	Covered	N	2	A				\$376.32
L6388	Postop applicat rigid dsg on	Covered	N	2	A				\$389.96
L6400	Below elbow prosth tiss shap	Covered	N	1	A				\$2,073.40
L6450	Elb disart prosth tiss shap	Covered	N	1	A				\$2,870.47
L6500	Above elbow prosth tiss shap	Covered	N	1	A				\$3,099.07
L6550	Shldr disar prosth tiss shap	Covered	N	1	A				\$3,379.99
L6570	Scap thorac prosth tiss shap	Covered	N	1	A				\$3,680.25
L6580	Wrist/elbow bowden cable mol	Covered	N	2	A				\$1,386.41
L6582	Wrist/elbow bowden cbl dir f	Covered	N	2	A				\$1,178.76
L6584	Elbow fair lead cable molded	Covered	N	2	A				\$1,710.63
L6586	Elbow fair lead cable dir fo	Covered	N	2	A				\$1,583.52
L6588	Shdr fair lead cable molded	Covered	N	2	A				\$2,507.64
L6590	Shdr fair lead cable direct	Covered	N	2	A				\$2,212.75
L6600	Polycentric hinge pair	Covered	N	1	A				\$155.57
L6605	Single pivot hinge pair	Covered	N	1	A				\$152.66
L6610	Flexible metal hinge pair	Covered	N	1	A				\$152.48
L6611	Additional switch, ext power	Covered	N	2	A				\$339.66
L6615	Disconnect locking wrist uni	Covered	N	1	A				\$157.16
L6616	Disconnect insert locking wr	Covered	N	2	A				\$53.46
L6620	Flexion/extension wrist unit	Covered	N	2	A				\$312.83
L6621	Flex/ext wrist w/wo friction	Covered	N	2	A				\$1,886.96
L6623	Spring-ass rot wrst w/ latch	Covered	N	1	A				\$598.63
L6624	Flex/ext/rotation wrist unit	Covered	N	2	A				\$3,106.90
L6625	Rotation wrst w/ cable lock	Covered	N	1	A				\$438.37
L6628	Quick disconn hook adapter o	Covered	N	2	A				\$484.82
L6629	Lamination collar w/ couplin	Covered	N	2	A				\$124.34
L6630	Stainless steel any wrist	Covered	N	2	A				\$177.64
L6632	Latex suspension sleeve each	Covered	N	2	A				\$59.06

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L6635	Lift assist for elbow	Covered	N	1	A				\$163.06
L6637	Nudge control elbow lock	Covered	N	2	A				\$320.91
L6638	Elec lock on manual pw elbow	Not Covered			A				
L6640	Shoulder abduction joint pai	Covered	N	1	A				\$236.97
L6641	Excursion amplifier pulley t	Covered	N	2	A				\$160.82
L6642	Excursion amplifier lever ty	Covered	N	2	A				\$220.19
L6645	Shoulder flexion-abduction j	Covered	N	1	A				\$278.86
L6646	Multipo locking shoulder jnt	Not Covered			A				
L6647	Shoulder lock actuator	Not Covered			A				
L6648	Ext pwrld shlder lock/unlock	Not Covered			A				
L6650	Shoulder universal joint	Covered	N	1	A				\$278.99
L6655	Standard control cable extra	Covered	N	1	A				\$74.10
L6660	Heavy duty control cable	Covered	N	1	A				\$94.14
L6665	Teflon or equal cable lining	Covered	N	1	A				\$37.95
L6670	Hook to hand cable adapter	Covered	N	2	A				\$47.71
L6672	Harness chest/shlder saddle	Covered	N	1	A				\$139.06
L6675	Harness figure of 8 sing con	Covered	N	1	A				\$98.98
L6676	Harness figure of 8 dual con	Covered	N	2	A				\$107.27
L6677	Ue triple control harness	Covered	N	2	A				\$244.70
L6680	Test sock wrist disart/bel e	Covered	N	1	A				\$198.59
L6682	Test sock elbw disart/above	Covered	N	2	A				\$214.60
L6684	Test socket shldr disart/tho	Covered	N	1	A				\$287.31
L6686	Suction socket	Covered	N	2	A				\$486.61
L6687	Frame typ socket bel elbow/w	Covered	N	2	A				\$475.43
L6688	Frame typ sock above elb/dis	Covered	N	2	A				\$459.23
L6689	Frame typ socket shoulder di	Covered	N	2	A				\$573.20
L6690	Frame typ sock interscap-tho	Covered	N	2	A				\$600.93
L6691	Removable insert each	Covered	N	2	A				\$338.49
L6692	Silicone gel insert or equal	Covered	N	2	A				\$466.42
L6693	Lockingelbow forearm cntrbal	Covered	N	2	A				\$2,342.06
L6694	Elbow socket ins use w/lock	Covered	N	2	A				\$617.43
L6695	Elbow socket ins use w/o lck	Covered	N	1	A				\$514.52
L6696	Cus elbo skt in for con/atyp	Not Covered			A				
L6697	Cus elbo skt in not con/atyp	Not Covered			A				
L6698	Below/above elbow lock mech	Covered	N	1	A				\$546.64
L6703	Term dev, passive hand mitt	Covered	N	1	A				\$278.94
L6704	Term dev, sport/rec/work att	Covered	N	1	A				\$553.03
L6706	Term dev mech hook vol open	Covered	N	1	A				\$336.48
L6707	Term dev mech hook vol close	Covered	N	1	A				\$1,214.73
L6708	Term dev mech hand vol open	Covered	N	2	A				\$816.02
L6709	Term dev mech hand vol close	Covered	N	2	A				\$1,133.15
L6711	Ped term dev, hook, vol open	Covered	N	1	A				\$582.38

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L6712	Ped term dev, hook, vol clos	Covered	N	1	A				\$1,072.27
L6713	Ped term dev, hand, vol open	Covered	N	1	A				\$1,353.27
L6714	Ped term dev, hand, vol clos	Covered	N	1	A				\$1,146.22
L6715	Term device, multi art digit	Covered	N	1	A				By Report
L6721	Hook/hand, hvy dty, vol open	Covered	N	1	A				\$2,037.30
L6722	Hook/hand, hvy dty, vol clos	Covered	N	1	A				\$1,756.31
L6805	Term dev modifier wrist unit	Covered	N	1	A				\$358.79
L6810	Term dev precision pinch dev	Covered	N	2	A				\$167.78
L6880	Elec hand ind art digits	Not Covered			A				
L6881	Term dev auto grasp feature	Covered	N	2	A				\$3,372.62
L6882	Microprocessor control uplmb	Not Covered			A				
L6883	Replc sockt below e/w disa	Covered	N	1	A				\$1,705.22
L6884	Replc sockt above elbow disa	Covered	N	1	A				\$2,193.29
L6885	Replc sockt shldr dis/interc	Covered	N	1	A				\$2,648.24
L6890	Prefab glove for term device	Covered	N	2	A				\$186.92
L6895	Custom glove for term device	Covered	N	2	A				\$527.16
L6900	Hand restorat thumb/1 finger	Covered	N	1	A				\$1,628.38
L6905	Hand restoration multiple fi	Covered	N	1	A				\$1,293.13
L6910	Hand restoration no fingers	Covered	N	1	A				\$1,571.93
L6915	Hand restoration replacmnt g	Covered	N	1	A				\$682.58
L6920	Wrist disartic switch ctrl	Covered	N	2	A				\$6,188.72
L6925	Wrist disart myoelectronic c	Covered	N	2	A				\$6,808.51
L6930	Below elbow switch control	Covered	N	2	A				\$6,139.55
L6935	Below elbow myoelectronic ct	Covered	N	2	A				\$6,942.32
L6940	Elbow disarticulation switch	Covered	N	2	A				\$7,249.12
L6945	Elbow disart myoelectronic c	Covered	N	2	A				\$8,413.26
L6950	Above elbow switch control	Covered	N	2	A				\$8,219.86
L6955	Above elbow myoelectronic ct	Covered	N	2	A				\$9,844.39
L6960	Shldr disartic switch contro	Covered	N	2	A				\$10,219.99
L6965	Shldr disartic myoelectronic	Covered	N	2	A				\$11,839.36
L6970	Interscapular-thor switch ct	Covered	N	2	A				\$12,443.65
L6975	Interscap-thor myoelectronic	Covered	N	2	A				\$14,029.61
L7007	Adult electric hand	Covered	N	2	A				\$2,836.28
L7008	Pediatric electric hand	Covered	N	2	A				\$4,551.74
L7009	Adult electric hook	Covered	N	2	A				\$2,893.91
L7040	Prehensile actuator	Covered	N	2	A				\$2,384.77
L7045	Pediatric electric hook	Covered	N	2	A				\$1,332.25
L7170	Electronic elbow hosmer swit	Covered	N	2	A				\$4,832.96
L7180	Electronic elbow sequential	Covered	N	2	A				\$29,785.66
L7181	Electronic elbo simultaneous	Covered	N	2	A				\$33,054.59
L7185	Electron elbow adolescent sw	Covered	N	2	A				\$4,894.03
L7186	Electron elbow child switch	Covered	N	2	A				\$8,978.81

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L7190	Elbow adolescent myoelectron	Covered	N	2	A				\$6,282.09
L7191	Elbow child myoelectronic ct	Covered	N	2	A				\$8,741.38
L7259	Electronic wrist rotator any	Not Covered			A				
L7360	Six volt bat otto bock/eq ea	Covered	N	4	A				\$188.20
L7362	Battery chrgr six volt otto	Covered	N	1	A				\$206.50
L7364	Twelve volt battery utah/equ	Covered	N	4	A				\$388.26
L7366	Battery chrgr 12 volt utah/e	Covered	N	1	A				\$486.19
L7367	Replacemnt lithium ionbatter	Covered	N	1	A				\$321.17
L7368	Lithium ion battery charger	Covered	N	1	A				\$416.34
L7400	Add ue prost be/wd, ultlite	Covered	N	2	A				\$252.84
L7401	Add ue prost a/e ultlite mat	Covered	N	2	A				\$283.05
L7402	Add ue prost s/d ultlite mat	Covered	N	2	A				\$305.68
L7403	Add ue prost b/e acrylic	Covered	N	2	A				\$303.79
L7404	Add ue prost a/e acrylic	Covered	N	2	A				\$458.52
L7405	Add ue prost s/d acrylic	Covered	N	2	A				\$599.67
L7499	Upper extremity prosthes nos	Covered	N	1	A				By Report
L7510	Prosthetic device repair rep	Covered	N		A				By Report
L7520	Repair prosthesis per 15 min	Covered	N	8	A				\$16.65
L7600	Prosthetic donning sleeve	Covered	N	2	E				\$7.18
L7900	Male vacuum erection system	Not Covered			A				
L7902	Tension ring, vac erect dev	Covered	N	1	A				By Report
L8000	Mastectomy bra	Covered	N	2	A				\$33.33
L8001	Breast prosthesis bra & form	Covered	N	2	A				\$103.46
L8002	Brst prsth bra & bilat form	Covered	N	2	A				\$136.13
L8010	Mastectomy sleeve	Covered	N	2	A				\$57.25
L8015	Ext breastprosthesis garment	Covered	N	2	A				\$49.43
L8020	Mastectomy form	Covered	N	2	A				\$196.34
L8030	Breast prosthesis w/o adhesive	Covered	N	2	A				\$293.92
L8031	Breast prosthesis w adhesive	Covered	R	2	A				By Report
L8032	Reusable nipple prosthesis	Covered	R	2	A				By Report
L8035	Custom breast prosthesis	Covered	N	2	A				\$3,022.34
L8039	Breast prosthesis nos	Covered	N	2	A				By Report
L8040	Nasal prosthesis	Not Covered			A				
L8041	Midfacial prosthesis	Not Covered			A				
L8042	Orbital prosthesis	Not Covered			A				
L8043	Upper facial prosthesis	Not Covered			A				
L8044	Hemi-facial prosthesis	Not Covered			A				
L8045	Auricular prosthesis	Not Covered			A				
L8046	Partial facial prosthesis	Not Covered			A				
L8047	Nasal septal prosthesis	Not Covered			A				
L8048	Unspec maxillofacial prosth	Not Covered			A				
L8049	Repair maxillofacial prosth	Not Covered			A				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L8300	Truss single w/ standard pad	Not Covered			A				
L8310	Truss double w/ standard pad	Not Covered			A				
L8320	Truss addition to std pad wa	Not Covered			A				
L8330	Truss add to std pad scrotal	Not Covered			A				
L8400	Sheath below knee	Not Covered			A				
L8410	Sheath above knee	Not Covered			A				
L8415	Sheath upper limb	Not Covered			A				
L8417	Pros sheath/sock w gel cushn	Not Covered			A				
L8420	Prosthetic sock multi ply bk	Not Covered			A				
L8430	Prosthetic sock multi ply ak	Not Covered			A				
L8435	Pros sock multi ply upper lm	Covered	N	4	A				\$19.19
L8440	Shrinker below knee	Not Covered			A				
L8460	Shrinker above knee	Covered	N	4	A				\$54.93
L8465	Shrinker upper limb	Not Covered			A				
L8470	Pros sock single ply bk	Not Covered			A				
L8480	Pros sock single ply ak	Not Covered			A				
L8485	Pros sock single ply upper l	Not Covered			A				
L8499	Unlisted misc prosthetic ser	Covered	N	1	A				By Report
L8500	Artificial larynx	Not Covered			A				
L8501	Tracheostomy speaking valve	Not Covered			A				
L8505	Artificial larynx, accessory	Covered	N	3	A				By Report
L8507	Trach-esoph voice pros pt in	Covered	N	3	A				\$34.58
L8509	Trach-esoph voice pros md in	Covered	N	1	A				\$90.08
L8510	Voice amplifier	Covered	N	1	A				\$208.47
L8511	Indwelling trach insert	Not Covered			A				
L8512	Gel cap for trach voice pros	Not Covered			A				
L8513	Trach pros cleaning device	Not Covered			A				
L8514	Repl trach puncture dilator	Not Covered			A				
L8515	Gel cap app device for trach	Covered	N	1	A				\$52.08
L8600	Implant breast silicone/eq	Not Covered			N				
L8603	Collagen imp urinary 2.5 ml	Not Covered			N				
L8604	Dextranomer/hyaluronic acid	Not Covered			N				
L8605	Inj bulking agent anal canal	Covered	N	1	N				
L8606	Synthetic implnt urinary 1ml	Not Covered			N				
L8609	Artificial cornea	Covered	N	1	N				
L8610	Ocular implant	Not Covered			N				
L8612	Aqueous shunt prosthesis	Not Covered			N				
L8613	Ossicular implant	Not Covered			N				
L8614	Cochlear device	Not Covered			N				
L8615	Coch implant headset replace	Covered	N	1	A				\$372.06
L8616	Coch implant microphone repl	Covered	N	1	A				\$86.65
L8617	Coch implant trans coil repl	Covered	N	1	A				\$75.68

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
L8618	Coch implant tran cable repl	Covered	N	1	A				\$21.64
L8619	Coch imp ext proc/contr rplc	Not Covered			A				
L8621	Repl zinc air battery	Covered	N	1	A				\$0.50
L8622	Repl alkaline battery	Covered	N	1	A				\$0.27
L8623	Lith ion batt cid,non-earlvl	Covered	N	2	A				\$56.04
L8624	Lith ion batt cid, ear level	Covered	N	2	A				\$139.69
L8627	Cid ext speech process repl	Covered	R	1	A				\$5,967.08
L8628	Cid ext controller repl	Covered	R	1	A				\$1,082.04
L8629	Cid transmit coil and cable	Covered	N	1	A				By Report
L8630	Metacarpophalangeal implant	Not Covered			N				
L8631	Mcp joint repl 2 pc or more	Not Covered			N				
L8641	Metatarsal joint implant	Not Covered			N				
L8642	Hallux implant	Not Covered			N				
L8658	Interphalangeal joint spacer	Not Covered			N				
L8659	Interphalangeal joint repl	Not Covered			N				
L8670	Vascular graft, synthetic	Not Covered			N				
L8679	Imp neurosti pls gn any type	Not Covered			N				
L8680	Implt neurostim elctr each	Not Covered			E				
L8681	Pt prgrm for implt neurostim	Not Covered			A				
L8682	Implt neurostim radiofq rec	Not Covered			N				
L8683	Radiofq trsmtr for implt neu	Not Covered			A				
L8684	Radiof trsmtr implt scr1 neu	Not Covered			A				
L8685	Implt nrostm pls gen sng rec	Not Covered			E				
L8686	Implt nrostm pls gen sng non	Not Covered			E				
L8687	Implt nrostm pls gen dua rec	Not Covered			E				
L8688	Implt nrostm pls gen dua non	Not Covered			E				
L8689	External recharg sys intern	Not Covered			A				
L8690	Aud osseo dev, int/ext comp	Covered	N	1	N				
L8691	Osseointegrated snd proc rpl	Covered	N	1	A				By Report
L8692	Non-osseointegrated snd proc	Not Covered			E				
L8693	Aud osseo dev, abutment	Covered	N	1	A				\$1,312.17
L8695	External recharg sys extern	Not Covered			A				
L8696	Ext antenna phren nerve stim	Not Covered			A				
L8699	Prosthetic implant nos	Not Covered			N				
L9900	O&p supply/accessory/service	Not Covered			N				
M0075	Cellular therapy	Not Covered			E				
M0076	Prolotherapy	Not Covered			E				
M0100	Intragastric hypothermia	Not Covered			E				
M0300	Iv chelationtherapy	Not Covered			E				
M0301	Fabric wrapping of aneurysm	Not Covered			E				
P2028	Cephalin flocculation test	Not Covered			A				
P2029	Congo red blood test	Not Covered			A				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
P2031	Hair analysis	Not Covered			E				
P2033	Blood thymol turbidity	Not Covered			A				
P2038	Blood mucoprotein	Not Covered			A				
P3000	Screen pap by tech w md supv	Not Covered			A				
P3001	Screening pap smear by phys	Not Covered			B				
P7001	Culture bacterial urine	Not Covered			E				
P9010	Whole blood for transfusion	Covered	N	1	R	0950	2.9289		
P9011	Blood split unit	Covered	N	1	R	0967	1.7588		
P9012	Cryoprecipitate each unit	Covered	N	1	R	0952	0.9548		
P9016	Rbc leukocytes reduced	Covered	N	1	R	0954	2.5541		
P9017	Plasma 1 donor frz w/in 8 hr	Covered	N	1	R	9508	1.0091		
P9019	Platelets, each unit	Covered	N	1	R	0957	1.5552		
P9020	Platelet rich plasma unit	Covered	N	1	R	0958	1.8326		
P9021	Red blood cells unit	Covered	N	1	R	0959	2.0300		
P9022	Washed red blood cells unit	Covered	N	1	R	0960	4.3185		
P9023	Frozen plasma, pooled, sd	Covered	N	1	R	0949	0.9341		
P9031	Platelets leukocytes reduced	Covered	N	1	R	1013	1.5117		
P9032	Platelets, irradiated	Covered	N	1	R	9500	2.2736		
P9033	Platelets leukoreduced irradiated	Covered	N	1	R	0968	2.1875		
P9034	Platelets, pheresis	Covered	N	1	R	9507	5.6564		
P9035	Platelet pheres leukoreduced	Covered	N	1	R	9501	6.7108		
P9036	Platelet pheresis irradiated	Covered	N	1	R	9502	7.6782		
P9037	Plate pheres leukoredu irradiated	Covered	N	1	R	1019	9.0926		
P9038	Rbc irradiated	Covered	N	1	R	9505	2.8023		
P9039	Rbc deglycerolized	Covered	N	1	R	9504	6.2553		
P9040	Rbc leukoreduced irradiated	Covered	N	1	R	0969	3.7139		
P9041	Albumin (human),5%, 50ml	Not Covered			K	0961			
P9043	Plasma protein fract,5%,50ml	Covered	N	1	R	0956	0.3108		
P9044	Cryoprecipitatereducedplasma	Covered	N	1	R	1009	1.0592		
P9045	Albumin (human), 5%, 250 ml	Not Covered			K	0963			
P9046	Albumin (human), 25%, 20 ml	Not Covered			K	0964			
P9047	Albumin (human), 25%, 50ml	Covered	N	6	K	0965			By Report
P9048	Plasmaprotein fract,5%,250ml	Covered	N	1	R	0966	0.4535		
P9050	Granulocytes, pheresis unit	Covered	N	1	R	9506	24.7756		
P9051	Blood, l/r, cmv-neg	Covered	N	1	R	1010	2.2109		
P9052	Platelets, hla-m, l/r, unit	Covered	N	1	R	1011	9.4963		
P9053	Plt, pher, l/r cmv-neg, irr	Covered	N	1	R	1020	8.8777		
P9054	Blood, l/r, froz/degly/wash	Covered	N	1	R	1016	3.2920		
P9055	Plt, aph/pher, l/r, cmv-neg	Covered	N	1	R	1017	5.3132		
P9056	Blood, l/r, irradiated	Covered	N	1	R	1018	1.8137		
P9057	Rbc, frz/deg/wsh, l/r, irradiated	Covered	N	1	R	1021	6.0513		
P9058	Rbc, l/r, cmv-neg, irradiated	Covered	N	1	R	1022	3.7045		

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
P9059	Plasma, frz between 8-24hour	Covered	N	1	R	0955	0.9624		
P9060	Fr frz plasma donor retested	Covered	N	1	R	9503	0.7930		
P9603	One-way allow prorated miles	Covered	N	5	A				\$0.93
P9604	One-way allow prorated trip	Not Covered			A				
P9612	Catheterize for urine spec	Not Covered			A				
P9615	Urine specimen collect mult	Not Covered			N				
Q0035	Cardiokymography	Not Covered			S	0100	3.2093		
Q0081	Infusion ther other than che	Not Covered			B				
Q0083	Chemo by other than infusion	Not Covered			B				
Q0084	Chemotherapy by infusion	Not Covered			B				
Q0085	Chemo by both infusion and o	Not Covered			B				
Q0091	Obtaining screen pap smear	Not Covered			S	0450	0.3942		
Q0092	Set up port xray equipment	Covered	N	5	N				
Q0111	Wet mounts/ w preparations	Not Covered			A				
Q0112	Potassium hydroxide preps	Not Covered			A				
Q0113	Pinworm examinations	Not Covered			A				
Q0114	Fern test	Not Covered			A				
Q0115	Post-coital mucous exam	Not Covered			A				
Q0138	Ferumoxytol, non-esrd	Not Covered			K	1297			
Q0139	Ferumoxytol, esrd use	Not Covered			K	1485			
Q0144	Azithromycin dihydrate, oral	Not Covered			E				
Q0161	Chlorpromazine hcl 5mg oral	Covered	N	2	N				
Q0162	Ondansetron oral	Covered	N	8	N				
Q0163	Diphenhydramine hcl 50mg	Not Covered			N				
Q0164	Prochlorperazine maleate 5mg	Covered	N	1	N				
Q0166	Granisetron hcl 1 mg oral	Not Covered			N				
Q0167	Dronabinol 2.5mg oral	Not Covered			N				
Q0169	Promethazine hcl 12.5mg oral	Covered	N	1	N				
Q0173	Trimethobenzamide hcl 250mg	Covered	N	1	N				
Q0174	Thiethylperazine maleate10mg	Not Covered			E				
Q0175	Perphenazine 4mg oral	Not Covered			N				
Q0177	Hydroxyzine pamoate 25mg	Not Covered			N				
Q0180	Dolasetron mesylate oral	Not Covered			N				
Q0181	Unspecified oral anti-emetic	Not Covered			N				
Q0478	Power adapter, combo vad	Covered	N		A				\$158.98
Q0479	Power module combo vad, rep	Covered	R		A				\$10,451.37
Q0480	Driver pneumatic vad, rep	Not Covered			A				
Q0481	Microprcsr cu elec vad, rep	Not Covered			A				
Q0482	Microprcsr cu combo vad, rep	Not Covered			A				
Q0483	Monitor elec vad, rep	Not Covered			A				
Q0484	Monitor elec or comb vad rep	Not Covered			A				
Q0485	Monitor cable elec vad, rep	Not Covered			A				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
Q0486	Mon cable elec/pneum vad rep	Not Covered			A				
Q0487	Leads any type vad, rep only	Not Covered			A				
Q0488	Pwr pack base elec vad, rep	Not Covered			A				
Q0489	Pwr pck base combo vad, rep	Not Covered			A				
Q0490	Emr pwr source elec vad, rep	Not Covered			A				
Q0491	Emr pwr source combo vad rep	Not Covered			A				
Q0492	Emr pwr cbl elec vad, rep	Not Covered			A				
Q0493	Emr pwr cbl combo vad, rep	Not Covered			A				
Q0494	Emr hd pmp elec/combo, rep	Not Covered			A				
Q0495	Charger elec/combo vad, rep	Not Covered			A				
Q0496	Battery elec/combo vad, rep	Not Covered			A				
Q0497	Bat clips elec/comb vad, rep	Not Covered			A				
Q0498	Holster elec/combo vad, rep	Not Covered			A				
Q0499	Belt/vest elec/combo vad rep	Covered	N	1	A				By Report
Q0500	Filters elec/combo vad, rep	Not Covered			A				
Q0501	Shwr cov elec/combo vad, rep	Not Covered			A				
Q0502	Mobility cart pneum vad, rep	Not Covered			A				
Q0503	Battery pneum vad replacemnt	Not Covered			A				
Q0504	Pwr adpt pneum vad, rep veh	Not Covered			A				
Q0506	Lith-ion batt elec/pneum vad	Covered	R		A				\$762.89
Q0507	Misc sup/acc ext vad	Not Covered			N				
Q0508	Mis sup/acc imp vad	Not Covered			N				
Q0509	Mis sup/ac imp vad nopay med	Not Covered			N				
Q0510	Dispens fee immunosuppressive	Not Covered			B				
Q0511	Sup fee antiem,antica,immuno	Not Covered			B				
Q0512	Px sup fee anti-can sub pres	Not Covered			B				
Q0513	Disp fee inhal drugs/30 days	Not Covered			B				
Q0514	Disp fee inhal drugs/90 days	Not Covered			B				
Q0515	Sermorelin acetate injection	Not Covered			E				
Q1004	Ntiol category 4	Not Covered			E				
Q1005	Ntiol category 5	Not Covered			E				
Q2004	Bladder calculi irrig sol	Not Covered			N				
Q2009	Fosphenytoin inj pe	Not Covered			N				
Q2017	Teniposide, 50 mg	Not Covered			K	7035			
Q2026	Radiesse injection	Not Covered			B				
Q2028	Inj, sculptra, 0.5mg	Not Covered			B				
Q2034	Agriflu vaccine	Covered	N	1	L				By Report
Q2035	Afluria vacc, 3 yrs & >, im	Covered	N	1	L				\$22.53
Q2036	Flulaval vacc, 3 yrs & >, im	Covered	N	1	L				\$13.52
Q2037	Fluvirin vacc, 3 yrs & >, im	Covered	N	1	L				\$25.64
Q2038	Fluzone vacc, 3 yrs & >, im	Covered	N	1	L				\$22.89
Q2039	Nos flu vacc, 3 yrs & >, im	Covered	N	1	L				By Report

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
Q2043	Sipuleucel-t auto cd54+	Covered	N	1	K	9273			By Report
Q2049	Imported lipodox inj	Covered	N	2	K	1421			\$486.01
Q2050	Doxorubicin inj 10mg	Covered	N	2	K	7046			By Report
Q2052	Ivig demo, services/supplies	Not Covered			E				
Q3001	Brachytherapy radioelements	Not Covered			B				
Q3014	Telehealth facility fee	Not Covered			A				
Q3027	Inj beta interferon im 1 mcg	Covered	N	3	K	1472			By Report
Q3028	Inj beta interferon sq 1 mcg	Covered	N	3	E				By Report
Q3031	Collagen skin test	Not Covered			N				
Q4001	Cast sup body cast plaster	Not Covered			B				
Q4002	Cast sup body cast fiberglas	Not Covered			B				
Q4003	Cast sup shoulder cast plstr	Not Covered			B				
Q4004	Cast sup shoulder cast fbrgl	Not Covered			B				
Q4005	Cast sup long arm adult plst	Not Covered			B				
Q4006	Cast sup long arm adult fbrg	Not Covered			B				
Q4007	Cast sup long arm ped plster	Not Covered			B				
Q4008	Cast sup long arm ped fbrgls	Not Covered			B				
Q4009	Cast sup sht arm adult plstr	Not Covered			B				
Q4010	Cast sup sht arm adult fbrgl	Not Covered			B				
Q4011	Cast sup sht arm ped plaster	Not Covered			B				
Q4012	Cast sup sht arm ped fbrglas	Not Covered			B				
Q4013	Cast sup gauntlet plaster	Not Covered			B				
Q4014	Cast sup gauntlet fiberglass	Not Covered			B				
Q4015	Cast sup gauntlet ped plster	Not Covered			B				
Q4016	Cast sup gauntlet ped fbrgls	Not Covered			B				
Q4017	Cast sup lng arm splint plst	Not Covered			B				
Q4018	Cast sup lng arm splint fbrg	Not Covered			B				
Q4019	Cast sup lng arm splnt ped p	Not Covered			B				
Q4020	Cast sup lng arm splnt ped f	Not Covered			B				
Q4021	Cast sup sht arm splint plst	Not Covered			B				
Q4022	Cast sup sht arm splint fbrg	Not Covered			B				
Q4023	Cast sup sht arm splnt ped p	Not Covered			B				
Q4024	Cast sup sht arm splnt ped f	Not Covered			B				
Q4025	Cast sup hip spica plaster	Not Covered			B				
Q4026	Cast sup hip spica fiberglas	Not Covered			B				
Q4027	Cast sup hip spica ped plstr	Not Covered			B				
Q4028	Cast sup hip spica ped fbrgl	Not Covered			B				
Q4029	Cast sup long leg plaster	Not Covered			B				
Q4030	Cast sup long leg fiberglass	Not Covered			B				
Q4031	Cast sup lng leg ped plaster	Not Covered			B				
Q4032	Cast sup lng leg ped fbrgls	Not Covered			B				
Q4033	Cast sup lng leg cylinder pl	Not Covered			B				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
Q4034	Cast sup lng leg cylinder fb	Not Covered			B				
Q4035	Cast sup lng leg cylndr ped p	Not Covered			B				
Q4036	Cast sup lng leg cylndr ped f	Not Covered			B				
Q4037	Cast sup shrt leg plaster	Not Covered			B				
Q4038	Cast sup shrt leg fiberglass	Not Covered			B				
Q4039	Cast sup shrt leg ped plster	Not Covered			B				
Q4040	Cast sup shrt leg ped fbrgls	Not Covered			B				
Q4041	Cast sup lng leg splnt plstr	Not Covered			B				
Q4042	Cast sup lng leg splnt fbrgl	Not Covered			B				
Q4043	Cast sup lng leg splnt ped p	Not Covered			B				
Q4044	Cast sup lng leg splnt ped f	Not Covered			B				
Q4045	Cast sup sht leg splnt plstr	Not Covered			B				
Q4046	Cast sup sht leg splnt fbrgl	Not Covered			B				
Q4047	Cast sup sht leg splnt ped p	Not Covered			B				
Q4048	Cast sup sht leg splnt ped f	Not Covered			B				
Q4049	Finger splint, static	Not Covered			B				
Q4050	Cast supplies unlisted	Not Covered			B				
Q4051	Splint supplies misc	Not Covered			B				
Q4074	Iloprost non-comp unit dose	Covered	N		Y				By Report
Q4081	Epoetin alfa, 100 units esrd	Covered	N	4	N				
Q4082	Drug/bio noc part b drug cap	Not Covered			B				
Q4100	Skin substitute, nos	Covered	N	1	N				
Q4101	Apligraf	Covered	N	1	N				
Q4102	Oasis wound matrix	Covered	N	1	N				
Q4103	Oasis burn matrix	Covered	N	1	N				
Q4104	Integra bmwd	Covered	N	1	N				
Q4105	Integra drt	Covered	N	1	N				
Q4106	Dermagraft	Covered	N	1	N				
Q4107	Graftjacket	Covered	N	1	N				
Q4108	Integra matrix	Covered	N	1	N				
Q4110	Primatrix	Covered	N	1	N				
Q4111	Gammagraft	Not Covered			N				
Q4112	Cymetra injectable	Covered	N		N				
Q4113	Graftjacket xpress	Covered	N		N				
Q4114	Integra flowable wound matri	Covered	N		N				
Q4115	Alloskin	Covered	N	1	N				
Q4116	Alloderm	Covered	N	1	N				
Q4117	Hyalomatrix	Covered	N	1	N				
Q4118	Matristem micromatrix	Covered	N	1	N				
Q4119	Matristem wound matrix	Covered	N	1	N				
Q4120	Matristem burn matrix	Covered	N	1	N				
Q4121	Theraskin	Covered	N	1	G	1479			By Report

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
Q4122	Dermacell	Covered	N	1	G	1419			By Report
Q4123	Alloskin	Covered	N	1	N				
Q4124	Oasis tri-layer wound matrix	Covered	N	1	N				
Q4125	Arthroflex	Covered	N	1	N				
Q4126	Memoderm/derma/tranz/integup	Covered	N	1	N				
Q4127	Talymed	Covered	N	1	G	1449			By Report
Q4128	Flexhd/allopachhd/matrixhd	Covered	N	1	N				
Q4129	Unite biomatrix	Covered	N	1	N				
Q4130	Strattice tm	Covered	N	1	N				
Q4131	Epifix	Covered	N	1	N				
Q4132	Grafix core	Covered	N	1	N				
Q4133	Grafix prime	Covered	N	1	N				
Q4134	Hmatrix	Covered	N	1	N				
Q4135	Mediskin	Covered	N	1	N				
Q4136	Ezderm	Covered	N	1	N				
Q4137	Amnioexcel or biodexcel, 1cm	Not Covered			N				
Q4138	Biodfence dryflex, 1cm	Not Covered			N				
Q4139	Amnio or biodmatrix, inj 1cc	Not Covered			N				
Q4140	Biodfence 1cm	Not Covered			N				
Q4141	Alloskin ac, 1 cm	Covered	N	8	N				
Q4142	Xcm biologic tiss matrix 1cm	Not Covered			N				
Q4143	Repriza, 1cm	Not Covered			N				
Q4145	Epifix, inj, 1mg	Not Covered			N				
Q4146	Tensix, 1cm	Not Covered			N				
Q4147	Architect ecm px fx 1 sq cm	Not Covered			N				
Q4148	Neox 1k, 1cm	Not Covered			N				
Q4149	Excellagen, 0.1 cc	Not Covered			N				
Q4150	Allowrap ds or dry 1 sq cm	Covered	N	1	N				
Q4151	Amnioband, guardian 1 sq cm	Covered	N	1	N				
Q4152	Dermapure 1 square cm	Covered	N	1	N				
Q4153	Dermavest 1 square cm	Covered	N	1	N				
Q4154	Biovance 1 square cm	Covered	N	1	N				
Q4155	Neoxflo or clariflo 1 mg	Covered	N	1	N				
Q4156	Neox 100 1 square cm	Covered	N	1	N				
Q4157	Revitalon 1 square cm	Covered	N	1	N				
Q4158	Marigen 1 square cm	Covered	N	1	N				
Q4159	Affinity1 square cm	Covered	N	1	N				
Q4160	Nushield 1 square cm	Covered	N	1	N				
Q5001	Hospice or home hlth in home	Not Covered			B				
Q5002	Hospice/home hlth in asst lv	Not Covered			B				
Q5003	Hospice in lt/non-skilled nf	Not Covered			B				
Q5004	Hospice in snf	Not Covered			B				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
Q5005	Hospice, inpatient hospital	Not Covered			B				
Q5006	Hospice in hospice facility	Not Covered			B				
Q5007	Hospice in ltch	Not Covered			B				
Q5008	Hospice in inpatient psych	Not Covered			B				
Q5009	Hospice/home hlth, place nos	Not Covered			B				
Q5010	Hospice home care in hospice	Not Covered			B				
Q9951	Locm >= 400 mg/ml iodine,1ml	Covered	N	1	N				
Q9953	Inj fe-based mr contrast,1ml	Covered	N	1	N				
Q9954	Oral mr contrast, 100 ml	Covered	N	1	N				
Q9955	Inj perflexane lip micros,ml	Not Covered			N				
Q9956	Inj octafluoropropane mic,ml	Not Covered			N				
Q9957	Inj perflutren lip micros,ml	Covered	N	1	N				
Q9958	Hocm <=149 mg/ml iodine, 1ml	Not Covered			N				
Q9959	Hocm 150-199mg/ml iodine,1ml	Not Covered			N				
Q9960	Hocm 200-249mg/ml iodine,1ml	Covered	N	1	N				
Q9961	Hocm 250-299mg/ml iodine,1ml	Covered	N	1	N				
Q9962	Hocm 300-349mg/ml iodine,1ml	Covered	N	1	N				
Q9963	Hocm 350-399mg/ml iodine,1ml	Covered	N	1	N				
Q9964	Hocm>= 400mg/ml iodine, 1ml	Not Covered			N				
Q9965	Locm 100-199mg/ml iodine,1ml	Covered	N		N				
Q9966	Locm 200-299mg/ml iodine,1ml	Covered	N		N				
Q9967	Locm 300-399mg/ml iodine,1ml	Covered	N		N				
Q9968	Visualization adjunct	Covered	N	3	K	1446			By Report
Q9969	Non-heu tc-99m add-on/dose	Not Covered			K	1442			
R0070	Transport portable x-ray	Not Covered			B				
R0075	Transport port x-ray multipl	Not Covered			B				
R0076	Transport portable ekg	Not Covered			B				
S9455	Diabetic Management Program	Covered	N		Non-Inpatient Program				\$137.73
S9472	Cardiac Rehabilitation Program, Per Day	Covered	N		Non-Inpatient Program				\$44.94
S9473	Pulmonary Rehab Program	Covered	N		Non-Inpatient Program				\$55.54
S9480	Intensive Outpatient Psychiatric Service	Covered	N		Non-Inpatient Program				\$15.33
V2020	Vision svcs frames purchases	Not Covered			A				
V2025	Eyeglasses delux frames	Not Covered			E				
V2100	Lens spher single plano 4.00	Not Covered			A				
V2101	Single visn sphere 4.12-7.00	Not Covered			A				
V2102	Singl visn sphere 7.12-20.00	Not Covered			A				
V2103	Spherocylindr 4.00d/12-2.00d	Not Covered			A				
V2104	Spherocylindr 4.00d/2.12-4d	Not Covered			A				
V2105	Spherocylinder 4.00d/4.25-6d	Not Covered			A				
V2106	Spherocylinder 4.00d/>6.00d	Not Covered			A				
V2107	Spherocylinder 4.25d/12-2d	Not Covered			A				
V2108	Spherocylinder 4.25d/2.12-4d	Not Covered			A				

Procedure Code	Procedure Code Description	Iowa Medicaid Coverage	Prior Authorization Indicator	Procedure Max Units	APC Status Indicator	APC	APC Weight	Anesthesia Code Base Unit	Iowa Medicaid Fee Schedule Amount
V2109	Spherocylinder 4.25d/4.25-6d	Not Covered			A				
V2110	Spherocylinder 4.25d/over 6d	Not Covered			A				
V2111	Spherocylindr 7.25d/.25-2.25	Not Covered			A				
V2112	Spherocylindr 7.25d/2.25-4d	Not Covered			A				
V2113	Spherocylindr 7.25d/4.25-6d	Not Covered			A				
V2114	Spherocylinder over 12.00d	Not Covered			A				
V2115	Lens lenticular bifocal	Not Covered			A				
V2118	Lens aniseikonic single	Not Covered			A				
V2121	Lenticular lens, single	Not Covered			A				
V2199	Lens single vision not oth c	Not Covered			A				
V2200	Lens spher bifoc plano 4.00d	Not Covered			A				
V2201	Lens sphere bifocal 4.12-7.0	Not Covered			A				
V2202	Lens sphere bifocal 7.12-20.	Not Covered			A				
V2203	Lens sphcyl bifocal 4.00d/.1	Not Covered			A				
V2204	Lens sphcy bifocal 4.00d/2.1	Not Covered			A				
V2205	Lens sphcy bifocal 4.00d/4.2	Not Covered			A				
V2206	Lens sphcy bifocal 4.00d/ove	Not Covered			A				
V2207	Lens sphcy bifocal 4.25-7d/.	Not Covered			A				
V2208	Lens sphcy bifocal 4.25-7/2.	Not Covered			A				
V2209	Lens sphcy bifocal 4.25-7/4.	Not Covered			A				
V2210	Lens sphcy bifocal 4.25-7/ov	Not Covered			A				
V2211	Lens sphcy bifo 7.25-12/.25-	Not Covered			A				
V2212	Lens sphcyl bifo 7.25-12/2.2	Not Covered			A				
V2213	Lens sphcyl bifo 7.25-12/4.2	Not Covered			A				
V2214	Lens sphcyl bifocal over 12.	Not Covered			A				
V2215	Lens lenticular bifocal	Not Covered			A				
V2218	Lens aniseikonic bifocal	Not Covered			A				
V2219	Lens bifocal seg width over	Not Covered			A				
V2220	Lens bifocal add over 3.25d	Not Covered			A				
V2221	Lenticular lens, bifocal	Not Covered			A				
V2299	Lens bifocal speciality	Not Covered			A				
V2300	Lens sphere trifocal 4.00d	Not Covered			A				
V2301	Lens sphere trifocal 4.12-7.	Not Covered			A				
V2302	Lens sphere trifocal 7.12-20	Not Covered			A				
V2303	Lens sphcy trifocal 4.0/.12-	Not Covered			A				
V2304	Lens sphcy trifocal 4.0/2.25	Not Covered			A				
V2305	Lens sphcy trifocal 4.0/4.25	Not Covered			A				
V2306	Lens sphcyl trifocal 4.00/>6	Not Covered			A				
V2307	Lens sphcy trifocal 4.25-7/.	Not Covered			A				
V2308	Lens sphc trifocal 4.25-7/2.	Not Covered			A				
V2309	Lens sphc trifocal 4.25-7/4.	Not Covered			A				
V2310	Lens sphc trifocal 4.25-7/>6	Not Covered			A				

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V2311	Lens sphc trifo 7.25-12/.25-	Not Covered			A				
V2312	Lens sphc trifo 7.25-12/2.25	Not Covered			A				
V2313	Lens sphc trifo 7.25-12/4.25	Not Covered			A				
V2314	Lens sphcyl trifocal over 12	Not Covered			A				
V2315	Lens lenticular trifocal	Not Covered			A				
V2318	Lens aniseikonic trifocal	Not Covered			A				
V2319	Lens trifocal seg width > 28	Not Covered			A				
V2320	Lens trifocal add over 3.25d	Not Covered			A				
V2321	Lenticular lens, trifocal	Not Covered			A				
V2399	Lens trifocal speciality	Not Covered			A				
V2410	Lens variab asphericity sing	Not Covered			A				
V2430	Lens variable asphericity bi	Not Covered			A				
V2499	Variable asphericity lens	Not Covered			A				
V2500	Contact lens pmma spherical	Not Covered			A				
V2501	Cntct lens pmma-toric/prism	Not Covered			A				
V2502	Contact lens pmma bifocal	Not Covered			A				
V2503	Cntct lens pmma color vision	Not Covered			A				
V2510	Cntct gas permeable sphericl	Not Covered			A				
V2511	Cntct toric prism ballast	Not Covered			A				
V2512	Cntct lens gas permbl bifocl	Not Covered			A				
V2513	Contact lens extended wear	Not Covered			A				
V2520	Contact lens hydrophilic	Not Covered			A				
V2521	Cntct lens hydrophilic toric	Not Covered			A				
V2522	Cntct lens hydrophil bifocl	Not Covered			A				
V2523	Cntct lens hydrophil extend	Not Covered			A				
V2530	Contact lens gas impermeable	Not Covered			A				
V2531	Contact lens gas permeable	Not Covered			A				
V2599	Contact lens/es other type	Not Covered			A				
V2600	Hand held low vision aids	Not Covered			A				
V2610	Single lens spectacle mount	Not Covered			A				
V2615	Telescop/othr compound lens	Not Covered			A				
V2623	Plastic eye prosth custom	Not Covered			A				
V2624	Polishing artifical eye	Not Covered			A				
V2625	Enlargemnt of eye prosthesis	Not Covered			A				
V2626	Reduction of eye prosthesis	Not Covered			A				
V2627	Scleral cover shell	Not Covered			A				
V2628	Fabrication & fitting	Not Covered			A				
V2629	Prosthetic eye other type	Not Covered			A				
V2630	Anter chamber intraocul lens	Not Covered			N				
V2631	Iris support intraoclr lens	Not Covered			N				
V2632	Post chmbr intraocular lens	Not Covered			N				
V2700	Balance lens	Not Covered			A				

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V2702	Deluxe lens feature	Not Covered			E				
V2710	Glass/plastic slab off prism	Not Covered			A				
V2715	Prism lens/es	Not Covered			A				
V2718	Fresnell prism press-on lens	Not Covered			A				
V2730	Special base curve	Not Covered			A				
V2744	Tint photochromatic lens/es	Not Covered			A				
V2745	Tint, any color/solid/grad	Not Covered			A				
V2750	Anti-reflective coating	Not Covered			A				
V2755	Uv lens/es	Not Covered			A				
V2756	Eye glass case	Not Covered			E				
V2760	Scratch resistant coating	Not Covered			A				
V2761	Mirror coating	Not Covered			B				
V2762	Polarization, any lens	Not Covered			A				
V2770	Occluder lens/es	Not Covered			A				
V2780	Oversize lens/es	Not Covered			A				
V2781	Progressive lens per lens	Not Covered			B				
V2782	Lens, 1.54-1.65 p/1.60-1.79g	Not Covered			A				
V2783	Lens, >= 1.66 p/>=1.80 g	Not Covered			A				
V2784	Lens polycarb or equal	Not Covered			A				
V2785	Corneal tissue processing	Not Covered			F				
V2786	Occupational multifocal lens	Not Covered			A				
V2787	Astigmatism-correct function	Not Covered			E				
V2788	Presbyopia-correct function	Not Covered			E				
V2790	Amniotic membrane	Not Covered			N				
V2797	Vis item/svc in other code	Not Covered			A				
V2799	Misc vision item or service	Not Covered			A				
V5008	Hearing screening	Not Covered			E				
V5010	Assessment for hearing aid	Covered	N	1	E				\$25.60
V5011	Hearing aid fitting/checking	Not Covered			E				
V5014	Hearing aid repair/modifying	Not Covered			E				
V5020	Conformity evaluation	Not Covered			E				
V5030	Body-worn hearing aid air	Covered	N	1	E				Max Fee
V5040	Body-worn hearing aid bone	Covered	N	1	E				Max Fee
V5050	Hearing aid monaural in ear	Not Covered			E				
V5060	Behind ear hearing aid	Not Covered			E				
V5070	Glasses air conduction	Not Covered			E				
V5080	Glasses bone conduction	Not Covered			E				
V5090	Hearing aid dispensing fee	Not Covered			E				
V5095	Implant mid ear hearing pros	Not Covered			E				
V5100	Body-worn bilat hearing aid	Not Covered			E				
V5110	Hearing aid dispensing fee	Not Covered			E				
V5120	Body-worn binaur hearing aid	Covered	N	1	E				Max Fee

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V5130	In ear binaural hearing aid	Not Covered			E				
V5140	Behind ear binaur hearing ai	Not Covered			E				
V5150	Glasses binaural hearing aid	Covered	N	1	E				Max Fee
V5160	Dispensing fee binaural	Covered	N	1	E				\$343.33
V5170	Within ear cros hearing aid	Not Covered			E				
V5180	Behind ear cros hearing aid	Not Covered			E				
V5190	Glasses cros hearing aid	Not Covered			E				
V5200	Cros hearing aid dispens fee	Not Covered			E				
V5210	In ear bicros hearing aid	Not Covered			E				
V5220	Behind ear bicros hearing ai	Not Covered			E				
V5230	Glasses bicros hearing aid	Not Covered			E				
V5240	Dispensing fee bicros	Not Covered			E				
V5241	Dispensing fee, monaural	Covered	N	1	E				\$228.88
V5242	Hearing aid, monaural, cic	Not Covered			E				
V5243	Hearing aid, monaural, itc	Not Covered			E				
V5244	Hearing aid, prog, mon, cic	Not Covered			E				
V5245	Hearing aid, prog, mon, itc	Not Covered			E				
V5246	Hearing aid, prog, mon, ite	Not Covered			E				
V5247	Hearing aid, prog, mon, bte	Not Covered			E				
V5248	Hearing aid, binaural, cic	Not Covered			E				
V5249	Hearing aid, binaural, itc	Not Covered			E				
V5250	Hearing aid, prog, bin, cic	Not Covered			E				
V5251	Hearing aid, prog, bin, itc	Not Covered			E				
V5252	Hearing aid, prog, bin, ite	Not Covered			E				
V5253	Hearing aid, prog, bin, bte	Not Covered			E				
V5254	Hearing id, digit, mon, cic	Not Covered			E				
V5255	Hearing aid, digit, mon, itc	Not Covered			E				
V5256	Hearing aid, digit, mon, ite	Not Covered			E				
V5257	Hearing aid, digit, mon, bte	Not Covered			E				
V5258	Hearing aid, digit, bin, cic	Not Covered			E				
V5259	Hearing aid, digit, bin, itc	Not Covered			E				
V5260	Hearing aid, digit, bin, ite	Not Covered			E				
V5261	Hearing aid, digit, bin, bte	Not Covered			E				
V5262	Hearing aid, disp, monaural	Not Covered			E				
V5263	Hearing aid, disp, binaural	Not Covered			E				
V5264	Ear mold/insert	Not Covered			E				
V5265	Ear mold/insert, disp	Not Covered			E				
V5266	Battery for hearing device	Covered	N	6	E				\$1.79
V5267	Hearing aid sup/access/dev	Covered	N		E				By Report
V5268	Ald telephone amplifier	Not Covered			E				
V5269	Alerting device, any type	Not Covered			E				
V5270	Ald, tv amplifier, any type	Not Covered			E				

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V5271	Ald, tv caption decoder	Not Covered			E				
V5272	Tdd	Not Covered			E				
V5273	Ald for cochlear implant	Not Covered			E				
V5274	Ald unspecified	Covered	N	1	E				By Report
V5275	Ear impression	Covered	N	2	E				\$12.21
V5281	Ald fm/dm system, monaural	Covered	R		E				By Report
V5282	Ald fm/dm system binaural	Covered	R		E				By Report
V5283	Ald neck, loop ind receiver	Covered	R		E				By Report
V5284	Ald fm/dm ear level receiver	Covered	R		E				By Report
V5285	Ald fm/dm aud input receiver	Covered	R		E				By Report
V5286	Ald blu tooth fm/dm receiver	Covered	R		E				By Report
V5287	Ald fm/dm receiver, nos	Covered	R		E				By Report
V5288	Ald fm/dm transmitter ald	Covered	R		E				By Report
V5289	Ald fm/dm adapt/boot couplin	Covered	R		E				By Report
V5290	Ald transmitter microphone	Covered	R		E				By Report
V5298	Hearing aid noc	Covered	N	1	E				Max Fee
V5299	Hearing service	Not Covered			B				
V5336	Repair communication device	Not Covered			E				
V5362	Speech screening	Not Covered			E				
V5363	Language screening	Not Covered			E				
V5364	Dysphagia screening	Not Covered			E				