

## List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	D7946	LeFort I (maxilla - total)
Medicaid/HARP/CHPlus	WNY	D7945	osteotomy - body of mandible
Medicaid/HARP/CHPlus	WNY	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
Medicaid/HARP/CHPlus	WNY	D7941	Osteotomy - Mandibular Rami
Medicaid/HARP/CHPlus	WNY	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report
Medicaid/HARP/CHPlus	WNY	D7947	Lefort I (Maxilla - Segmented)
Medicaid/HARP/CHPlus	WNY	D7949	Lefort Ii Or Lefort Iii - With Bone Graft
Medicaid/HARP/CHPlus	WNY	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
Medicaid/HARP/CHPlus	WNY	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicaid/HARP/CHPlus	WNY	D7940	Osteoplasty - For Orthognathic Deformities
Medicaid/HARP/CHPlus	WNY	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicaid/HARP/CHPlus	WNY	20561	Needle insertion(s) without injection(s); 3 or more muscles
Medicaid/HARP/CHPlus	WNY	63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar
Medicaid/HARP/CHPlus	WNY	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Medicaid/HARP/CHPlus	WNY	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicaid/HARP/CHPlus	WNY	63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar
Medicaid/HARP/CHPlus	WNY	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicaid/HARP/CHPlus	WNY	63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicaid/HARP/CHPlus	WNY	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar
Medicaid/HARP/CHPlus	WNY	92609	Therapeutic services for the use of speech-generating device, including programming and modification
Medicaid/HARP/CHPlus	WNY	92630	Auditory rehabilitation; pre-lingual hearing loss
Medicaid/HARP/CHPlus	WNY	92633	Auditory rehabilitation; post-lingual hearing loss
Medicaid/HARP/CHPlus	WNY	94667	Chest Wall Manipulation, Facilitate Lung Function; Initial Demo &/Or Eval
Medicaid/HARP/CHPlus	WNY	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid/HARP/CHPlus	WNY	94668	Chest Wall Manipulation, Facilitate Lung Function; Subsequent
Medicaid/HARP/CHPlus	WNY	96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurement
Medicaid/HARP/CHPlus	WNY	20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments
Medicaid/HARP/CHPlus	WNY	20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate
Medicaid/HARP/CHPlus	WNY	20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	97012	Application of a modality to 1 or more areas; traction, mechanical
Medicaid/HARP/CHPlus	WNY	97010	Application of a modality to 1 or more areas; hot or cold packs
Medicaid/HARP/CHPlus	WNY	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)

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Medicaid/HARP/CHPlus	WNY	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicaid/HARP/CHPlus	WNY	97018	Application of a modality to 1 or more areas; paraffin bath
Medicaid/HARP/CHPlus	WNY	22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid/HARP/CHPlus	WNY	22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid/HARP/CHPlus	WNY	22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment
Medicaid/HARP/CHPlus	WNY	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
Medicaid/HARP/CHPlus	WNY	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
Medicaid/HARP/CHPlus	WNY	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
Medicaid/HARP/CHPlus	WNY	22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicaid/HARP/CHPlus	WNY	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
Medicaid/HARP/CHPlus	WNY	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
Medicaid/HARP/CHPlus	WNY	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
Medicaid/HARP/CHPlus	WNY	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicaid/HARP/CHPlus	WNY	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid/HARP/CHPlus	WNY	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid/HARP/CHPlus	WNY	97026	Application of a modality to 1 or more areas; infrared
Medicaid/HARP/CHPlus	WNY	22830	Exploration of Spinal Fusion
Medicaid/HARP/CHPlus	WNY	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid/HARP/CHPlus	WNY	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid/HARP/CHPlus	WNY	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid/HARP/CHPlus	WNY	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid/HARP/CHPlus	WNY	22632	Arthrodesis, Post Interbody W/Laminect &/Or Diskect, Prep Interspace, Sngl Intrspc; Add'l Interspc
Medicaid/HARP/CHPlus	WNY	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicaid/HARP/CHPlus	WNY	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicaid/HARP/CHPlus	WNY	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicaid/HARP/CHPlus	WNY	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid/HARP/CHPlus	WNY	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicaid/HARP/CHPlus	WNY	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax
Medicaid/HARP/CHPlus	WNY	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for

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Medicaid/HARP/CHPlus	WNY	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicaid/HARP/CHPlus	WNY	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicaid/HARP/CHPlus	WNY	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Medicaid/HARP/CHPlus	WNY	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi
Medicaid/HARP/CHPlus	WNY	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicaid/HARP/CHPlus	WNY	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Medicaid/HARP/CHPlus	WNY	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicaid/HARP/CHPlus	WNY	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicaid/HARP/CHPlus	WNY	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicaid/HARP/CHPlus	WNY	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
Medicaid/HARP/CHPlus	WNY	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid/HARP/CHPlus	WNY	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid/HARP/CHPlus	WNY	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid/HARP/CHPlus	WNY	97164	Reevaluation of physical therapy established plan of care requiring components
Medicaid/HARP/CHPlus	WNY	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid/HARP/CHPlus	WNY	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid/HARP/CHPlus	WNY	76965	Us Guided, Interstitial Radioelement Application
Medicaid/HARP/CHPlus	WNY	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicaid/HARP/CHPlus	WNY	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
Medicaid/HARP/CHPlus	WNY	77370	Special Medical Radiation Physics Consultation
Medicaid/HARP/CHPlus	WNY	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)

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Medicaid/HARP/CHPlus	WNY	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Medicaid/HARP/CHPlus	WNY	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Medicaid/HARP/CHPlus	WNY	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid/HARP/CHPlus	WNY	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicaid/HARP/CHPlus	WNY	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid/HARP/CHPlus	WNY	77525	Proton Treatment Delivery; Complex
Medicaid/HARP/CHPlus	WNY	77522	Proton Treatment Delivery; Simple W/Compensation
Medicaid/HARP/CHPlus	WNY	77523	Proton Treatment Delivery; Intermediate
Medicaid/HARP/CHPlus	WNY	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid/HARP/CHPlus	WNY	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
Medicaid/HARP/CHPlus	WNY	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
Medicaid/HARP/CHPlus	WNY	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
Medicaid/HARP/CHPlus	WNY	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid/HARP/CHPlus	WNY	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid/HARP/CHPlus	WNY	77790	Supervision, Handling, Loading, Radiation Source
Medicaid/HARP/CHPlus	WNY	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid/HARP/CHPlus	WNY	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Medicaid/HARP/CHPlus	WNY	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
Medicaid/HARP/CHPlus	WNY	97168	Reevaluation of occupational therapy care/established plan of care requiring components
Medicaid/HARP/CHPlus	WNY	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
Medicaid/HARP/CHPlus	WNY	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes

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Medicaid/HARP/CHPlus	WNY	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid/HARP/CHPlus	WNY	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Medicaid/HARP/CHPlus	WNY	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicaid/HARP/CHPlus	WNY	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicaid/HARP/CHPlus	WNY	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
Medicaid/HARP/CHPlus	WNY	G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indicati
Medicaid/HARP/CHPlus	WNY	S8950	Complex Lymphedema Therapy
Medicaid/HARP/CHPlus	WNY	S8990	Physical or manipulative therapy performed for maintenance rather than restoration
Medicaid/HARP/CHPlus	WNY	S8948	Application of a modality (requiring constant provider attendance) to one or
Medicaid/HARP/CHPlus	WNY	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid/HARP/CHPlus	WNY	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
Medicaid/HARP/CHPlus	WNY	S9152	Speech therapy, re-evaluation
Medicaid/HARP/CHPlus	WNY	90901	Biofeedback Training, Any Modality
Medicaid/HARP/CHPlus	WNY	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid/HARP/CHPlus	WNY	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicaid/HARP/CHPlus	WNY	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicaid/HARP/CHPlus	WNY	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicaid/HARP/CHPlus	WNY	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicaid/HARP/CHPlus	WNY	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

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Medicaid/HARP/CHPlus	WNY	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicaid/HARP/CHPlus	WNY	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicaid/HARP/CHPlus	WNY	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid/HARP/CHPlus	WNY	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid/HARP/CHPlus	WNY	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	G0340	Robt lin-radsurg fractx 2-5
Medicaid/HARP/CHPlus	WNY	G0339	Robot lin-radsurg com, first
Medicaid/HARP/CHPlus	WNY	G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste
Medicaid/HARP/CHPlus	WNY	Q3001	Brachytherapy Radioelements
Medicaid/HARP/CHPlus	WNY	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid/HARP/CHPlus	WNY	27120	Acetabuloplasty;
Medicaid/HARP/CHPlus	WNY	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Medicaid/HARP/CHPlus	WNY	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
Medicaid/HARP/CHPlus	WNY	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid/HARP/CHPlus	WNY	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid/HARP/CHPlus	WNY	27280	Arthrodesis, Sacroiliac Joint (Including Obtaining Graft)

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Medicaid/HARP/CHPlus	WNY	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid/HARP/CHPlus	WNY	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicaid/HARP/CHPlus	WNY	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicaid/HARP/CHPlus	WNY	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid/HARP/CHPlus	WNY	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicaid/HARP/CHPlus	WNY	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicaid/HARP/CHPlus	WNY	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid/HARP/CHPlus	WNY	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid/HARP/CHPlus	WNY	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Medicaid/HARP/CHPlus	WNY	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid/HARP/CHPlus	WNY	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid/HARP/CHPlus	WNY	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)
Medicaid/HARP/CHPlus	WNY	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid/HARP/CHPlus	WNY	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
Medicaid/HARP/CHPlus	WNY	22849	Reinsertion, Spinal Fixation Device
Medicaid/HARP/CHPlus	WNY	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v
Medicaid/HARP/CHPlus	WNY	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments

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Medicaid/HARP/CHPlus	WNY	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid/HARP/CHPlus	WNY	27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft
Medicaid/HARP/CHPlus	WNY	27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component
Medicaid/HARP/CHPlus	WNY	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicaid/HARP/CHPlus	WNY	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicaid/HARP/CHPlus	WNY	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicaid/HARP/CHPlus	WNY	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicaid/HARP/CHPlus	WNY	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid/HARP/CHPlus	WNY	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid/HARP/CHPlus	WNY	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid/HARP/CHPlus	WNY	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid/HARP/CHPlus	WNY	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid/HARP/CHPlus	WNY	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid/HARP/CHPlus	WNY	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx

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Medicaid/HARP/CHPlus	WNY	23120	Claviclectomy; Partial
Medicaid/HARP/CHPlus	WNY	23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal
Medicaid/HARP/CHPlus	WNY	23412	Repair, Ruptured Musculotendinous Cuff; Chronic
Medicaid/HARP/CHPlus	WNY	23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
Medicaid/HARP/CHPlus	WNY	23415	Coracoacromial Ligament Release, W/Wo Acromioplasty
Medicaid/HARP/CHPlus	WNY	23430	Tenodesis, Long Tendon, Biceps
Medicaid/HARP/CHPlus	WNY	23440	Resection/Transplantation, Long Tendon, Biceps
Medicaid/HARP/CHPlus	WNY	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid/HARP/CHPlus	WNY	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid/HARP/CHPlus	WNY	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation
Medicaid/HARP/CHPlus	WNY	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid/HARP/CHPlus	WNY	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid/HARP/CHPlus	WNY	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid/HARP/CHPlus	WNY	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid/HARP/CHPlus	WNY	23455	Capsulorrhaphy, Anterior; W/Labral Repair
Medicaid/HARP/CHPlus	WNY	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis])
Medicaid/HARP/CHPlus	WNY	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo
Medicaid/HARP/CHPlus	WNY	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicaid/HARP/CHPlus	WNY	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid/HARP/CHPlus	WNY	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicaid/HARP/CHPlus	WNY	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid/HARP/CHPlus	WNY	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid/HARP/CHPlus	WNY	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid/HARP/CHPlus	WNY	63277	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Extradural, Lumbar
Medicaid/HARP/CHPlus	WNY	63290	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Extradural-Intradural Lesion, Any Level
Medicaid/HARP/CHPlus	WNY	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicaid/HARP/CHPlus	WNY	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid/HARP/CHPlus	WNY	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

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Medicaid/HARP/CHPlus	WNY	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder
Medicaid/HARP/CHPlus	WNY	63045	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Cervical
Medicaid/HARP/CHPlus	WNY	63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg
Medicaid/HARP/CHPlus	WNY	63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment
Medicaid/HARP/CHPlus	WNY	63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment
Medicaid/HARP/CHPlus	WNY	63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment
Medicaid/HARP/CHPlus	WNY	63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment
Medicaid/HARP/CHPlus	WNY	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Medicaid/HARP/CHPlus	WNY	63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment
Medicaid/HARP/CHPlus	WNY	63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment
Medicaid/HARP/CHPlus	WNY	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment
Medicaid/HARP/CHPlus	WNY	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment
Medicaid/HARP/CHPlus	WNY	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid/HARP/CHPlus	WNY	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid/HARP/CHPlus	WNY	63308	Vertebral Corpectomy, Add'l Segment
Medicaid/HARP/CHPlus	WNY	63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach
Medicaid/HARP/CHPlus	WNY	63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid/HARP/CHPlus	WNY	63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach
Medicaid/HARP/CHPlus	WNY	63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach
Medicaid/HARP/CHPlus	WNY	63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical
Medicaid/HARP/CHPlus	WNY	63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicaid/HARP/CHPlus	WNY	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid/HARP/CHPlus	WNY	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Medicaid/HARP/CHPlus	WNY	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid/HARP/CHPlus	WNY	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid/HARP/CHPlus	WNY	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid/HARP/CHPlus	WNY	63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach
Medicaid/HARP/CHPlus	WNY	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block
Medicaid/HARP/CHPlus	WNY	63688	Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver
Medicaid/HARP/CHPlus	WNY	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid/HARP/CHPlus	WNY	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code
Medicaid/HARP/CHPlus	WNY	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Medicaid/HARP/CHPlus	WNY	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint

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Medicaid/HARP/CHPlus	WNY	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid/HARP/CHPlus	WNY	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid/HARP/CHPlus	WNY	77761	Intracavitary Radiation Source Application; Simple
Medicaid/HARP/CHPlus	WNY	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
Medicaid/HARP/CHPlus	WNY	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block
Medicaid/HARP/CHPlus	WNY	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid/HARP/CHPlus	WNY	27125	Hemiarthroplasty, Hip, Partial
Medicaid/HARP/CHPlus	WNY	77778	Interstitial Radioelement Application; Complex
Medicaid/HARP/CHPlus	WNY	77763	Intracavitary Radiation Source Application; Complex
Medicaid/HARP/CHPlus	WNY	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid/HARP/CHPlus	WNY	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicaid/HARP/CHPlus	WNY	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid/HARP/CHPlus	WNY	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid/HARP/CHPlus	WNY	27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb
Medicaid/HARP/CHPlus	WNY	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid/HARP/CHPlus	WNY	27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral
Medicaid/HARP/CHPlus	WNY	27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral
Medicaid/HARP/CHPlus	WNY	27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area
Medicaid/HARP/CHPlus	WNY	27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior
Medicaid/HARP/CHPlus	WNY	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicaid/HARP/CHPlus	WNY	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid/HARP/CHPlus	WNY	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid/HARP/CHPlus	WNY	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization

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Medicaid/HARP/CHPlus	WNY	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicaid/HARP/CHPlus	WNY	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
Medicaid/HARP/CHPlus	WNY	27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component
Medicaid/HARP/CHPlus	WNY	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicaid/HARP/CHPlus	WNY	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicaid/HARP/CHPlus	WNY	27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral
Medicaid/HARP/CHPlus	WNY	27403	Arthrotomy W/Meniscus Repair, Knee
Medicaid/HARP/CHPlus	WNY	27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate
Medicaid/HARP/CHPlus	WNY	27415	Osteochondral allograft, knee, open
Medicaid/HARP/CHPlus	WNY	27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments
Medicaid/HARP/CHPlus	WNY	27412	Autologous Chondrocyte Implantation, Knee
Medicaid/HARP/CHPlus	WNY	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
Medicaid/HARP/CHPlus	WNY	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid/HARP/CHPlus	WNY	27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular
Medicaid/HARP/CHPlus	WNY	27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)
Medicaid/HARP/CHPlus	WNY	27438	Arthroplasty, Patella; W/Prosthesis
Medicaid/HARP/CHPlus	WNY	27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy
Medicaid/HARP/CHPlus	WNY	27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee
Medicaid/HARP/CHPlus	WNY	27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy
Medicaid/HARP/CHPlus	WNY	27440	Arthroplasty, Knee, Tibial Plateau
Medicaid/HARP/CHPlus	WNY	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid/HARP/CHPlus	WNY	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicaid/HARP/CHPlus	WNY	29807	Arthroscopy, Shoulder, Surgical; Repair, Slap Lesion
Medicaid/HARP/CHPlus	WNY	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
Medicaid/HARP/CHPlus	WNY	29805	Arthroscopy, Shoulder, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid/HARP/CHPlus	WNY	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	29825	Arthroscopy, Shoulder, Surgical; W/Lysis & Resection, Adhesions, W/Wo Manipulation
Medicaid/HARP/CHPlus	WNY	29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive
Medicaid/HARP/CHPlus	WNY	29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited
Medicaid/HARP/CHPlus	WNY	29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy W/ Articular Surface
Medicaid/HARP/CHPlus	WNY	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete
Medicaid/HARP/CHPlus	WNY	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial
Medicaid/HARP/CHPlus	WNY	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body
Medicaid/HARP/CHPlus	WNY	29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)

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Medicaid/HARP/CHPlus	WNY	29828	Arthroscopy, shoulder, surgical; biceps tenodesis
Medicaid/HARP/CHPlus	WNY	29827	Arthroscopy, Shoulder, Surgical; W/Rotator Cuff Repair
Medicaid/HARP/CHPlus	WNY	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid/HARP/CHPlus	WNY	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid/HARP/CHPlus	WNY	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid/HARP/CHPlus	WNY	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Medicaid/HARP/CHPlus	WNY	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral
Medicaid/HARP/CHPlus	WNY	29863	Arthroscopy, Hip, Surgical; W/Synovectomy
Medicaid/HARP/CHPlus	WNY	29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum
Medicaid/HARP/CHPlus	WNY	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid/HARP/CHPlus	WNY	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid/HARP/CHPlus	WNY	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid/HARP/CHPlus	WNY	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid/HARP/CHPlus	WNY	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid/HARP/CHPlus	WNY	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid/HARP/CHPlus	WNY	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid/HARP/CHPlus	WNY	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid/HARP/CHPlus	WNY	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid/HARP/CHPlus	WNY	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid/HARP/CHPlus	WNY	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid/HARP/CHPlus	WNY	63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar
Medicaid/HARP/CHPlus	WNY	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid/HARP/CHPlus	WNY	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicaid/HARP/CHPlus	WNY	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicaid/HARP/CHPlus	WNY	29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx
Medicaid/HARP/CHPlus	WNY	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid/HARP/CHPlus	WNY	29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid/HARP/CHPlus	WNY	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid/HARP/CHPlus	WNY	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Dissect, Re-Explor, Sngle Interspc; Lumbar
Medicaid/HARP/CHPlus	WNY	63040	Laminotomy W/Partl Facetectomy/Foramnotmy/Herniated Dissect, Re-Exploratn, Sngle Interspc; Cervical
Medicaid/HARP/CHPlus	WNY	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

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Medicaid/HARP/CHPlus	WNY	63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar
Medicaid/HARP/CHPlus	WNY	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Medicaid/HARP/CHPlus	WNY	63075	Diskectomy, Anterior; Cervical, 1 Interspace
Medicaid/HARP/CHPlus	WNY	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicaid/HARP/CHPlus	WNY	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicaid/HARP/CHPlus	WNY	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicaid/HARP/CHPlus	WNY	63047	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid/HARP/CHPlus	WNY	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicaid/HARP/CHPlus	WNY	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
Medicaid/HARP/CHPlus	WNY	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar
Medicaid/HARP/CHPlus	WNY	63076	Diskectomy, Anterior; Cervical, Add'l Interspace
Medicaid/HARP/CHPlus	WNY	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid/HARP/CHPlus	WNY	63015	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Cervical
Medicaid/HARP/CHPlus	WNY	63001	Laminectomy, W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Cervical
Medicaid/HARP/CHPlus	WNY	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements
Medicaid/HARP/CHPlus	WNY	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
Medicaid/HARP/CHPlus	WNY	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid/HARP/CHPlus	WNY	90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
Medicaid/HARP/CHPlus	WNY	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicaid/HARP/CHPlus	WNY	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicaid/HARP/CHPlus	WNY	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid/HARP/CHPlus	WNY	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicaid/HARP/CHPlus	WNY	97028	Application of a modality to 1 or more areas; ultraviolet
Medicaid/HARP/CHPlus	WNY	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicaid/HARP/CHPlus	WNY	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)
Medicaid/HARP/CHPlus	WNY	20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	97022	Application of a modality to 1 or more areas; whirlpool
Medicaid/HARP/CHPlus	WNY	92606	Therapeutic Service(S), Use Non-Speech Generatiing Device, W/Programming & Modification
Medicaid/HARP/CHPlus	WNY	0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
Medicaid/HARP/CHPlus	WNY	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid/HARP/CHPlus	WNY	23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute
Medicaid/HARP/CHPlus	WNY	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
Medicaid/HARP/CHPlus	WNY	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid/HARP/CHPlus	WNY	63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment
Medicaid/HARP/CHPlus	WNY	63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical
Medicaid/HARP/CHPlus	WNY	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid/HARP/CHPlus	WNY	90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or
Medicaid/HARP/CHPlus	WNY	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
Medicaid/HARP/CHPlus	WNY	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid/HARP/CHPlus	WNY	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid/HARP/CHPlus	WNY	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid/HARP/CHPlus	WNY	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid/HARP/CHPlus	WNY	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
Medicaid/HARP/CHPlus	WNY	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
Medicaid/HARP/CHPlus	WNY	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
Medicaid/HARP/CHPlus	WNY	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicaid/HARP/CHPlus	WNY	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid/HARP/CHPlus	WNY	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)
Medicaid/HARP/CHPlus	WNY	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid/HARP/CHPlus	WNY	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid/HARP/CHPlus	WNY	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid/HARP/CHPlus	WNY	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar
Medicaid/HARP/CHPlus	WNY	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicaid/HARP/CHPlus	WNY	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	29819	Arthroscopy, Shoulder, Surgical; W/Removal, Loose/Fb
Medicaid/HARP/CHPlus	WNY	23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer
Medicaid/HARP/CHPlus	WNY	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid/HARP/CHPlus	WNY	63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment
Medicaid/HARP/CHPlus	WNY	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
Medicaid/HARP/CHPlus	WNY	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotom
Medicaid/HARP/CHPlus	WNY	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
Medicaid/HARP/CHPlus	WNY	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decomp
Medicaid/HARP/CHPlus	WNY	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid/HARP/CHPlus	WNY	27345	Excision, Synovial Cyst, Popliteal Space
Medicaid/HARP/CHPlus	WNY	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid/HARP/CHPlus	WNY	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicaid/HARP/CHPlus	WNY	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Medicaid/HARP/CHPlus	WNY	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicaid/HARP/CHPlus	WNY	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicaid/HARP/CHPlus	WNY	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
Medicaid/HARP/CHPlus	WNY	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate
Medicaid/HARP/CHPlus	WNY	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid/HARP/CHPlus	WNY	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid/HARP/CHPlus	WNY	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid/HARP/CHPlus	WNY	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid/HARP/CHPlus	WNY	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid/HARP/CHPlus	WNY	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid/HARP/CHPlus	WNY	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid/HARP/CHPlus	WNY	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid/HARP/CHPlus	WNY	70450	Ct Scan, Head/Brain; W/O Contrast Matl

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	70336	Mri, Temporomandibular Joints
Medicaid/HARP/CHPlus	WNY	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid/HARP/CHPlus	WNY	70545	Mra, Head; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid/HARP/CHPlus	WNY	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid/HARP/CHPlus	WNY	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid/HARP/CHPlus	WNY	72125	Computed tomography, cervical spine; without contrast material
Medicaid/HARP/CHPlus	WNY	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid/HARP/CHPlus	WNY	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid/HARP/CHPlus	WNY	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	70552	Mri, Brain; W/Contrast
Medicaid/HARP/CHPlus	WNY	70551	Mri, Brain; W/O Contrast
Medicaid/HARP/CHPlus	WNY	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid/HARP/CHPlus	WNY	72131	Computed tomography, lumbar spine; without contrast material
Medicaid/HARP/CHPlus	WNY	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid/HARP/CHPlus	WNY	72128	Computed tomography, thoracic spine; without contrast material
Medicaid/HARP/CHPlus	WNY	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid/HARP/CHPlus	WNY	72129	Computed tomography, thoracic spine; with contrast material
Medicaid/HARP/CHPlus	WNY	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid/HARP/CHPlus	WNY	72147	Mri, Thoracic Spine; W/Contrast
Medicaid/HARP/CHPlus	WNY	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid/HARP/CHPlus	WNY	72142	Mri, Cervical Spine; W/Contrast
Medicaid/HARP/CHPlus	WNY	72141	Mri, Cervical Spine; W/O Contrast
Medicaid/HARP/CHPlus	WNY	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid/HARP/CHPlus	WNY	72132	Computed tomography, lumbar spine; with contrast material
Medicaid/HARP/CHPlus	WNY	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid/HARP/CHPlus	WNY	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid/HARP/CHPlus	WNY	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid/HARP/CHPlus	WNY	72159	Mra, Spine W/Wo Contrast
Medicaid/HARP/CHPlus	WNY	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid/HARP/CHPlus	WNY	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid/HARP/CHPlus	WNY	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid/HARP/CHPlus	WNY	72193	Ct Scan, Pelvis; W/Contrast
Medicaid/HARP/CHPlus	WNY	72195	Mri, Pelvis; W/O Contrast Matl(S)

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid/HARP/CHPlus	WNY	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid/HARP/CHPlus	WNY	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid/HARP/CHPlus	WNY	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid/HARP/CHPlus	WNY	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid/HARP/CHPlus	WNY	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid/HARP/CHPlus	WNY	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid/HARP/CHPlus	WNY	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid/HARP/CHPlus	WNY	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid/HARP/CHPlus	WNY	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid/HARP/CHPlus	WNY	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid/HARP/CHPlus	WNY	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid/HARP/CHPlus	WNY	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid/HARP/CHPlus	WNY	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid/HARP/CHPlus	WNY	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid/HARP/CHPlus	WNY	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid/HARP/CHPlus	WNY	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid/HARP/CHPlus	WNY	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid/HARP/CHPlus	WNY	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid/HARP/CHPlus	WNY	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid/HARP/CHPlus	WNY	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid/HARP/CHPlus	WNY	74185	Mra, Abdomen, W/Wo Contrast
Medicaid/HARP/CHPlus	WNY	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid/HARP/CHPlus	WNY	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid/HARP/CHPlus	WNY	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid/HARP/CHPlus	WNY	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicaid/HARP/CHPlus	WNY	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid/HARP/CHPlus	WNY	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid/HARP/CHPlus	WNY	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid/HARP/CHPlus	WNY	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid/HARP/CHPlus	WNY	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid/HARP/CHPlus	WNY	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid/HARP/CHPlus	WNY	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid/HARP/CHPlus	WNY	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid/HARP/CHPlus	WNY	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid/HARP/CHPlus	WNY	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid/HARP/CHPlus	WNY	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid/HARP/CHPlus	WNY	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid/HARP/CHPlus	WNY	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid/HARP/CHPlus	WNY	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid/HARP/CHPlus	WNY	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid/HARP/CHPlus	WNY	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid/HARP/CHPlus	WNY	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid/HARP/CHPlus	WNY	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid/HARP/CHPlus	WNY	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid/HARP/CHPlus	WNY	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid/HARP/CHPlus	WNY	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicaid/HARP/CHPlus	WNY	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid/HARP/CHPlus	WNY	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicaid/HARP/CHPlus	WNY	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid/HARP/CHPlus	WNY	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including
Medicaid/HARP/CHPlus	WNY	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol
Medicaid/HARP/CHPlus	WNY	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid/HARP/CHPlus	WNY	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid/HARP/CHPlus	WNY	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid/HARP/CHPlus	WNY	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid/HARP/CHPlus	WNY	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
Medicaid/HARP/CHPlus	WNY	78813	Positron emission tomography (PET) imaging; whole body

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Medicaid/HARP/CHPlus	WNY	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid/HARP/CHPlus	WNY	76390	Mr Spectroscopy
Medicaid/HARP/CHPlus	WNY	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid/HARP/CHPlus	WNY	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.
Medicaid/HARP/CHPlus	WNY	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicaid/HARP/CHPlus	WNY	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid/HARP/CHPlus	WNY	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid/HARP/CHPlus	WNY	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicaid/HARP/CHPlus	WNY	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid/HARP/CHPlus	WNY	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid/HARP/CHPlus	WNY	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid/HARP/CHPlus	WNY	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid/HARP/CHPlus	WNY	72149	Mri, Lumbar Spine; W/Contrast
Medicaid/HARP/CHPlus	WNY	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	72198	Mra, Pelvis, W/Wo Contrast
Medicaid/HARP/CHPlus	WNY	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid/HARP/CHPlus	WNY	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid/HARP/CHPlus	WNY	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
Medicaid/HARP/CHPlus	WNY	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicaid/HARP/CHPlus	WNY	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid/HARP/CHPlus	WNY	72126	Computed tomography, cervical spine; with contrast material
Medicaid/HARP/CHPlus	WNY	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid/HARP/CHPlus	WNY	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid/HARP/CHPlus	WNY	J0275	Alprostadiil Urethral Suppos
Medicaid/HARP/CHPlus	WNY	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid/HARP/CHPlus	WNY	E2513	Accessory for speech generating device, electromyographic sensor
Medicaid/HARP/CHPlus	WNY	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
Medicaid/HARP/CHPlus	WNY	43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed
Medicaid/HARP/CHPlus	WNY	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid/HARP/CHPlus	WNY	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid/HARP/CHPlus	WNY	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
Medicaid/HARP/CHPlus	WNY	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicaid/HARP/CHPlus	WNY	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
Medicaid/HARP/CHPlus	WNY	S3850	Genetic testing for sickle cell anemia
Medicaid/HARP/CHPlus	WNY	G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate
Medicaid/HARP/CHPlus	WNY	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicaid/HARP/CHPlus	WNY	21137	Reduction Forehead; Contouring Only
Medicaid/HARP/CHPlus	WNY	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
Medicaid/HARP/CHPlus	WNY	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid/HARP/CHPlus	WNY	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware
Medicaid/HARP/CHPlus	WNY	E1295	Wheelchair Heavy Duty Fixed
Medicaid/HARP/CHPlus	WNY	E1050	Wheelchr Fxd Full Length Arms
Medicaid/HARP/CHPlus	WNY	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid/HARP/CHPlus	WNY	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid/HARP/CHPlus	WNY	E0294	Hosp Bed Semi-Elect W/ Mattr
Medicaid/HARP/CHPlus	WNY	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress
Medicaid/HARP/CHPlus	WNY	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid/HARP/CHPlus	WNY	A0430	Fixed Wing Air Transport
Medicaid/HARP/CHPlus	WNY	L8679	Implantable neurostimulator, pulse generator, any type
Medicaid/HARP/CHPlus	WNY	L8680	Implantable neurostimulator electrode, each
Medicaid/HARP/CHPlus	WNY	K0005	Ultralightweight Wheelchair
Medicaid/HARP/CHPlus	WNY	K0008	Custom manual wheelchair/base
Medicaid/HARP/CHPlus	WNY	S5161	Emergency Response System, Service Fee Per Month
Medicaid/HARP/CHPlus	WNY	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15
Medicaid/HARP/CHPlus	WNY	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid/HARP/CHPlus	WNY	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid/HARP/CHPlus	WNY	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid/HARP/CHPlus	WNY	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicaid/HARP/CHPlus	WNY	E2616	Pos back post/lat width>=22in
Medicaid/HARP/CHPlus	WNY	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid/HARP/CHPlus	WNY	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid/HARP/CHPlus	WNY	L5590	Prep Ak Ischial Laminated
Medicaid/HARP/CHPlus	WNY	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Medicaid/HARP/CHPlus	WNY	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an

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Medicaid/HARP/CHPlus	WNY	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicaid/HARP/CHPlus	WNY	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
Medicaid/HARP/CHPlus	WNY	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each
Medicaid/HARP/CHPlus	WNY	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft
Medicaid/HARP/CHPlus	WNY	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid/HARP/CHPlus	WNY	L6935	Below Elbow Myoelectronic Ct
Medicaid/HARP/CHPlus	WNY	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicaid/HARP/CHPlus	WNY	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
Medicaid/HARP/CHPlus	WNY	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor
Medicaid/HARP/CHPlus	WNY	19350	Nipple/Areola Reconstruction
Medicaid/HARP/CHPlus	WNY	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicaid/HARP/CHPlus	WNY	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicaid/HARP/CHPlus	WNY	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status
Medicaid/HARP/CHPlus	WNY	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
Medicaid/HARP/CHPlus	WNY	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid/HARP/CHPlus	WNY	Q4309	VIA Matrix, per sq cm
Medicaid/HARP/CHPlus	WNY	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid/HARP/CHPlus	WNY	J2350	Injection, ocrelizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
Medicaid/HARP/CHPlus	WNY	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid/HARP/CHPlus	WNY	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicaid/HARP/CHPlus	WNY	J1595	Injection, glatiramer acetate, 20 mg
Medicaid/HARP/CHPlus	WNY	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg
Medicaid/HARP/CHPlus	WNY	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
Medicaid/HARP/CHPlus	WNY	J0179	Injection, brolocizumab-dbl, 1 mg
Medicaid/HARP/CHPlus	WNY	J9305	Pemetrexed injection
Medicaid/HARP/CHPlus	WNY	J9312	Injection, rituximab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9330	Injection, temsirolimus, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid/HARP/CHPlus	WNY	S2340	Chemodenervation Of Abductor
Medicaid/HARP/CHPlus	WNY	S2060	Lobar Lung Transplantation
Medicaid/HARP/CHPlus	WNY	J9032	Injection, belinostat, 10 mg
Medicaid/HARP/CHPlus	WNY	J1632	Injection, brexanolone, 1 mg
Medicaid/HARP/CHPlus	WNY	J7205	Injection, factor viii fc fusion (recombinant), per iu

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Medicaid/HARP/CHPlus	WNY	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
Medicaid/HARP/CHPlus	WNY	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicaid/HARP/CHPlus	WNY	J1073	Testosterone pellet, implant, 75 mg
Medicaid/HARP/CHPlus	WNY	J9256	Injection, nipocalimab-aahu, 3 mg
Medicaid/HARP/CHPlus	WNY	G0176	Opps/Php;Activity Therapy
Medicaid/HARP/CHPlus	WNY	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicaid/HARP/CHPlus	WNY	J0485	Injection, belatacept, 1 mg
Medicaid/HARP/CHPlus	WNY	J0517	Injection, benralizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	64740	Transection/Avulsion; Lingual Nerve
Medicaid/HARP/CHPlus	WNY	J0180	Agalsidase beta injection
Medicaid/HARP/CHPlus	WNY	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicaid/HARP/CHPlus	WNY	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid/HARP/CHPlus	WNY	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
Medicaid/HARP/CHPlus	WNY	J9022	Injection, atezolizumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9035	Bevacizumab injection
Medicaid/HARP/CHPlus	WNY	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
Medicaid/HARP/CHPlus	WNY	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal $5 \times 10^9$ pfu/ml vector genomes, per 0.1 ml
Medicaid/HARP/CHPlus	WNY	J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0
Medicaid/HARP/CHPlus	WNY	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RC0
Medicaid/HARP/CHPlus	WNY	J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
Medicaid/HARP/CHPlus	WNY	J1743	Injection, idursulfase, 1 mg
Medicaid/HARP/CHPlus	WNY	J2502	Injection, pasireotide long acting, 1 mg
Medicaid/HARP/CHPlus	WNY	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid/HARP/CHPlus	WNY	J1438	Etanercept Injection
Medicaid/HARP/CHPlus	WNY	J0224	Injection, lumasiran, 0.5 m
Medicaid/HARP/CHPlus	WNY	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicaid/HARP/CHPlus	WNY	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Medicaid/HARP/CHPlus	WNY	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid/HARP/CHPlus	WNY	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid/HARP/CHPlus	WNY	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid/HARP/CHPlus	WNY	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicaid/HARP/CHPlus	WNY	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid/HARP/CHPlus	WNY	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid/HARP/CHPlus	WNY	E2605	Position wc cush wth <22 in
Medicaid/HARP/CHPlus	WNY	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid/HARP/CHPlus	WNY	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid/HARP/CHPlus	WNY	E2291	Planar back for ped size wc

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	E1190	Wheelchair Amputee W/ Leg Re
Medicaid/HARP/CHPlus	WNY	E1224	Wheelchair Spec Size W/ Leg
Medicaid/HARP/CHPlus	WNY	E1285	Wheelchair Heavy Duty Fixed
Medicaid/HARP/CHPlus	WNY	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
Medicaid/HARP/CHPlus	WNY	99511	Home Visit, Fecal Impaction Management & Enema Administration
Medicaid/HARP/CHPlus	WNY	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
Medicaid/HARP/CHPlus	WNY	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicaid/HARP/CHPlus	WNY	S5102	Day Care Services, Adult, Per Diem
Medicaid/HARP/CHPlus	WNY	T2027	Specialized childcare, waiver; per 15 minutes
Medicaid/HARP/CHPlus	WNY	L5700	Replace Socket Below Knee
Medicaid/HARP/CHPlus	WNY	L5100	Molded Socket Shin Sach Foot
Medicaid/HARP/CHPlus	WNY	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid/HARP/CHPlus	WNY	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid/HARP/CHPlus	WNY	L6945	Elbow Disart Myoelectronic C
Medicaid/HARP/CHPlus	WNY	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid/HARP/CHPlus	WNY	17380	Electrolysis epilation, each 30 minutes
Medicaid/HARP/CHPlus	WNY	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid/HARP/CHPlus	WNY	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid/HARP/CHPlus	WNY	48554	Transplantation, Pancreatic Allograft
Medicaid/HARP/CHPlus	WNY	55881	Transurethral ablation of prostate tissue, using thermal ultrasound
Medicaid/HARP/CHPlus	WNY	50365	Renal Allograft Transplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid/HARP/CHPlus	WNY	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid/HARP/CHPlus	WNY	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
Medicaid/HARP/CHPlus	WNY	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
Medicaid/HARP/CHPlus	WNY	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
Medicaid/HARP/CHPlus	WNY	81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid/HARP/CHPlus	WNY	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
Medicaid/HARP/CHPlus	WNY	A7037	Tubing Used With Positive Airway Pressure Device
Medicaid/HARP/CHPlus	WNY	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
Medicaid/HARP/CHPlus	WNY	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid/HARP/CHPlus	WNY	Q5009	Hospice or home health care provided in place not otherwise specified (nos)
Medicaid/HARP/CHPlus	WNY	B4199	Parenteral Sol > 100gm Prote
Medicaid/HARP/CHPlus	WNY	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride

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Medicaid/HARP/CHPlus	WNY	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid/HARP/CHPlus	WNY	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
Medicaid/HARP/CHPlus	WNY	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid/HARP/CHPlus	WNY	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid/HARP/CHPlus	WNY	36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
Medicaid/HARP/CHPlus	WNY	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid/HARP/CHPlus	WNY	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid/HARP/CHPlus	WNY	J0013	Esketamine, nasal spray, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg
Medicaid/HARP/CHPlus	WNY	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid/HARP/CHPlus	WNY	J0222	Injection, Patisiran, 0.1 mg
Medicaid/HARP/CHPlus	WNY	64866	Anastomosis; Facial-Spinal Accessory
Medicaid/HARP/CHPlus	WNY	64868	Anastomosis; Facial-Hypoglossal
Medicaid/HARP/CHPlus	WNY	J0225	Injection, vutrisiran, 1 mg
Medicaid/HARP/CHPlus	WNY	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid/HARP/CHPlus	WNY	J7175	Injection, factor x, (human), 1 i.u.
Medicaid/HARP/CHPlus	WNY	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
Medicaid/HARP/CHPlus	WNY	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU
Medicaid/HARP/CHPlus	WNY	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
Medicaid/HARP/CHPlus	WNY	J3245	Injection, tildrakizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid/HARP/CHPlus	WNY	J1931	Laronidase injection
Medicaid/HARP/CHPlus	WNY	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
Medicaid/HARP/CHPlus	WNY	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Medicaid/HARP/CHPlus	WNY	S2054	Transplantation Of Multivisc
Medicaid/HARP/CHPlus	WNY	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicaid/HARP/CHPlus	WNY	J9039	Injection, blinatumomab, 1 microgram
Medicaid/HARP/CHPlus	WNY	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid/HARP/CHPlus	WNY	38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition
Medicaid/HARP/CHPlus	WNY	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicaid/HARP/CHPlus	WNY	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicaid/HARP/CHPlus	WNY	19364	Breast Reconstruction W/Free Flap
Medicaid/HARP/CHPlus	WNY	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid/HARP/CHPlus	WNY	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid/HARP/CHPlus	WNY	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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Medicaid/HARP/CHPlus	WNY	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13
Medicaid/HARP/CHPlus	WNY	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicaid/HARP/CHPlus	WNY	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid/HARP/CHPlus	WNY	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid/HARP/CHPlus	WNY	A7028	Oral cushion for combination oral/nasal mask, replacement only, each
Medicaid/HARP/CHPlus	WNY	A7032	Cushion for use on nasal mask interface, replacement only, each
Medicaid/HARP/CHPlus	WNY	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid/HARP/CHPlus	WNY	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
Medicaid/HARP/CHPlus	WNY	Q5002	Hospice or home health care provided in assisted living facility
Medicaid/HARP/CHPlus	WNY	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In
Medicaid/HARP/CHPlus	WNY	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid/HARP/CHPlus	WNY	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid/HARP/CHPlus	WNY	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid/HARP/CHPlus	WNY	E0692	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid/HARP/CHPlus	WNY	A4575	Hyperbaric O2 Chamber Disps
Medicaid/HARP/CHPlus	WNY	E2609	Custom fabricate w/c cushion
Medicaid/HARP/CHPlus	WNY	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid/HARP/CHPlus	WNY	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid/HARP/CHPlus	WNY	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid/HARP/CHPlus	WNY	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicaid/HARP/CHPlus	WNY	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid/HARP/CHPlus	WNY	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicaid/HARP/CHPlus	WNY	E0980	Wheelchair Safety Vest
Medicaid/HARP/CHPlus	WNY	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid/HARP/CHPlus	WNY	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence

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Medicaid/HARP/CHPlus	WNY	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
Medicaid/HARP/CHPlus	WNY	J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a
Medicaid/HARP/CHPlus	WNY	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a
Medicaid/HARP/CHPlus	WNY	77605	Hyperthermia, Externally Generated; Deep
Medicaid/HARP/CHPlus	WNY	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
Medicaid/HARP/CHPlus	WNY	J9285	Injection, olaratumab, 10 mg
Medicaid/HARP/CHPlus	WNY	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
Medicaid/HARP/CHPlus	WNY	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	L7902	Tension ring, for vacuum erection device, any type, replacement only, each
Medicaid/HARP/CHPlus	WNY	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Medicaid/HARP/CHPlus	WNY	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
Medicaid/HARP/CHPlus	WNY	Q0515	Injection, sermorelin acetate, 1 mcg
Medicaid/HARP/CHPlus	WNY	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid/HARP/CHPlus	WNY	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicaid/HARP/CHPlus	WNY	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
Medicaid/HARP/CHPlus	WNY	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	S5130	Homemaker Service, NOS, Per 15 Minutes
Medicaid/HARP/CHPlus	WNY	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Medicaid/HARP/CHPlus	WNY	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicaid/HARP/CHPlus	WNY	J8655	Netupitant 300 mg and palonosetron 0.5 mg, oral
Medicaid/HARP/CHPlus	WNY	S5136	Companion Care, Adult, Per Diem

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
Medicaid/HARP/CHPlus	WNY	J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg
Medicaid/HARP/CHPlus	WNY	T1020	Personal Care Services, Per Diem, Not For An Inpatient Or Resident Of
Medicaid/HARP/CHPlus	WNY	T2034	Crisis intervention, waiver; per diem
Medicaid/HARP/CHPlus	WNY	L6100	Elb Mold Sock Flex Hinge Pad
Medicaid/HARP/CHPlus	WNY	E0942	Cervical Head Harness/Halter
Medicaid/HARP/CHPlus	WNY	J2440	Papaverin Hcl Injection
Medicaid/HARP/CHPlus	WNY	J2760	Phentolaine Mesylate Inj
Medicaid/HARP/CHPlus	WNY	J9326	Injection, telisotuzumab vedotin-tllv, 1 mg
Medicaid/HARP/CHPlus	WNY	C9307	Injection, livoseltamab-gcpt, 1 mg
Medicaid/HARP/CHPlus	WNY	J2797	Injection, rolapitant, 0.5 mg
Medicaid/HARP/CHPlus	WNY	L7900	Vacuum Erection System
Medicaid/HARP/CHPlus	WNY	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid/HARP/CHPlus	WNY	J9282	Mitomycin, intravesical instillation, 1 mg
Medicaid/HARP/CHPlus	WNY	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid/HARP/CHPlus	WNY	Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg
Medicaid/HARP/CHPlus	WNY	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
Medicaid/HARP/CHPlus	WNY	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
Medicaid/HARP/CHPlus	WNY	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Medicaid/HARP/CHPlus	WNY	E1037	Transport Chair, Pediatric Size
Medicaid/HARP/CHPlus	WNY	J7199	Hemophilia Clot Factor Noc
Medicaid/HARP/CHPlus	WNY	J3590	Unclassified Biologics
Medicaid/HARP/CHPlus	WNY	J9999	NOC, antineoplastic drug
Medicaid/HARP/CHPlus	WNY	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	C9399	Unclassified Drugs Or Biologicals
Medicaid/HARP/CHPlus	WNY	J3490	Unclassified drugs
Medicaid/HARP/CHPlus	WNY	L8600	Implant Breast Silicone/Eq
Medicaid/HARP/CHPlus	WNY	C1813	Prosthesis, penile, inflatable
Medicaid/HARP/CHPlus	WNY	C2622	Prosthesis, penile, noninflatable
Medicaid/HARP/CHPlus	WNY	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)
Medicaid/HARP/CHPlus	WNY	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an
Medicaid/HARP/CHPlus	WNY	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
Medicaid/HARP/CHPlus	WNY	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)

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Medicaid/HARP/CHPlus	WNY	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
Medicaid/HARP/CHPlus	WNY	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid/HARP/CHPlus	WNY	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicaid/HARP/CHPlus	WNY	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid/HARP/CHPlus	WNY	30999	Unlisted Proc, Nose
Medicaid/HARP/CHPlus	WNY	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid/HARP/CHPlus	WNY	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Medicaid/HARP/CHPlus	WNY	Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg
Medicaid/HARP/CHPlus	WNY	42145	Palatopharyngoplasty
Medicaid/HARP/CHPlus	WNY	J0177	Injection, aflibercept HD, 1 mg
Medicaid/HARP/CHPlus	WNY	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid/HARP/CHPlus	WNY	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
Medicaid/HARP/CHPlus	WNY	J1203	Injection, cipaglucoisidase alfa-atga, 5 mg
Medicaid/HARP/CHPlus	WNY	J1323	Injection, elranatamab-bcmm, 1 mg
Medicaid/HARP/CHPlus	WNY	J2277	Injection, motixafortide, 0.25 mg
Medicaid/HARP/CHPlus	WNY	J2782	Injection, avacincaptad pegol, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J3055	Injection, talquetamab-tgvs, 0.25 mg
Medicaid/HARP/CHPlus	WNY	J7353	Anacaulase-bcdb, 8.8% gel, 1 gm
Medicaid/HARP/CHPlus	WNY	J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Medicaid/HARP/CHPlus	WNY	J9376	Injection, pozelimab-bbfg, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
Medicaid/HARP/CHPlus	WNY	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicaid/HARP/CHPlus	WNY	J3247	Injection, secukinumab, IV, 1 mg
Medicaid/HARP/CHPlus	WNY	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid/HARP/CHPlus	WNY	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid/HARP/CHPlus	WNY	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid/HARP/CHPlus	WNY	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
Medicaid/HARP/CHPlus	WNY	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
Medicaid/HARP/CHPlus	WNY	30117	Excision/Destruction, Intranasal Lesion; Int Approach
Medicaid/HARP/CHPlus	WNY	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Medicaid/HARP/CHPlus	WNY	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicaid/HARP/CHPlus	WNY	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Medicaid/HARP/CHPlus	WNY	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Medicaid/HARP/CHPlus	WNY	Q5130	Injection, pegfilgrastim-pbbk (flyneta), biosimilar, 0.5 mg
Medicaid/HARP/CHPlus	WNY	S0155	Sterile dilutant for epoprostenol, 50 ml
Medicaid/HARP/CHPlus	WNY	S2341	Chemodenervation of adductor muscle(s) of vocal cord
Medicaid/HARP/CHPlus	WNY	S9338	Home infusion therapy, immunotherapy therapy
Medicaid/HARP/CHPlus	WNY	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g., Epoprostenol)
Medicaid/HARP/CHPlus	WNY	S9559	Home injectable therapy; interferon
Medicaid/HARP/CHPlus	WNY	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service
Medicaid/HARP/CHPlus	WNY	S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab)
Medicaid/HARP/CHPlus	WNY	S9558	Home injectable therapy; growth hormone,
Medicaid/HARP/CHPlus	WNY	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg

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Medicaid/HARP/CHPlus	WNY	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid/HARP/CHPlus	WNY	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid/HARP/CHPlus	WNY	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
Medicaid/HARP/CHPlus	WNY	J9395	Injection, fulvestrant, 25 mg
Medicaid/HARP/CHPlus	WNY	Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)
Medicaid/HARP/CHPlus	WNY	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures
Medicaid/HARP/CHPlus	WNY	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid/HARP/CHPlus	WNY	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid/HARP/CHPlus	WNY	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid/HARP/CHPlus	WNY	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Medicaid/HARP/CHPlus	WNY	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Medicaid/HARP/CHPlus	WNY	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up
Medicaid/HARP/CHPlus	WNY	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid/HARP/CHPlus	WNY	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid/HARP/CHPlus	WNY	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid/HARP/CHPlus	WNY	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
Medicaid/HARP/CHPlus	WNY	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicaid/HARP/CHPlus	WNY	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Medicaid/HARP/CHPlus	WNY	Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Medicaid/HARP/CHPlus	WNY	Q5123	Injection, rituximab-arx, biosimilar, (riabni), 10 m
Medicaid/HARP/CHPlus	WNY	Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Medicaid/HARP/CHPlus	WNY	Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg
Medicaid/HARP/CHPlus	WNY	J9227	Injection, isatuximab-irfc, 10 mg
Medicaid/HARP/CHPlus	WNY	J9228	Injection, ipilimumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicaid/HARP/CHPlus	WNY	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid/HARP/CHPlus	WNY	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid/HARP/CHPlus	WNY	J9271	Injection, pembrolizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J9272	Injection, dostarlimab-gxly, 10 mg
Medicaid/HARP/CHPlus	WNY	J9273	Injection, tisotumab vedotin-tftv, 1 mg
Medicaid/HARP/CHPlus	WNY	J9266	Injection, pegaspargase, per single dose vial
Medicaid/HARP/CHPlus	WNY	J9286	Injection, glofitamab-gxbl, 2.5 mg

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Medicaid/HARP/CHPlus	WNY	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid/HARP/CHPlus	WNY	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicaid/HARP/CHPlus	WNY	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicaid/HARP/CHPlus	WNY	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicaid/HARP/CHPlus	WNY	J9299	Injection, nivolumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J9301	Injection, obinutuzumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9302	Injection, ofatumumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9303	Injection, panitumumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicaid/HARP/CHPlus	WNY	J9306	Injection, pertuzumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J9308	Injection, ramucirumab, 5 mg
Medicaid/HARP/CHPlus	WNY	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid/HARP/CHPlus	WNY	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicaid/HARP/CHPlus	WNY	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid/HARP/CHPlus	WNY	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicaid/HARP/CHPlus	WNY	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid/HARP/CHPlus	WNY	J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
Medicaid/HARP/CHPlus	WNY	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid/HARP/CHPlus	WNY	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
Medicaid/HARP/CHPlus	WNY	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
Medicaid/HARP/CHPlus	WNY	J9331	Injection, sirolimus protein-bound particles, 1 mg
Medicaid/HARP/CHPlus	WNY	J9332	Injection, efgartigimod alfa-fcab, 2mg
Medicaid/HARP/CHPlus	WNY	J9333	Injection, rozanolixizumab-noli, 1 mg
Medicaid/HARP/CHPlus	WNY	J9345	Injection, retifanlimab-dlwr, 1 mg
Medicaid/HARP/CHPlus	WNY	J9349	Injection, tafasitamab-cxix, 2 mg
Medicaid/HARP/CHPlus	WNY	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid/HARP/CHPlus	WNY	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid/HARP/CHPlus	WNY	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid/HARP/CHPlus	WNY	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
Medicaid/HARP/CHPlus	WNY	J9055	Cetuximab injection
Medicaid/HARP/CHPlus	WNY	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicaid/HARP/CHPlus	WNY	J9057	Injection, copanlisib, 1 mg
Medicaid/HARP/CHPlus	WNY	J9047	Injection, carfilzomib, 1 mg
Medicaid/HARP/CHPlus	WNY	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicaid/HARP/CHPlus	WNY	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicaid/HARP/CHPlus	WNY	J9061	Injection, amivantamab-vmjw, 2 mg
Medicaid/HARP/CHPlus	WNY	J9173	Injection, durvalumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9176	Injection, elotuzumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
Medicaid/HARP/CHPlus	WNY	J9145	Injection, daratumumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9207	Injection, ixabepilone, 1 mg
Medicaid/HARP/CHPlus	WNY	J9210	Injection, emapalumab-lzsg, 1 mg
Medicaid/HARP/CHPlus	WNY	J9177	Injection, enfortumab vedotin-efv, 0.25 mg
Medicaid/HARP/CHPlus	WNY	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J9223	Injection, lurbinectedin, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J9216	Injection, interferon, gamma-1B, 3 million units
Medicaid/HARP/CHPlus	WNY	S2080	Laser-assisted uvulopalatoplasty (LAUP)
Medicaid/HARP/CHPlus	WNY	J9015	Injection, aldesleukin, per single use vial
Medicaid/HARP/CHPlus	WNY	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicaid/HARP/CHPlus	WNY	J9023	Injection, avelumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid/HARP/CHPlus	WNY	J9042	Injection, brentuximab vedotin, 1 mg

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Medicaid/HARP/CHPlus	WNY	J9043	Injection, cabazitaxel, 1 mg
Medicaid/HARP/CHPlus	WNY	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Medicaid/HARP/CHPlus	WNY	J7352	Afamelanotide implant, 1 mg
Medicaid/HARP/CHPlus	WNY	S2053	Transplantation Of Small Int
Medicaid/HARP/CHPlus	WNY	J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
Medicaid/HARP/CHPlus	WNY	S2065	Simultaneous pancreas kidney transplantation
Medicaid/HARP/CHPlus	WNY	S2061	Donor Lobectomy (Lung)
Medicaid/HARP/CHPlus	WNY	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicaid/HARP/CHPlus	WNY	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid/HARP/CHPlus	WNY	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid/HARP/CHPlus	WNY	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicaid/HARP/CHPlus	WNY	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicaid/HARP/CHPlus	WNY	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Medicaid/HARP/CHPlus	WNY	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
Medicaid/HARP/CHPlus	WNY	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Medicaid/HARP/CHPlus	WNY	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
Medicaid/HARP/CHPlus	WNY	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Medicaid/HARP/CHPlus	WNY	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU
Medicaid/HARP/CHPlus	WNY	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicaid/HARP/CHPlus	WNY	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.
Medicaid/HARP/CHPlus	WNY	J7190	Factor Viii
Medicaid/HARP/CHPlus	WNY	J7191	Factor Viii (Porcine)
Medicaid/HARP/CHPlus	WNY	J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg
Medicaid/HARP/CHPlus	WNY	J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified
Medicaid/HARP/CHPlus	WNY	J7194	Factor Ix Complex
Medicaid/HARP/CHPlus	WNY	J7195	Factor IX (antihemophilic factor, recombinant) per IU
Medicaid/HARP/CHPlus	WNY	J7198	Anti-Inhibitor
Medicaid/HARP/CHPlus	WNY	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
Medicaid/HARP/CHPlus	WNY	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
Medicaid/HARP/CHPlus	WNY	J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU
Medicaid/HARP/CHPlus	WNY	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Medicaid/HARP/CHPlus	WNY	J3380	Injection, vedolizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J3385	Injection, velaglycerase alfa, 100 units
Medicaid/HARP/CHPlus	WNY	J3397	Injection, vestronidase alfa-vjvk, 1 mg
Medicaid/HARP/CHPlus	WNY	J3489	Injection, zoledronic acid, 1 mg
Medicaid/HARP/CHPlus	WNY	J7170	Injection, emicizumab-kxwh, 0.5 mg
Medicaid/HARP/CHPlus	WNY	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rho
Medicaid/HARP/CHPlus	WNY	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
Medicaid/HARP/CHPlus	WNY	J7181	Injection, factor xiii a-subunit, (recombinant), per iu
Medicaid/HARP/CHPlus	WNY	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
Medicaid/HARP/CHPlus	WNY	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Medicaid/HARP/CHPlus	WNY	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
Medicaid/HARP/CHPlus	WNY	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
Medicaid/HARP/CHPlus	WNY	J2357	Injection, omalizumab, 5 mg
Medicaid/HARP/CHPlus	WNY	J2507	Injection, pegloticase, 1 mg
Medicaid/HARP/CHPlus	WNY	J2508	Injection, pegunigalsidase alfa-ixwj, 1 mg
Medicaid/HARP/CHPlus	WNY	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid/HARP/CHPlus	WNY	J2562	Injection, Plerixafor, 1 Mg
Medicaid/HARP/CHPlus	WNY	J2777	Injection, faricimab-svoa, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J2778	Injection, ranibizumab, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
Medicaid/HARP/CHPlus	WNY	J2786	Injection, reslizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J2793	Injection, Rilonacept, 1 Mg
Medicaid/HARP/CHPlus	WNY	J2820	Sargramostim Injection
Medicaid/HARP/CHPlus	WNY	J2840	Injection, sebelipase alfa, 1 mg
Medicaid/HARP/CHPlus	WNY	J2860	Injection, siltuximab, 10 mg
Medicaid/HARP/CHPlus	WNY	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid/HARP/CHPlus	WNY	J3060	Injection, taliglucerase alfa, 10 units
Medicaid/HARP/CHPlus	WNY	J3110	Teriparatide injection
Medicaid/HARP/CHPlus	WNY	J2941	Injection, somatropin, 1 mg
Medicaid/HARP/CHPlus	WNY	J2998	Injection, plasminogen, human-tvmh, 1 mg
Medicaid/HARP/CHPlus	WNY	J3111	Injection, romosozumab-aqqg, 1 mg
Medicaid/HARP/CHPlus	WNY	J3262	Injection, tocilizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J3285	Injection, treprostiniil, 1 mg
Medicaid/HARP/CHPlus	WNY	J3241	Injection, teprotumumab-trbw, 10 mg
Medicaid/HARP/CHPlus	WNY	J3357	Ustekinumab, for subcutaneous injection, 1 mg
Medicaid/HARP/CHPlus	WNY	J3299	Injection, triamcinolone acetonide (xipere), 1 mg
Medicaid/HARP/CHPlus	WNY	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Medicaid/HARP/CHPlus	WNY	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid/HARP/CHPlus	WNY	J1932	Injection, lanreotide, (cipl), 1 mg
Medicaid/HARP/CHPlus	WNY	J2170	INJECTION, MECASERMIN, 1 MG
Medicaid/HARP/CHPlus	WNY	J2182	Injection, mepolizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J2323	Injection, natalizumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J2326	Injection, nusinersen, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J2278	Injection, ziconotide, 1 mcg
Medicaid/HARP/CHPlus	WNY	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid/HARP/CHPlus	WNY	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicaid/HARP/CHPlus	WNY	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg

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Medicaid/HARP/CHPlus	WNY	J2329	Injection, ublituximab-xiiy, 1mg
Medicaid/HARP/CHPlus	WNY	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid/HARP/CHPlus	WNY	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Medicaid/HARP/CHPlus	WNY	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid/HARP/CHPlus	WNY	J1628	Injection, guselkumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J1744	Injection, icatibant, 1 mg
Medicaid/HARP/CHPlus	WNY	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicaid/HARP/CHPlus	WNY	J1746	Injection, ibalizumab-uiyk, 10 mg
Medicaid/HARP/CHPlus	WNY	J1747	Injection, spesolimab-sbzo, 1 mg
Medicaid/HARP/CHPlus	WNY	J1750	Injection, Iron Dextran, 50mg
Medicaid/HARP/CHPlus	WNY	J1756	Injection, Iron Sucrose, 1 Mg
Medicaid/HARP/CHPlus	WNY	J1786	Injection, imiglucerase, 10 units
Medicaid/HARP/CHPlus	WNY	J1823	Injection, inebilizumab-cdon, 1 mg
Medicaid/HARP/CHPlus	WNY	J1826	Injection, interferon beta-1a, 30 mcg
Medicaid/HARP/CHPlus	WNY	J1830	Interferon Beta-1b / .25 Mg
Medicaid/HARP/CHPlus	WNY	J1930	Injection, lanreotide, 1 mg
Medicaid/HARP/CHPlus	WNY	J1437	Injection, ferric derisomaltose, 10 mg
Medicaid/HARP/CHPlus	WNY	J1439	Injection, ferric carboxymaltose, 1mg
Medicaid/HARP/CHPlus	WNY	J1440	Fecal microbiota, live - jslm, 1 ml
Medicaid/HARP/CHPlus	WNY	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid/HARP/CHPlus	WNY	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid/HARP/CHPlus	WNY	J1448	Injection, trilaciclib, 1 mg
Medicaid/HARP/CHPlus	WNY	J1449	Injection, eflapegrastim-xnst, 0.1 mg
Medicaid/HARP/CHPlus	WNY	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicaid/HARP/CHPlus	WNY	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid/HARP/CHPlus	WNY	J1458	INJECTION, GALSULFASE, 1 MG
Medicaid/HARP/CHPlus	WNY	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid/HARP/CHPlus	WNY	J1556	Injection, immune globulin (bivigam), 500 mg
Medicaid/HARP/CHPlus	WNY	J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid/HARP/CHPlus	WNY	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid/HARP/CHPlus	WNY	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid/HARP/CHPlus	WNY	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid/HARP/CHPlus	WNY	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid/HARP/CHPlus	WNY	J0802	Injection, corticotropin (ANI), up to 40 units
Medicaid/HARP/CHPlus	WNY	J0896	Injection, luspatercept-aamt, 0.25 mg
Medicaid/HARP/CHPlus	WNY	J0897	Injection, denosumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J1290	Injection, ecallantide, 1 mg
Medicaid/HARP/CHPlus	WNY	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicaid/HARP/CHPlus	WNY	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid/HARP/CHPlus	WNY	J1304	Injection, tofersen, 1 mg
Medicaid/HARP/CHPlus	WNY	J1306	Injection, inclisiran, 1 mg
Medicaid/HARP/CHPlus	WNY	J1322	Injection, elosulfase alfa, 1mg
Medicaid/HARP/CHPlus	WNY	J1324	INJECTION, ENFUVIRTIDE, 1 MG
Medicaid/HARP/CHPlus	WNY	J1325	Epoprostenol Injection
Medicaid/HARP/CHPlus	WNY	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicaid/HARP/CHPlus	WNY	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)

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Medicaid/HARP/CHPlus	WNY	J0490	Injection, belimumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J0491	Injection, anifrolumab-fnia, 1 mg
Medicaid/HARP/CHPlus	WNY	J0567	Injection, cerliponase alfa, 1 mg
Medicaid/HARP/CHPlus	WNY	J0584	Injection, burosumab-twza 1 mg
Medicaid/HARP/CHPlus	WNY	J0585	Injection, Onabotulinumtoxina, 1 Unit
Medicaid/HARP/CHPlus	WNY	J0586	Injection, Abobotulinumtoxina, 5 Units
Medicaid/HARP/CHPlus	WNY	J0565	Injection, bezlotoxumab, 10 mg
Medicaid/HARP/CHPlus	WNY	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicaid/HARP/CHPlus	WNY	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid/HARP/CHPlus	WNY	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
Medicaid/HARP/CHPlus	WNY	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
Medicaid/HARP/CHPlus	WNY	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units
Medicaid/HARP/CHPlus	WNY	J0638	Injection, canakinumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid/HARP/CHPlus	WNY	J0642	Injection, levoleucovorin (khapsory), 0.5 mg
Medicaid/HARP/CHPlus	WNY	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
Medicaid/HARP/CHPlus	WNY	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicaid/HARP/CHPlus	WNY	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Medicaid/HARP/CHPlus	WNY	J0791	Injection, crizanlizumab-tmca, 5 mg
Medicaid/HARP/CHPlus	WNY	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicaid/HARP/CHPlus	WNY	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid/HARP/CHPlus	WNY	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid/HARP/CHPlus	WNY	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
Medicaid/HARP/CHPlus	WNY	J0801	Injection, corticotropin (Acthar Gel), up to 40 units
Medicaid/HARP/CHPlus	WNY	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid/HARP/CHPlus	WNY	J0202	Injection, alemtuzumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J0207	Amifostine
Medicaid/HARP/CHPlus	WNY	J0178	Injection, aflibercept, 1 mg
Medicaid/HARP/CHPlus	WNY	J0218	Injection, olipudase alfa-rpcp, 1 mg
Medicaid/HARP/CHPlus	WNY	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
Medicaid/HARP/CHPlus	WNY	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicaid/HARP/CHPlus	WNY	64864	Suture, Facial Nerve; Extracranial
Medicaid/HARP/CHPlus	WNY	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid/HARP/CHPlus	WNY	64742	Transection/Avulsion; Facial Nerve, Differential/Complete
Medicaid/HARP/CHPlus	WNY	90283	Immune Globulin (Igiv), Human, Iv Use
Medicaid/HARP/CHPlus	WNY	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each
Medicaid/HARP/CHPlus	WNY	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid/HARP/CHPlus	WNY	C9047	Injection, caplacizumab-yhdp, 1 mg
Medicaid/HARP/CHPlus	WNY	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid/HARP/CHPlus	WNY	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid/HARP/CHPlus	WNY	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid/HARP/CHPlus	WNY	64736	Transection/Avulsion; Mental Nerve
Medicaid/HARP/CHPlus	WNY	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid/HARP/CHPlus	WNY	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid/HARP/CHPlus	WNY	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid/HARP/CHPlus	WNY	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

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Medicaid/HARP/CHPlus	WNY	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid/HARP/CHPlus	WNY	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid/HARP/CHPlus	WNY	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid/HARP/CHPlus	WNY	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid/HARP/CHPlus	WNY	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid/HARP/CHPlus	WNY	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicaid/HARP/CHPlus	WNY	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicaid/HARP/CHPlus	WNY	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
Medicaid/HARP/CHPlus	WNY	Q4305	American Amnion AC Tri-Layer, per sq cm
Medicaid/HARP/CHPlus	WNY	Q4306	American Amnion AC, per sq cm
Medicaid/HARP/CHPlus	WNY	Q4307	American Amnion, per sq cm
Medicaid/HARP/CHPlus	WNY	Q4308	Sanopellis, per sq cm
Medicaid/HARP/CHPlus	WNY	Q4310	Procenta, per 100 mg
Medicaid/HARP/CHPlus	WNY	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Medicaid/HARP/CHPlus	WNY	A2026	Restrata MiniMatrix, 5 mg
Medicaid/HARP/CHPlus	WNY	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
Medicaid/HARP/CHPlus	WNY	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom
Medicaid/HARP/CHPlus	WNY	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
Medicaid/HARP/CHPlus	WNY	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid/HARP/CHPlus	WNY	61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical
Medicaid/HARP/CHPlus	WNY	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
Medicaid/HARP/CHPlus	WNY	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid/HARP/CHPlus	WNY	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid/HARP/CHPlus	WNY	61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical
Medicaid/HARP/CHPlus	WNY	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid/HARP/CHPlus	WNY	J3394	Injection, lovetibeglogene autotemcel, per treatment
Medicaid/HARP/CHPlus	WNY	J3393	Injection, betibeglogene autotemcel, per treatment
Medicaid/HARP/CHPlus	WNY	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid/HARP/CHPlus	WNY	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co

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Medicaid/HARP/CHPlus	WNY	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
Medicaid/HARP/CHPlus	WNY	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis])
Medicaid/HARP/CHPlus	WNY	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicaid/HARP/CHPlus	WNY	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
Medicaid/HARP/CHPlus	WNY	50360	Renal Allograft transplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid/HARP/CHPlus	WNY	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid/HARP/CHPlus	WNY	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid/HARP/CHPlus	WNY	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions
Medicaid/HARP/CHPlus	WNY	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile
Medicaid/HARP/CHPlus	WNY	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicaid/HARP/CHPlus	WNY	0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid/HARP/CHPlus	WNY	0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid/HARP/CHPlus	WNY	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
Medicaid/HARP/CHPlus	WNY	0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions
Medicaid/HARP/CHPlus	WNY	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants

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Medicaid/HARP/CHPlus	WNY	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or
Medicaid/HARP/CHPlus	WNY	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
Medicaid/HARP/CHPlus	WNY	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
Medicaid/HARP/CHPlus	WNY	55870	Electroejaculation
Medicaid/HARP/CHPlus	WNY	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicaid/HARP/CHPlus	WNY	48556	Removal, Transplanted Pancreatic Allograft
Medicaid/HARP/CHPlus	WNY	47999	Unlisted Proc, Biliary Tract
Medicaid/HARP/CHPlus	WNY	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid/HARP/CHPlus	WNY	15877	Suction Assisted Lipectomy; Trunk
Medicaid/HARP/CHPlus	WNY	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid/HARP/CHPlus	WNY	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid/HARP/CHPlus	WNY	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid/HARP/CHPlus	WNY	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem
Medicaid/HARP/CHPlus	WNY	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem
Medicaid/HARP/CHPlus	WNY	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid/HARP/CHPlus	WNY	T1002	RN services, up to 15 minutes
Medicaid/HARP/CHPlus	WNY	T1003	LPN/LVN services, up to 15 minutes
Medicaid/HARP/CHPlus	WNY	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid/HARP/CHPlus	WNY	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid/HARP/CHPlus	WNY	H2012	Behavioral health day treatment, per hour
Medicaid/HARP/CHPlus	WNY	S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol
Medicaid/HARP/CHPlus	WNY	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicaid/HARP/CHPlus	WNY	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicaid/HARP/CHPlus	WNY	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day
Medicaid/HARP/CHPlus	WNY	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Medicaid/HARP/CHPlus	WNY	J9226	Histrelin implant (supprelin LA), 50 mg
Medicaid/HARP/CHPlus	WNY	J1071	Injection, testosterone cypionate, 1mg
Medicaid/HARP/CHPlus	WNY	J1426	Injection, casimersen, 10 mg
Medicaid/HARP/CHPlus	WNY	J1427	Injection, viltolarsen, 10 mg
Medicaid/HARP/CHPlus	WNY	J1428	Injection, eteplirsen, 10 mg
Medicaid/HARP/CHPlus	WNY	J1429	Injection, golodirsen, 10 mg
Medicaid/HARP/CHPlus	WNY	90281	Immune Globulin (Ig), Human, Im Use
Medicaid/HARP/CHPlus	WNY	J1560	Injection, gamma globulin, intramuscular, over 10 cc
Medicaid/HARP/CHPlus	WNY	J1675	Injection, histrelin acetate, 10 mcg
Medicaid/HARP/CHPlus	WNY	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m

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Medicaid/HARP/CHPlus	WNY	J1952	Leuprolide injectable, camcevi, 1 mg
Medicaid/HARP/CHPlus	WNY	J3121	Injection, testosterone enanthate, 1mg
Medicaid/HARP/CHPlus	WNY	J1460	Gamma Globulin 1 Cc Inj
Medicaid/HARP/CHPlus	WNY	J3145	Injection, testosterone undecanoate, 1 mg
Medicaid/HARP/CHPlus	WNY	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid/HARP/CHPlus	WNY	J9155	Injection, Degarelix, 1 Mg
Medicaid/HARP/CHPlus	WNY	J9202	Goserelin Acetate Implant
Medicaid/HARP/CHPlus	WNY	J9225	Histrelin implant (Vantas), 50 mg
Medicaid/HARP/CHPlus	WNY	S9128	Speech Therapy, In The Home
Medicaid/HARP/CHPlus	WNY	S9129	Occupational Therapy, In The
Medicaid/HARP/CHPlus	WNY	J0139	Injection, adalimumab, 1 mg
Medicaid/HARP/CHPlus	WNY	J0175	Injection, donanemab-azbt, 2 mg
Medicaid/HARP/CHPlus	WNY	J1307	Injection, crovalimab-akkz, 10 mg
Medicaid/HARP/CHPlus	WNY	J1552	Injection, immune globulin (alyglo), 500 mg
Medicaid/HARP/CHPlus	WNY	J1950	Leuprolide Acetate /3.75 Mg
Medicaid/HARP/CHPlus	WNY	J2802	Injection, romiplostim, 1 microgram
Medicaid/HARP/CHPlus	WNY	S9131	Physical therapy, in the home, per diem
Medicaid/HARP/CHPlus	WNY	J9026	Injection, tarlatamab-dlle, 1 mg
Medicaid/HARP/CHPlus	WNY	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicaid/HARP/CHPlus	WNY	J9217	Leuprolide Acetate Suspnsion
Medicaid/HARP/CHPlus	WNY	J9329	Injection, tislelizumab-jsgr, 1mg
Medicaid/HARP/CHPlus	WNY	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Medicaid/HARP/CHPlus	WNY	Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg
Medicaid/HARP/CHPlus	WNY	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
Medicaid/HARP/CHPlus	WNY	Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg
Medicaid/HARP/CHPlus	WNY	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
Medicaid/HARP/CHPlus	WNY	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid/HARP/CHPlus	WNY	S5109	Home care training to home care client, per 15 minutes per session
Medicaid/HARP/CHPlus	WNY	S5111	Home Care Training, Family, Per Session
Medicaid/HARP/CHPlus	WNY	S5116	Home Care Training, Non-Family, Per Session
Medicaid/HARP/CHPlus	WNY	S5180	Home Health Respiratory Therapy, Initial Evaluation
Medicaid/HARP/CHPlus	WNY	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
Medicaid/HARP/CHPlus	WNY	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	J9276	Injection, zanidatamab-hrii, 2 mg
Medicaid/HARP/CHPlus	WNY	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg

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Medicaid/HARP/CHPlus	WNY	Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg
Medicaid/HARP/CHPlus	WNY	Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg
Medicaid/HARP/CHPlus	WNY	Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg
Medicaid/HARP/CHPlus	WNY	Q9999	Injection, ustekinumab-aaz (Otulfi), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor
Medicaid/HARP/CHPlus	WNY	44136	Intestinal Allograft; From Living Donor
Medicaid/HARP/CHPlus	WNY	44135	Intestinal Allograft; From Cadaver Donor
Medicaid/HARP/CHPlus	WNY	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	J1299	Injection, eculizumab, 2 mg
Medicaid/HARP/CHPlus	WNY	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
Medicaid/HARP/CHPlus	WNY	S2235	Implantation of auditory brain stem implant
Medicaid/HARP/CHPlus	WNY	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid/HARP/CHPlus	WNY	S2055	Harvesting Of Donor Multivis
Medicaid/HARP/CHPlus	WNY	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe
Medicaid/HARP/CHPlus	WNY	21206	Osteotomy, Maxilla, Segmental
Medicaid/HARP/CHPlus	WNY	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid/HARP/CHPlus	WNY	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid/HARP/CHPlus	WNY	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
Medicaid/HARP/CHPlus	WNY	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
Medicaid/HARP/CHPlus	WNY	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid/HARP/CHPlus	WNY	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid/HARP/CHPlus	WNY	21685	Hyoid Myotomy and Suspension
Medicaid/HARP/CHPlus	WNY	S2140	Cord Blood Harvesting
Medicaid/HARP/CHPlus	WNY	S2142	Cord Blood-Derived Stem-Cell
Medicaid/HARP/CHPlus	WNY	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid/HARP/CHPlus	WNY	43499	Unlisted Proc, Esophagus
Medicaid/HARP/CHPlus	WNY	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid/HARP/CHPlus	WNY	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid/HARP/CHPlus	WNY	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid/HARP/CHPlus	WNY	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch
Medicaid/HARP/CHPlus	WNY	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft
Medicaid/HARP/CHPlus	WNY	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each

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Medicaid/HARP/CHPlus	WNY	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft
Medicaid/HARP/CHPlus	WNY	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)
Medicaid/HARP/CHPlus	WNY	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each
Medicaid/HARP/CHPlus	WNY	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each
Medicaid/HARP/CHPlus	WNY	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicaid/HARP/CHPlus	WNY	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicaid/HARP/CHPlus	WNY	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid/HARP/CHPlus	WNY	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor
Medicaid/HARP/CHPlus	WNY	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split
Medicaid/HARP/CHPlus	WNY	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid/HARP/CHPlus	WNY	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid/HARP/CHPlus	WNY	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid/HARP/CHPlus	WNY	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid/HARP/CHPlus	WNY	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each
Medicaid/HARP/CHPlus	WNY	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment
Medicaid/HARP/CHPlus	WNY	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid/HARP/CHPlus	WNY	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid/HARP/CHPlus	WNY	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicaid/HARP/CHPlus	WNY	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicaid/HARP/CHPlus	WNY	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicaid/HARP/CHPlus	WNY	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicaid/HARP/CHPlus	WNY	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicaid/HARP/CHPlus	WNY	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicaid/HARP/CHPlus	WNY	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft
Medicaid/HARP/CHPlus	WNY	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft
Medicaid/HARP/CHPlus	WNY	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral
Medicaid/HARP/CHPlus	WNY	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral
Medicaid/HARP/CHPlus	WNY	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicaid/HARP/CHPlus	WNY	L6925	Wrist Disart Myoelectronic C
Medicaid/HARP/CHPlus	WNY	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid/HARP/CHPlus	WNY	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicaid/HARP/CHPlus	WNY	L6955	Above Elbow Myoelectronic Ct
Medicaid/HARP/CHPlus	WNY	L6965	Shldr Disartic Myoelectronic

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Medicaid/HARP/CHPlus	WNY	L6975	Interscap-Thor Myoelectronic
Medicaid/HARP/CHPlus	WNY	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid/HARP/CHPlus	WNY	L7180	Electronic Elbow Utah Myoele
Medicaid/HARP/CHPlus	WNY	L7181	Electronic elbow simultaneous
Medicaid/HARP/CHPlus	WNY	L7190	Elbow Adolescent Myoelectron
Medicaid/HARP/CHPlus	WNY	L7191	Elbow Child Myoelectronic Ct
Medicaid/HARP/CHPlus	WNY	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid/HARP/CHPlus	WNY	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid/HARP/CHPlus	WNY	L5987	Shank Ft W Vert Load Pylon
Medicaid/HARP/CHPlus	WNY	L5980	Flex Foot System
Medicaid/HARP/CHPlus	WNY	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid/HARP/CHPlus	WNY	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid/HARP/CHPlus	WNY	L5988	Vertical Shock Reducing Pylo
Medicaid/HARP/CHPlus	WNY	L5999	Lower Extremity Prosthes Nos
Medicaid/HARP/CHPlus	WNY	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
Medicaid/HARP/CHPlus	WNY	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid/HARP/CHPlus	WNY	21086	Impression & Custom Preparation; Auricular Prosthesis
Medicaid/HARP/CHPlus	WNY	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicaid/HARP/CHPlus	WNY	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicaid/HARP/CHPlus	WNY	L5701	Replace Socket Above Knee
Medicaid/HARP/CHPlus	WNY	L5702	Replace Socket Hip
Medicaid/HARP/CHPlus	WNY	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid/HARP/CHPlus	WNY	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid/HARP/CHPlus	WNY	L5840	Multi-Axial Knee/Shin System
Medicaid/HARP/CHPlus	WNY	L5845	Knee-Shin Sys Stance Flexion
Medicaid/HARP/CHPlus	WNY	L5960	Endo Hip Ultra-Light Materia
Medicaid/HARP/CHPlus	WNY	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid/HARP/CHPlus	WNY	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid/HARP/CHPlus	WNY	L5968	Multiaxial Ankle W Dorsiflex
Medicaid/HARP/CHPlus	WNY	L5979	Multi-Axial Ankle/Ft Prosth
Medicaid/HARP/CHPlus	WNY	L5613	Ak 4 Bar Ling W/Hydraut Swig
Medicaid/HARP/CHPlus	WNY	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid/HARP/CHPlus	WNY	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid/HARP/CHPlus	WNY	J9248	Injection, melphalan (Hepzato), 1 mg
Medicaid/HARP/CHPlus	WNY	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid/HARP/CHPlus	WNY	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Medicaid/HARP/CHPlus	WNY	84999	Unlisted Chemistry Proc
Medicaid/HARP/CHPlus	WNY	L5280	Hemipelvect Canad Sing Axis
Medicaid/HARP/CHPlus	WNY	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid/HARP/CHPlus	WNY	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid/HARP/CHPlus	WNY	50340	Recipient Nephrectomy (Sep Proc)
Medicaid/HARP/CHPlus	WNY	L5200	Kne Sing Axis Fric Shin Sach
Medicaid/HARP/CHPlus	WNY	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid/HARP/CHPlus	WNY	L5220	No Knee Joint With Artic Ali
Medicaid/HARP/CHPlus	WNY	L2628	Metal Frame Recipro Hip & Ca
Medicaid/HARP/CHPlus	WNY	L3000	Ft Insert Ucb Berkeley Shell
Medicaid/HARP/CHPlus	WNY	L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without f
Medicaid/HARP/CHPlus	WNY	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid/HARP/CHPlus	WNY	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid/HARP/CHPlus	WNY	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid/HARP/CHPlus	WNY	L0999	Add To Spinal Orthosis Nos
Medicaid/HARP/CHPlus	WNY	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid/HARP/CHPlus	WNY	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
Medicaid/HARP/CHPlus	WNY	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid/HARP/CHPlus	WNY	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid/HARP/CHPlus	WNY	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
Medicaid/HARP/CHPlus	WNY	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicaid/HARP/CHPlus	WNY	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid/HARP/CHPlus	WNY	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicaid/HARP/CHPlus	WNY	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid/HARP/CHPlus	WNY	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
Medicaid/HARP/CHPlus	WNY	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid/HARP/CHPlus	WNY	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid/HARP/CHPlus	WNY	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid/HARP/CHPlus	WNY	C1778	Lead, neurostimulator (implantable)
Medicaid/HARP/CHPlus	WNY	C1787	Patient programmer, neurostimulator

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Medicaid/HARP/CHPlus	WNY	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicaid/HARP/CHPlus	WNY	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Medicaid/HARP/CHPlus	WNY	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid/HARP/CHPlus	WNY	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid/HARP/CHPlus	WNY	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
Medicaid/HARP/CHPlus	WNY	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid/HARP/CHPlus	WNY	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid/HARP/CHPlus	WNY	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid/HARP/CHPlus	WNY	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid/HARP/CHPlus	WNY	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid/HARP/CHPlus	WNY	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid/HARP/CHPlus	WNY	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicaid/HARP/CHPlus	WNY	0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis
Medicaid/HARP/CHPlus	WNY	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes
Medicaid/HARP/CHPlus	WNY	K0007	Extra Heavy Duty Wheelchair
Medicaid/HARP/CHPlus	WNY	K0009	Other Manual Wheelchair/Base
Medicaid/HARP/CHPlus	WNY	K0010	Stnd Wt Frame Power Whlchr
Medicaid/HARP/CHPlus	WNY	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
Medicaid/HARP/CHPlus	WNY	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid/HARP/CHPlus	WNY	T2024	Service assessment/plan of care development, waiver
Medicaid/HARP/CHPlus	WNY	T2030	Assisted living, waiver; per month
Medicaid/HARP/CHPlus	WNY	T2031	Assisted living; waiver, per diem
Medicaid/HARP/CHPlus	WNY	T2038	Community transition, waiver; per service
Medicaid/HARP/CHPlus	WNY	S5100	Day Care Services, Adult, Per 15 Minutes
Medicaid/HARP/CHPlus	WNY	S5101	Day Care Services, Adult, Per Half Day
Medicaid/HARP/CHPlus	WNY	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem
Medicaid/HARP/CHPlus	WNY	S5120	Chore Services, Per 15 Minutes
Medicaid/HARP/CHPlus	WNY	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
Medicaid/HARP/CHPlus	WNY	S5125	Attendant Care Services, Per 15 Minutes
Medicaid/HARP/CHPlus	WNY	S5126	Attendant Care Services, Per Diem
Medicaid/HARP/CHPlus	WNY	S5135	Companion Care, Adult, Per 15 Minutes
Medicaid/HARP/CHPlus	WNY	S5140	Foster Care, Adult, Per Diem
Medicaid/HARP/CHPlus	WNY	S5160	Emergency Response System, Installation And Testing
Medicaid/HARP/CHPlus	WNY	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid/HARP/CHPlus	WNY	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid/HARP/CHPlus	WNY	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid/HARP/CHPlus	WNY	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Medicaid/HARP/CHPlus	WNY	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicaid/HARP/CHPlus	WNY	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
Medicaid/HARP/CHPlus	WNY	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid/HARP/CHPlus	WNY	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid/HARP/CHPlus	WNY	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid/HARP/CHPlus	WNY	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid/HARP/CHPlus	WNY	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid/HARP/CHPlus	WNY	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid/HARP/CHPlus	WNY	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid/HARP/CHPlus	WNY	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid/HARP/CHPlus	WNY	E2512	Accessory for speech generating device, mounting system
Medicaid/HARP/CHPlus	WNY	E2608	Skin pro/pos wc cus wd>=22in
Medicaid/HARP/CHPlus	WNY	E2606	Position wc cush wdth>=22 in
Medicaid/HARP/CHPlus	WNY	E2612	Gen use back cush wdth>=22in
Medicaid/HARP/CHPlus	WNY	E2613	Position back cush wd <22in
Medicaid/HARP/CHPlus	WNY	E2610	Powered w/c cushion
Medicaid/HARP/CHPlus	WNY	E2614	Position back cush wd>=22in
Medicaid/HARP/CHPlus	WNY	E2615	Pos back post/lat wdth <22in
Medicaid/HARP/CHPlus	WNY	E2617	Custom fab w/c back cushion
Medicaid/HARP/CHPlus	WNY	E2619	Replace cover w/c seat cush
Medicaid/HARP/CHPlus	WNY	E2621	WC planar back cush wd>=22in
Medicaid/HARP/CHPlus	WNY	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid/HARP/CHPlus	WNY	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid/HARP/CHPlus	WNY	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid/HARP/CHPlus	WNY	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid/HARP/CHPlus	WNY	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid/HARP/CHPlus	WNY	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid/HARP/CHPlus	WNY	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid/HARP/CHPlus	WNY	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicaid/HARP/CHPlus	WNY	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
Medicaid/HARP/CHPlus	WNY	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid/HARP/CHPlus	WNY	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid/HARP/CHPlus	WNY	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid/HARP/CHPlus	WNY	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid/HARP/CHPlus	WNY	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid/HARP/CHPlus	WNY	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid/HARP/CHPlus	WNY	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid/HARP/CHPlus	WNY	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid/HARP/CHPlus	WNY	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid/HARP/CHPlus	WNY	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid/HARP/CHPlus	WNY	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid/HARP/CHPlus	WNY	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid/HARP/CHPlus	WNY	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid/HARP/CHPlus	WNY	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid/HARP/CHPlus	WNY	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid/HARP/CHPlus	WNY	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid/HARP/CHPlus	WNY	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid/HARP/CHPlus	WNY	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid/HARP/CHPlus	WNY	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid/HARP/CHPlus	WNY	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid/HARP/CHPlus	WNY	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid/HARP/CHPlus	WNY	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid/HARP/CHPlus	WNY	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid/HARP/CHPlus	WNY	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid/HARP/CHPlus	WNY	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid/HARP/CHPlus	WNY	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid/HARP/CHPlus	WNY	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid/HARP/CHPlus	WNY	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicaid/HARP/CHPlus	WNY	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid/HARP/CHPlus	WNY	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid/HARP/CHPlus	WNY	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid/HARP/CHPlus	WNY	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid/HARP/CHPlus	WNY	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicaid/HARP/CHPlus	WNY	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each

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Medicaid/HARP/CHPlus	WNY	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid/HARP/CHPlus	WNY	E2293	Contour back for ped size wc
Medicaid/HARP/CHPlus	WNY	E2292	Planar seat for ped size wc
Medicaid/HARP/CHPlus	WNY	E2294	Contour seat for ped size wc
Medicaid/HARP/CHPlus	WNY	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicaid/HARP/CHPlus	WNY	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid/HARP/CHPlus	WNY	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid/HARP/CHPlus	WNY	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid/HARP/CHPlus	WNY	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid/HARP/CHPlus	WNY	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid/HARP/CHPlus	WNY	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid/HARP/CHPlus	WNY	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid/HARP/CHPlus	WNY	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid/HARP/CHPlus	WNY	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicaid/HARP/CHPlus	WNY	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid/HARP/CHPlus	WNY	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid/HARP/CHPlus	WNY	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid/HARP/CHPlus	WNY	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid/HARP/CHPlus	WNY	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid/HARP/CHPlus	WNY	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid/HARP/CHPlus	WNY	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid/HARP/CHPlus	WNY	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid/HARP/CHPlus	WNY	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid/HARP/CHPlus	WNY	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid/HARP/CHPlus	WNY	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicaid/HARP/CHPlus	WNY	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid/HARP/CHPlus	WNY	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid/HARP/CHPlus	WNY	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid/HARP/CHPlus	WNY	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid/HARP/CHPlus	WNY	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid/HARP/CHPlus	WNY	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid/HARP/CHPlus	WNY	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid/HARP/CHPlus	WNY	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid/HARP/CHPlus	WNY	E1030	Wheelchair accessory, ventilator tray, gimbale
Medicaid/HARP/CHPlus	WNY	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To An
Medicaid/HARP/CHPlus	WNY	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicaid/HARP/CHPlus	WNY	E1084	Hemi-Wheelchair Detachable A
Medicaid/HARP/CHPlus	WNY	E1085	Hemi-Wheelchair Fixed Arms
Medicaid/HARP/CHPlus	WNY	E1086	Hemi-Wheelchair Detachable A
Medicaid/HARP/CHPlus	WNY	E1087	Wheelchair Lightwt Fixed Arm
Medicaid/HARP/CHPlus	WNY	E1090	Wheelchair Lightweight Det A
Medicaid/HARP/CHPlus	WNY	E1110	Wheelchair Semi-Recl Detach

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Medicaid/HARP/CHPlus	WNY	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid/HARP/CHPlus	WNY	E1170	Whlchr Ampu Fxd Arm Leg Rest
Medicaid/HARP/CHPlus	WNY	E1171	Wheelchair Amputee W/O Leg R
Medicaid/HARP/CHPlus	WNY	E1172	Wheelchair Amputee Detach Ar
Medicaid/HARP/CHPlus	WNY	E1180	Wheelchair Amputee W/ Foot R
Medicaid/HARP/CHPlus	WNY	E1195	Wheelchair Amputee Heavy Dut
Medicaid/HARP/CHPlus	WNY	E1200	Wheelchair Amputee Fixed Arm
Medicaid/HARP/CHPlus	WNY	E1220	Whlchr Special Size/Constrc
Medicaid/HARP/CHPlus	WNY	E1223	Wheelchair Spec Size W Foot
Medicaid/HARP/CHPlus	WNY	E1221	Wheelchair Spec Size W Foot
Medicaid/HARP/CHPlus	WNY	E1222	Wheelchair Spec Size W/ Leg
Medicaid/HARP/CHPlus	WNY	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid/HARP/CHPlus	WNY	E1229	Pediatric wheelchair NOS
Medicaid/HARP/CHPlus	WNY	E1230	Power Operated Vehicle
Medicaid/HARP/CHPlus	WNY	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid/HARP/CHPlus	WNY	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid/HARP/CHPlus	WNY	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid/HARP/CHPlus	WNY	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid/HARP/CHPlus	WNY	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid/HARP/CHPlus	WNY	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid/HARP/CHPlus	WNY	E1239	Ped power wheelchair NOS
Medicaid/HARP/CHPlus	WNY	E1250	Wheelchair Lightwt Fixed Arm
Medicaid/HARP/CHPlus	WNY	E1270	Wheelchair Lightweight Leg R
Medicaid/HARP/CHPlus	WNY	E1296	Wheelchair Special Seat Heig
Medicaid/HARP/CHPlus	WNY	E1297	Wheelchair Special Seat Dept
Medicaid/HARP/CHPlus	WNY	E1298	Wheelchair Spec Seat Depth/W
Medicaid/HARP/CHPlus	WNY	E1392	Portable oxygen concentrator, rental
Medicaid/HARP/CHPlus	WNY	E0782	Non-Programable Infusion Pump
Medicaid/HARP/CHPlus	WNY	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid/HARP/CHPlus	WNY	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid/HARP/CHPlus	WNY	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid/HARP/CHPlus	WNY	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid/HARP/CHPlus	WNY	E0958	Whlchr Att- Conv 1 Arm Drive
Medicaid/HARP/CHPlus	WNY	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid/HARP/CHPlus	WNY	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid/HARP/CHPlus	WNY	E0968	Wheelchair Commode Seat
Medicaid/HARP/CHPlus	WNY	E0969	Wheelchair Narrowing Device
Medicaid/HARP/CHPlus	WNY	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid/HARP/CHPlus	WNY	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid/HARP/CHPlus	WNY	E0985	Wheelchair accessory, seat lift mechanism
Medicaid/HARP/CHPlus	WNY	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid/HARP/CHPlus	WNY	E0992	Wheelchair Solid Seat Insert
Medicaid/HARP/CHPlus	WNY	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicaid/HARP/CHPlus	WNY	E0995	Wheelchair accessory, calf rest/pad, replacement only, each

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid/HARP/CHPlus	WNY	E1005	Wheelchair accessory, power seating system, recline only, with power shear
Medicaid/HARP/CHPlus	WNY	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid/HARP/CHPlus	WNY	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid/HARP/CHPlus	WNY	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid/HARP/CHPlus	WNY	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid/HARP/CHPlus	WNY	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid/HARP/CHPlus	WNY	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid/HARP/CHPlus	WNY	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicaid/HARP/CHPlus	WNY	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid/HARP/CHPlus	WNY	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid/HARP/CHPlus	WNY	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid/HARP/CHPlus	WNY	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid/HARP/CHPlus	WNY	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid/HARP/CHPlus	WNY	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
Medicaid/HARP/CHPlus	WNY	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid/HARP/CHPlus	WNY	E0636	Multipositional Patient Support System, With Integrated Lift, Patient
Medicaid/HARP/CHPlus	WNY	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicaid/HARP/CHPlus	WNY	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
Medicaid/HARP/CHPlus	WNY	E0693	Ultraviolet Light Therapy System Panel, Includes Bulbs/Lamps, Timer An
Medicaid/HARP/CHPlus	WNY	E0694	Ultraviolet Multidirectional Light Therapy System In 6 Foot Cabinet, I
Medicaid/HARP/CHPlus	WNY	E0747	Elec Osteogen Stim Not Spine
Medicaid/HARP/CHPlus	WNY	E0760	Osteogen Ultrasound Stimltor
Medicaid/HARP/CHPlus	WNY	E0194	Air Fluidized Bed
Medicaid/HARP/CHPlus	WNY	E0217	Water Circ Heat Pad W Pump
Medicaid/HARP/CHPlus	WNY	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid/HARP/CHPlus	WNY	E0251	Hosp Bed Fixd Ht W/O Mattres
Medicaid/HARP/CHPlus	WNY	E0255	Hospital Bed Var Ht W/ Matr
Medicaid/HARP/CHPlus	WNY	E0256	Hospital Bed Var Ht W/O Matt
Medicaid/HARP/CHPlus	WNY	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid/HARP/CHPlus	WNY	E0265	Hosp Bed Total Electr W/ Mat
Medicaid/HARP/CHPlus	WNY	E0266	Hosp Bed Total Elec W/O Matt
Medicaid/HARP/CHPlus	WNY	E0277	Powered Pres-Redu Air Mattres
Medicaid/HARP/CHPlus	WNY	E0280	Bed Cradle
Medicaid/HARP/CHPlus	WNY	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid/HARP/CHPlus	WNY	E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress
Medicaid/HARP/CHPlus	WNY	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid/HARP/CHPlus	WNY	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
Medicaid/HARP/CHPlus	WNY	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	B4087	Gastrostomy/jejunostomy tube, standard, and material, any type, each
Medicaid/HARP/CHPlus	WNY	B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
Medicaid/HARP/CHPlus	WNY	B4083	Enteral Stomach Tube Levine
Medicaid/HARP/CHPlus	WNY	B4100	Food Thickener, Administered Orally, Per Ounce
Medicaid/HARP/CHPlus	WNY	B9999	Parenteral Supp Not Othrws C
Medicaid/HARP/CHPlus	WNY	C1816	Receiver and/or transmitter, neurostimulator (implantable)
Medicaid/HARP/CHPlus	WNY	A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
Medicaid/HARP/CHPlus	WNY	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid/HARP/CHPlus	WNY	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
Medicaid/HARP/CHPlus	WNY	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
Medicaid/HARP/CHPlus	WNY	J1414	Injection, fidanacogene elaparovvec-dzkt, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	J3392	Injection, exagamlogene autotemcel, per treatment
Medicaid/HARP/CHPlus	WNY	A0888	Noncovered Ambulance Mileage
Medicaid/HARP/CHPlus	WNY	A0435	Fixed Wing Air Mileage
Medicaid/HARP/CHPlus	WNY	A0436	Rotary Wing Air Mileage
Medicaid/HARP/CHPlus	WNY	99509	Home Visit, Assistance W/Activities Daily Living & Personal Care
Medicaid/HARP/CHPlus	WNY	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicaid/HARP/CHPlus	WNY	A0431	Rotary Wing Air Transport
Medicaid/HARP/CHPlus	WNY	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid/HARP/CHPlus	WNY	36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment
Medicaid/HARP/CHPlus	WNY	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty
Medicaid/HARP/CHPlus	WNY	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit
Medicaid/HARP/CHPlus	WNY	36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;
Medicaid/HARP/CHPlus	WNY	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid/HARP/CHPlus	WNY	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Medicaid/HARP/CHPlus	WNY	C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio
Medicaid/HARP/CHPlus	WNY	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder
Medicaid/HARP/CHPlus	WNY	H0035	Mental health partial hospitalization, treatment, less than 24 hours
Medicaid/HARP/CHPlus	WNY	H2013	Psychiatric health facility service, per diem
Medicaid/HARP/CHPlus	WNY	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid/HARP/CHPlus	WNY	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
Medicaid/HARP/CHPlus	WNY	H2015	Comprehensive community support services, per 15 minutes
Medicaid/HARP/CHPlus	WNY	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid/HARP/CHPlus	WNY	76499	Unlisted Dx Radiographic Procedure
Medicaid/HARP/CHPlus	WNY	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid/HARP/CHPlus	WNY	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid/HARP/CHPlus	WNY	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
Medicaid/HARP/CHPlus	WNY	33928	Removal and replacement of total replacement heart system (artificial heart)
Medicaid/HARP/CHPlus	WNY	33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft
Medicaid/HARP/CHPlus	WNY	33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft
Medicaid/HARP/CHPlus	WNY	57335	Vaginoplasty, Intersex State
Medicaid/HARP/CHPlus	WNY	55970	Intersex Surgery; Male To Female
Medicaid/HARP/CHPlus	WNY	55980	Intersex Surgery; Female To Male
Medicaid/HARP/CHPlus	WNY	56800	Plastic Repair, Introitus
Medicaid/HARP/CHPlus	WNY	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid/HARP/CHPlus	WNY	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid/HARP/CHPlus	WNY	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
Medicaid/HARP/CHPlus	WNY	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Medicaid/HARP/CHPlus	WNY	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Medicaid/HARP/CHPlus	WNY	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
Medicaid/HARP/CHPlus	WNY	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Medicaid/HARP/CHPlus	WNY	54360	Plastic Operation, Penis To Correct Angulation

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	37790	Penile Venous Occlusive Proc
Medicaid/HARP/CHPlus	WNY	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicaid/HARP/CHPlus	WNY	37788	Penile Revascularization, Artery, W/Wo Vein Graft
Medicaid/HARP/CHPlus	WNY	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid/HARP/CHPlus	WNY	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid/HARP/CHPlus	WNY	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY
Medicaid/HARP/CHPlus	WNY	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
Medicaid/HARP/CHPlus	WNY	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
Medicaid/HARP/CHPlus	WNY	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Medicaid/HARP/CHPlus	WNY	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED
Medicaid/HARP/CHPlus	WNY	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicaid/HARP/CHPlus	WNY	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicaid/HARP/CHPlus	WNY	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid/HARP/CHPlus	WNY	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid/HARP/CHPlus	WNY	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid/HARP/CHPlus	WNY	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid/HARP/CHPlus	WNY	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)
Medicaid/HARP/CHPlus	WNY	0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
Medicaid/HARP/CHPlus	WNY	99506	Home Visit, Im Injections
Medicaid/HARP/CHPlus	WNY	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicaid/HARP/CHPlus	WNY	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid/HARP/CHPlus	WNY	B9006	Parenteral nutrition infusion pump, stationary
Medicaid/HARP/CHPlus	WNY	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid/HARP/CHPlus	WNY	L1499	Spinal Orthosis Nos
Medicaid/HARP/CHPlus	WNY	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid/HARP/CHPlus	WNY	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid/HARP/CHPlus	WNY	33140	Transmyocardial Laser Revascularization, By Thoracotomy
Medicaid/HARP/CHPlus	WNY	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid/HARP/CHPlus	WNY	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid/HARP/CHPlus	WNY	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid/HARP/CHPlus	WNY	L5856	Elec knee-shin swing/stance
Medicaid/HARP/CHPlus	WNY	L5857	Elec knee-shin swing only
Medicaid/HARP/CHPlus	WNY	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicaid/HARP/CHPlus	WNY	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
Medicaid/HARP/CHPlus	WNY	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
Medicaid/HARP/CHPlus	WNY	L7510	Prosthetic Device Repair Rep
Medicaid/HARP/CHPlus	WNY	L7520	Repair Prosthesis Per 15 Min
Medicaid/HARP/CHPlus	WNY	Q5001	Hospice or home health care provided in patient's home/residence
Medicaid/HARP/CHPlus	WNY	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicaid/HARP/CHPlus	WNY	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid/HARP/CHPlus	WNY	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid/HARP/CHPlus	WNY	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid/HARP/CHPlus	WNY	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid/HARP/CHPlus	WNY	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
Medicaid/HARP/CHPlus	WNY	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid/HARP/CHPlus	WNY	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid/HARP/CHPlus	WNY	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
Medicaid/HARP/CHPlus	WNY	L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
Medicaid/HARP/CHPlus	WNY	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid/HARP/CHPlus	WNY	L8699	Prosthetic Implant Nos
Medicaid/HARP/CHPlus	WNY	E0735	Non-invasive vagus nerve stimulator
Medicaid/HARP/CHPlus	WNY	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid/HARP/CHPlus	WNY	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid/HARP/CHPlus	WNY	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Medicaid/HARP/CHPlus	WNY	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid/HARP/CHPlus	WNY	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid/HARP/CHPlus	WNY	B4164	Parenteral 50% Dextrose Solu
Medicaid/HARP/CHPlus	WNY	B4168	Parenteral Sol Amino Acid 3.
Medicaid/HARP/CHPlus	WNY	B4172	Parenteral Sol Amino Acid 5.
Medicaid/HARP/CHPlus	WNY	B4176	Parenteral Sol Amino Acid 7-
Medicaid/HARP/CHPlus	WNY	B4178	Parenteral Sol Amino Acid >
Medicaid/HARP/CHPlus	WNY	B4180	Parenteral Sol Carb > 50%
Medicaid/HARP/CHPlus	WNY	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid/HARP/CHPlus	WNY	B4187	Omegaven, 10 g lipids
Medicaid/HARP/CHPlus	WNY	B4189	Parenteral Sol Amino Acid &
Medicaid/HARP/CHPlus	WNY	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid/HARP/CHPlus	WNY	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid/HARP/CHPlus	WNY	B4216	Parenteral Nutrition Additiv
Medicaid/HARP/CHPlus	WNY	B4220	Parenteral Supply Kit Premix
Medicaid/HARP/CHPlus	WNY	B4222	Parenteral Supply Kit Homemi
Medicaid/HARP/CHPlus	WNY	B4224	Parenteral Administration Ki
Medicaid/HARP/CHPlus	WNY	B5000	Parenteral Sol Renal-Amirosoy
Medicaid/HARP/CHPlus	WNY	B5100	Parenteral Sol Hepatic-Fream
Medicaid/HARP/CHPlus	WNY	B5200	Parenteral Sol Stres-Brnch C
Medicaid/HARP/CHPlus	WNY	E0784	Ext Amb Infusn Pump Insulin
Medicaid/HARP/CHPlus	WNY	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
Medicaid/HARP/CHPlus	WNY	55899	Unlisted Proc, Male Genital System
Medicaid/HARP/CHPlus	WNY	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
Medicaid/HARP/CHPlus	WNY	E0748	Elec Osteogen Stim Spinal
Medicaid/HARP/CHPlus	WNY	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing
Medicaid/HARP/CHPlus	WNY	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid/HARP/CHPlus	WNY	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid/HARP/CHPlus	WNY	E0561	Humidifier, non-heated, used with positive airway pressure device

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Line of Business	State	Procedure Code	Description
Medicaid/HARP/CHPlus	WNY	E0562	Humidifier, heated, used with positive airway pressure device
Medicaid/HARP/CHPlus	WNY	E0601	Continuous positive airway pressure (cpap) device
Medicaid/HARP/CHPlus	WNY	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press
Medicaid/HARP/CHPlus	WNY	A7035	Headgear Used With Positive Airway Pressure Device
Medicaid/HARP/CHPlus	WNY	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
Medicaid/HARP/CHPlus	WNY	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
Medicaid/HARP/CHPlus	WNY	A7038	Filter, Disposable, Used With Positive Airway Pressure Device
Medicaid/HARP/CHPlus	WNY	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
Medicaid/HARP/CHPlus	WNY	A7044	Oral Interface Used With Positive Airway Pressure Device, Each
Medicaid/HARP/CHPlus	WNY	A7045	Repl exhalation port for PAP
Medicaid/HARP/CHPlus	WNY	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Medicaid/HARP/CHPlus	WNY	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid/HARP/CHPlus	WNY	A4604	Tubing with integrated heating element for use with positive airway pressure device
Medicaid/HARP/CHPlus	WNY	A7036	Chinstrap Used With Positive Airway Pressure Device
Medicaid/HARP/CHPlus	WNY	A7027	Combination oral/nasal mask, used with continuous positive airway pressure
Medicaid/HARP/CHPlus	WNY	A7033	Pillow for use on nasal cannula type interface, replacement only, pair
Medicaid/HARP/CHPlus	WNY	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Medicaid/HARP/CHPlus	WNY	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
Medicaid/HARP/CHPlus	WNY	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicaid/HARP/CHPlus	WNY	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
Medicaid/HARP/CHPlus	WNY	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
Medicaid/HARP/CHPlus	WNY	S2202	Echosclerotherapy
Medicaid/HARP/CHPlus	WNY	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
Medicaid/HARP/CHPlus	WNY	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicaid/HARP/CHPlus	WNY	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid/HARP/CHPlus	WNY	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
Medicaid/HARP/CHPlus	WNY	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis

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Medicaid/HARP/CHPlus	WNY	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid/HARP/CHPlus	WNY	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid/HARP/CHPlus	WNY	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
Medicaid/HARP/CHPlus	WNY	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid/HARP/CHPlus	WNY	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid/HARP/CHPlus	WNY	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid/HARP/CHPlus	WNY	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid/HARP/CHPlus	WNY	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid/HARP/CHPlus	WNY	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid/HARP/CHPlus	WNY	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid/HARP/CHPlus	WNY	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid/HARP/CHPlus	WNY	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid/HARP/CHPlus	WNY	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
Medicaid/HARP/CHPlus	WNY	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid/HARP/CHPlus	WNY	Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg
Medicaid/HARP/CHPlus	WNY	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid/HARP/CHPlus	WNY	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid/HARP/CHPlus	WNY	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid/HARP/CHPlus	WNY	J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg
Medicaid/HARP/CHPlus	WNY	81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant
Medicaid/HARP/CHPlus	WNY	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid/HARP/CHPlus	WNY	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid/HARP/CHPlus	WNY	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant

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Medicaid/HARP/CHPlus	WNY	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
Medicaid/HARP/CHPlus	WNY	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid/HARP/CHPlus	WNY	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicaid/HARP/CHPlus	WNY	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid/HARP/CHPlus	WNY	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid/HARP/CHPlus	WNY	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid/HARP/CHPlus	WNY	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid/HARP/CHPlus	WNY	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
Medicaid/HARP/CHPlus	WNY	K0108	W/C Component-Accessory Nos
Medicaid/HARP/CHPlus	WNY	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes
Medicaid/HARP/CHPlus	WNY	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid/HARP/CHPlus	WNY	S5165	Home Modifications, Per Service
Medicaid/HARP/CHPlus	WNY	T2028	Specialized supply, not otherwise specified, waiver
Medicaid/HARP/CHPlus	WNY	T2039	Vehicle modifications, waiver; per service
Medicaid/HARP/CHPlus	WNY	J0739	Injection, cabotegravir, 1 mg
Medicaid/HARP/CHPlus	WNY	J0752	Oral, lenacapavir, 300 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid/HARP/CHPlus	WNY	J0738	Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)
Medicaid/HARP/CHPlus	WNY	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid/HARP/CHPlus	WNY	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid/HARP/CHPlus	WNY	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid/HARP/CHPlus	WNY	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid/HARP/CHPlus	WNY	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid/HARP/CHPlus	WNY	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid/HARP/CHPlus	WNY	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid/HARP/CHPlus	WNY	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	J1559	Injection, immune globulin (hizentra), 100 mg
Medicaid/HARP/CHPlus	WNY	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD

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Medicaid/HARP/CHPlus	WNY	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid/HARP/CHPlus	WNY	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid/HARP/CHPlus	WNY	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid/HARP/CHPlus	WNY	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid/HARP/CHPlus	WNY	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicaid/HARP/CHPlus	WNY	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid/HARP/CHPlus	WNY	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid/HARP/CHPlus	WNY	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicaid/HARP/CHPlus	WNY	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicaid/HARP/CHPlus	WNY	K0900	Customized durable medical equipment, other than wheelchair
Medicaid/HARP/CHPlus	WNY	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid/HARP/CHPlus	WNY	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid/HARP/CHPlus	WNY	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid/HARP/CHPlus	WNY	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid/HARP/CHPlus	WNY	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid/HARP/CHPlus	WNY	K0013	Custom motorized/power wheelchair base
Medicaid/HARP/CHPlus	WNY	K0014	Other Power Whlchr Base
Medicaid/HARP/CHPlus	WNY	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicaid/HARP/CHPlus	WNY	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300

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Medicaid/HARP/CHPlus	WNY	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid/HARP/CHPlus	WNY	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid/HARP/CHPlus	WNY	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid/HARP/CHPlus	WNY	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid/HARP/CHPlus	WNY	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid/HARP/CHPlus	WNY	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid/HARP/CHPlus	WNY	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid/HARP/CHPlus	WNY	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid/HARP/CHPlus	WNY	K0011	Stnd Wt Pwr Whlchr W Control
Medicaid/HARP/CHPlus	WNY	K0012	Ltwt Portbl Power Whlchr
Medicaid/HARP/CHPlus	WNY	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid/HARP/CHPlus	WNY	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid/HARP/CHPlus	WNY	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid/HARP/CHPlus	WNY	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid/HARP/CHPlus	WNY	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid/HARP/CHPlus	WNY	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid/HARP/CHPlus	WNY	19330	Removal, Mammary Implant Matl
Medicaid/HARP/CHPlus	WNY	19318	Reduction Mammoplasty
Medicaid/HARP/CHPlus	WNY	19316	Mastopexy
Medicaid/HARP/CHPlus	WNY	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid/HARP/CHPlus	WNY	19300	Mastectomy for gynecomastia

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Medicaid/HARP/CHPlus	WNY	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral
Medicaid/HARP/CHPlus	WNY	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid/HARP/CHPlus	WNY	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid/HARP/CHPlus	WNY	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid/HARP/CHPlus	WNY	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid/HARP/CHPlus	WNY	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
Medicaid/HARP/CHPlus	WNY	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
Medicaid/HARP/CHPlus	WNY	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
Medicaid/HARP/CHPlus	WNY	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
Medicaid/HARP/CHPlus	WNY	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
Medicaid/HARP/CHPlus	WNY	15828	Rhytidectomy; Cheek, Chin, & Neck
Medicaid/HARP/CHPlus	WNY	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)
Medicaid/HARP/CHPlus	WNY	15824	Rhytidectomy; Forehead
Medicaid/HARP/CHPlus	WNY	15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad
Medicaid/HARP/CHPlus	WNY	15793	Chemical Peel, Nonfacial; Dermal
Medicaid/HARP/CHPlus	WNY	15789	Chemical Peel, Facial; Dermal
Medicaid/HARP/CHPlus	WNY	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid/HARP/CHPlus	WNY	15786	Abrasion; Single Lesion
Medicaid/HARP/CHPlus	WNY	15787	Abrasion; Add'l 4 Lesions/<
Medicaid/HARP/CHPlus	WNY	Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY
Medicaid/HARP/CHPlus	WNY	Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL
Medicaid/HARP/CHPlus	WNY	15782	Dermabrasion; Regional, Other Than Face
Medicaid/HARP/CHPlus	WNY	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)
Medicaid/HARP/CHPlus	WNY	Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY
Medicaid/HARP/CHPlus	WNY	Q5010	Hospice home care provided in a hospice facility
Medicaid/HARP/CHPlus	WNY	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev
Medicaid/HARP/CHPlus	WNY	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl
Medicaid/HARP/CHPlus	WNY	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational
Medicaid/HARP/CHPlus	WNY	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
Medicaid/HARP/CHPlus	WNY	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid/HARP/CHPlus	WNY	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid/HARP/CHPlus	WNY	J1413	Injection, delandistrogene moxeparovec-rokl, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid/HARP/CHPlus	WNY	54408	Repair Component(S) Multi-Component, Inflatable Penile Prosthesis
Medicaid/HARP/CHPlus	WNY	54411	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Infected, W/ Irrig & Debride
Medicaid/HARP/CHPlus	WNY	J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose
Medicaid/HARP/CHPlus	WNY	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid/HARP/CHPlus	WNY	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
Medicaid/HARP/CHPlus	WNY	54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)
Medicaid/HARP/CHPlus	WNY	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicaid/HARP/CHPlus	WNY	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study
Medicaid/HARP/CHPlus	WNY	J1412	Injection, valoctocogene roxaparovec-rvox, per mL, containing nominal $2 \times 10^{13}$ vector genomes
Medicaid/HARP/CHPlus	WNY	E1399	Durable medical equipment, miscellaneous

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Medicaid/HARP/CHPlus	WNY	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid/HARP/CHPlus	WNY	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid/HARP/CHPlus	WNY	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid/HARP/CHPlus	WNY	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid/HARP/CHPlus	WNY	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid/HARP/CHPlus	WNY	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid/HARP/CHPlus	WNY	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
Medicaid/HARP/CHPlus	WNY	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid/HARP/CHPlus	WNY	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid/HARP/CHPlus	WNY	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid/HARP/CHPlus	WNY	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid/HARP/CHPlus	WNY	54410	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Same Session
Medicaid/HARP/CHPlus	WNY	54416	Removal & Replacement, Non-Inflatable (Semi-Rigid)/Inflatable (Self-Contained) Penile Prosthesis
Medicaid/HARP/CHPlus	WNY	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)
Medicaid/HARP/CHPlus	WNY	J7999	Compounded drug, not otherwise classified
Medicaid/HARP/CHPlus	WNY	77620	Hyperthermia Generated, Intracavitary Probe(S)
Medicaid/HARP/CHPlus	WNY	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.