Last Updated:	10/1/2020			
Important Notes:	Authorization of benefits is not a guarantee of payment. Only valid codes will be reviewed. Please refer to CMS/MC guidelines to verify validity. Codes are updated regularly and posted on https://www.hpsm.org/authorizations			
Code	**Description**	**Prior Auth Required (Y/N or Conditional)**	**Comments**	**Last Updated**
01999	UNLISTED ANESTH PROCEDURE	Y		
01999	UNLISTED ANESTH PROCEDURE	Y		
10004	FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	Y		1/4/2019
10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	Y		1/4/2019
10006	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	Y		1/4/2019
10007	FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	Y		1/4/2019
10008	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	Y		1/4/2019
10009	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	Y		1/4/2019
10010	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	Y		1/4/2019
10011	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	Y		1/4/2019
10012	FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	Y		1/4/2019
11045	Deb subq tissue add-on	CONDITIONAL	Prior auth required for Podiatry services only	
11055	Trim skin lesion	Y	When performed in a SNF / LTC facility during an authorized stay, a single authorization request may cover up to a 12 month period	Comments added 9/1/2018
11056	Trim skin lesions 2 to 4	Y	When performed in a SNF / LTC facility during an authorized stay, a single authorization request may cover up to a 12 month period	Comments added 9/1/2018
11057	Trim skin lesions over 4	Y	When performed in a SNF / LTC facility during an authorized stay, a single authorization request may cover up to a 12 month period	Comments added 9/1/2018
11200	Removal of skin tags <w/15	Y		
11201	Remove skin tags add-on	Y		
11300	Shave skin lesion 0.5 cm/<	Y		
11301	Shave skin lesion 0.6-1.0 cm	Y		
11302	Shave skin lesion 1.1-2.0 cm	Y		
11303	Shave skin lesion >2.0 cm	Y		
11305	Shave skin lesion 0.5 cm/<	Y		
11306	Shave skin lesion 0.6-1.0 cm	Y		
11307	Shave skin lesion 1.1-2.0 cm	Y		
11308	Shave skin lesion >2.0 cm	Y		
11310	Shave skin lesion 0.5 cm/<	Y		
11311	Shave skin lesion 0.6-1.0 cm	Y		
11312	Shave skin lesion 1.1-2.0 cm	Y		
11719	Trim nail(s) any number	Y	Only covered under CA benefit	
11920	Correct skin color 6.0 cm/<	Y	Only covered under CA benefit	
11921	Correct skn color 6.1-20.0cm	Y	Only covered under CA benefit	
11922	Correct skin color ea 20.0cm	Y	Only covered under CA benefit	
11950	Tx contour defects 1 cc/<	Y	Only covered under CA benefit	
11951	Tx contour defects 1.1-5.0cc	Y	Only covered under CA benefit	
11952	Tx contour defects 5.1-10cc	Y	Only covered under CA benefit	
11954	Tx contour defects >10.0 cc	Y	Only covered under CA benefit	
15775	Hair trnspl 1-15 punch grfts	Y	Only covered under CA benefit	
15776	Hair trnspl >15 punch grafts	Y	Only covered under CA benefit	
15788	Chemical peel face epiderm	Y		
15789	Chemical peel face dermal	Y		
15792	Chemical peel nonfacial	Y		
15820	Removal of excessive skin of lower eyelid	Y		9/1/2020
15822	Revision of upper eyelid	Y		
15823	Revision of upper eyelid	Y		
15824	Removal of forehead wrinkles	Y	Only covered under CA benefit	
15825	Removal of neck wrinkles	Y	Only covered under CA benefit	
15826	Removal of brow wrinkles	Y	Only covered under CA benefit	

15828	Removal of face wrinkles	Y	Only covered under CA benefit	
15829	Removal of skin wrinkles	Y	Only covered under CA benefit	
15830	Exc skin abd	Y	Only covered under CA benefit	
15832	Excise excessive skin thigh	Y	Only covered under CA benefit	
15834	Excise excessive skin hip	Y	Only covered under CA benefit	
15835	Excise excessive skin buttck	Y	Only covered under CA benefit	
15836	Excise excessive skin arm	Y	Only covered under CA benefit	
15847	Exc skin abd add-on	Y	Only covered under CA benefit	
15876	Suction lipectomy head&neck	Y	Only covered under CA benefit	
15877	Suction lipectomy trunk	Y	Only covered under CA benefit	
15878	Suction lipectomy upr extrem	Y	Only covered under CA benefit	
15879	Suction lipectomy lwr extrem	Y	Only covered under CA benefit	
17311	Mohs 1 stage h/n/hf/g	Y		
17312	Mohs addl stage	Y		
17313	Mohs 1 stage t/a/l	Y		
17314	Mohs addl stage t/a/l	Y		
17315	Mohs surg addl block	Y		
17380	Hair removal by electrolysis	Y	Only covered under CA benefit	
17999	Skin, mucus membrane and beneath the skin procedure	Y		
19300	Removal of breast tissue	Y		
19301	Partial mastectomy	Y		
19302	P-mastectomy w/ln removal	Y		
19303	Mast simple complete	Y		
19304	Mast subq	Y		
19307	Mast mod rad	Y		
19318	Reduction of large breast	Y		
19325	Enlarge breast with implant	Y		
19328	Removal of breast implant	Y		
19340	Immediate breast prosthesis	Y		
19370	Surgery of breast capsule	Y		
19371	Removal of breast capsule	Y		
19380	Revise breast reconstruction	Y		
19499	Breast surgery procedure	Y		1/10/2019
20838	REPLANTATION FOOT COMPLETE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
20912	Remove cartilage for graft	Y		9/1/2020
20999	Muscle and bone procedure	Y		
21110	Interdental fixation	Y		
21137	Reduction of forehead	Y		
21193	Reconst lwr jaw w/o graft	Y		
21196	Reconst lwr jaw w/fixation	Y		
21209	Reduction of facial bones	Y		
21210	Repair of nasal or cheek bone with bone graft	CONDITIONAL	PA required for CA only. CMS Rule: CMS-1717-FC	9/1/2020
21256	RECONSTRUCTION OF ORBIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
21299	Skull and face bone procedure	Y		
21499	Unlisted musculoskeletal procedure, head	Y		
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Y		
22633	Lumbar spine fusion combined	Y		
22634	Spine fusion extra segment	Y		

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)	Y		
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)	Y		
22856	Cerv artific diskectomy	Y		
22857	Lumbar artif diskectomy	Y		
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)	Y		
22862	Revise lumbar artif disc	Y		
22865	Remove lumb artif disc	Y		
22867	INSJ STABLJ DEV W/DCMPRN	Y		
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Y		
22869	INSJ STABLJ DEV W/O DCMPRN	Y		
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Y		
23473	Revis reconst shoulder joint	Y		
23474	Revis reconst shoulder joint	Y		
23800	FUSION OF SHOULDER JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
23802	FUSION OF SHOULDER JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
23900	AMPUTATION OF ARM & GIRDLE	Y		
23921	AMPUTATION FOLLOW-UP SURGERY	Y		
23929	SHOULDER SURGERY PROCEDURE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24145	PARTIAL REMOVAL OF RADIUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24147	PARTIAL REMOVAL OF ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24151	EXTENSIVE HUMERUS SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24153	EXTENSIVE RADIUS SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24155	REMOVAL OF ELBOW JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24160	REMOVE ELBOW JOINT IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24164	REMOVE RADIUS HEAD IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24301	MUSCLE/TENDON TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24320	REPAIR OF ARM TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24332	TENOLYSIS TRICEPS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24346	RECONSTRUCT ELBOW MED LIGMNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24352	REPAIR OF TENNIS ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24354	REPAIR OF TENNIS ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

24356	REVISION OF TENNIS ELBOW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24400	REVISION OF HUMERUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24410	REVISION OF HUMERUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24420	REVISION OF HUMERUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24495	DECOMPRESSION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24800	FUSION OF ELBOW JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24802	FUSION/GRAFT OF ELBOW JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24900	AMPUTATION OF UPPER ARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24920	AMPUTATION OF UPPER ARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24925	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24931	AMPUTATE UPPER ARM & IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24935	REVISION OF AMPUTATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24940	REVISION OF UPPER ARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
24999	Upper arm/elbow surgery	Y		
25025	DECOMPRESS FOREARM 2 SPACES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25031	DRAINAGE OF FOREARM BURSA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25035	TREAT FOREARM BONE LESION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25151	PARTIAL REMOVAL OF RADIUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25251	REMOVAL OF WRIST PROSTHESIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25263	REPAIR FOREARM TENDON/MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25272	REPAIR FOREARM TENDON/MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25275	REPAIR FOREARM TENDON SHEATH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25301	FUSION OF TENDONS AT WRIST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25312	TRANSPLANT FOREARM TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25332	REVISE WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25355	REVISION OF RADIUS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25360	REVISION OF ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25365	REVISE RADIUS & ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25370	REVISE RADIUS OR ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25375	REVISE RADIUS & ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25426	REPAIR/GRAFT RADIUS & ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25431	REPAIR NONUNION CARPAL BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25450	REVISION OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25455	REVISION OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25492	REINFORCE RADIUS AND ULNA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25671	PIN RADIOULNAR DISLOCATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25800	FUSION OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25805	FUSION/GRAFT OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25810	FUSION/GRAFT OF WRIST JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25820	FUSION OF HAND BONES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25900	AMPUTATION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25905	AMPUTATION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25907	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25909	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25915	AMPUTATION OF FOREARM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25920	AMPUTATE HAND AT WRIST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25922	AMPUTATE HAND AT WRIST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25924	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25927	AMPUTATION OF HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25929	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25931	AMPUTATION FOLLOW-UP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
25999	Forearm or write surgery	Y		
26035	DECOMPRESS FINGERS/HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26037	DECOMPRESS FINGERS/HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26040	RELEASE PALM CONTRACTURE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

26180	REMOVAL OF FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26185	REMOVE FINGER BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26230	PARTIAL REMOVAL OF HAND BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26250	EXTENSIVE HAND SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26255	EXTENSIVE HAND SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26261	EXTENSIVE FINGER SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26352	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26358	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26370	REPAIR FINGER/HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26373	REPAIR FINGER/HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26390	REVISE HAND/FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26392	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26412	REPAIR/GRAFT HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26416	GRAFT HAND OR FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26420	REPAIR/GRAFT FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26426	REPAIR FINGER/HAND TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26428	REPAIR/GRAFT FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26434	REPAIR/GRAFT FINGER TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26474	FUSION OF FINGER TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26483	TRANSPLANT/GRAFT HAND TENDON	Y		
26490	REVISE THUMB TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26492	TENDON TRANSFER WITH GRAFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26494	HAND TENDON/MUSCLE TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26500	HAND TENDON RECONSTRUCTION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26502	HAND TENDON RECONSTRUCTION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26504	HAND TENDON RECONSTRUCTION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26508	RELEASE THUMB CONTRACTURE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26510	THUMB TENDON TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26518	FUSION OF KNUCKLE JOINTS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26531	REVISE KNUCKLE WITH IMPLANT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26548	RECONSTRUCT FINGER JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26551	GREAT TOE-HAND TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26556	TOE JOINT TRANSFER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26562	REPAIR OF WEB FINGER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26565	CORRECT METACARPAL FLAW	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26568	LENGTHEN METACARPAL/FINGER	Y		
26580	REPAIR HAND DEFORMITY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26591	REPAIR MUSCLES OF HAND	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26596	EXCISION CONSTRICTING TISSUE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26676	PIN HAND DISLOCATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26820	THUMB FUSION WITH GRAFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26844	FUSION/GRAFT OF HAND JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
26989	Hand/finger surgery	Y		
27054	REMOVAL OF HIP JOINT LINING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27071	PART REMOVAL HIP BONE DEEP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27078	RSECT HIP TUM INCL FEMUR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27079	EXTENSIVE HIP SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27080	REMOVAL OF TAIL BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27087	REMOVE HIP FOREIGN BODY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27090	Removal of hip prosthesis (separate procedure)	Y		1/6/2018
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Y		1/6/2018
27098	TRANSFER TENDON TO PELVIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27100	TRANSFER OF ABDOMINAL MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

27105	TRANSFER OF SPINAL MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27111	TRANSFER OF ILIOPSOAS MUSCLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27125	Hermiarthroplasty, hip, partial (e.g., femoral stern prosthesis, bipolar arthroplasty)	Y		1/6/2018
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Y		1/6/2018
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Y		1/6/2018
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Y		1/6/2018
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Y		1/6/2018
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Y		1/6/2018
27140	TRANSPLANT FEMUR RIDGE	Y		
27147	REVISION OF HIP BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27158	REVISION OF PELVIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27165	INCISION/FIXATION OF FEMUR	Y		
27170	REPAIR/GRAFT FEMUR HEAD/NECK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27179	REVISE HEAD/NECK OF FEMUR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27185	REVISION OF FEMUR EPIPHYSIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	Y		
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	Y		
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	Y		1/6/2018
27280	FUSION OF SACROILIAC JOINT	Y		
27282	FUSION OF PUBIC BONES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27284	FUSION OF HIP JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27286	FUSION OF HIP JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27290	AMPUTATION OF LEG AT HIP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27295	AMPUTATION OF LEG AT HIP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27299	Unlisted Pelvis/hip joint surgery	Y		
27326	NEURECTOMY POPLITEAL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27365	RESECT FEMUR/KNEE TUMOR	Y		
27381	REPAIR/GRAFT KNEECAP TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27397	TRANSPLANTS OF THIGH TENDONS	Y		
27400	REVISE THIGH MUSCLES/TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27407	REPAIR OF KNEE LIGAMENT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27409	REPAIR OF KNEE LIGAMENTS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27412	AUTOCHONDROCYTE IMPLANT KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y		
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

27438	Arthroplasty, patella; with prosthesis	Y		1/6/2018
27441	Revision of knee joint	Y		1/10/2019
27443	REVISION OF KNEE JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27445	Revision of knee joint	Y		
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Y		1/6/2018
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Y		1/6/2018
27466	LENGTHENING OF THIGH BONE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27468	SHORTEN/LENGTHEN THIGHS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27477	SURGERY TO STOP LEG GROWTH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Y		1/6/2018
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Y		1/6/2018
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Y		1/6/2018
27580	FUSION OF KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27599	Leg surgery procedure	Y		
27610	Explore/treat ankle joint	Y		
27626	REMOVE ANKLE JOINT LINING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27652	REPAIR/GRAFT ACHILLES TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27656	REPAIR LEG FASCIA DEFECT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27658	Repair of leg tendon each	CONDITIONAL	Prior auth required for Podiatry services only	
27659	REPAIR OF LEG TENDON EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27676	REPAIR LOWER LEG TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27681	RELEASE OF LOWER LEG TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27692	REVISE ADDITIONAL LEG TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27696	REPAIR OF ANKLE LIGAMENTS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27700	REVISION OF ANKLE JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27704	REMOVAL OF ANKLE IMPLANT	Y	Prior auth required for Podiatry services only	
27709	INCISION OF TIBIA & FIBULA	Y		
27722	REPAIR/GRAFT OF TIBIA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27725	REPAIR OF LOWER LEG	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27730	REPAIR OF TIBIA EPIPHYSIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27732	REPAIR OF FIBULA EPIPHYSIS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27734	REPAIR LOWER LEG EPIPHYSES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27740	REPAIR OF LEG EPIPHYSES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27742	REPAIR OF LEG EPIPHYSES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27760	Cltx medial ankle fx	CONDITIONAL	Prior auth required for Podiatry services only	
27786	Treatment of ankle fracture	CONDITIONAL	Prior auth required for Podiatry services only	
27840	Treat ankle dislocation	CONDITIONAL	Prior auth required for Podiatry services only	
27871	FUSION OF TIBIOFIBULAR JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27880	Amputation of lower leg	Y		
27881	Amputation of lower leg	Y		
27882	Amputation of lower leg	Y		
27884	Amputation follow-up surgery	Y		
27886	Amputation follow-up surgery	Y		
27889	AMPUTATION OF FOOT AT ANKLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27894	DECOMPRESSION OF LEG	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
27899	Leg/ankle surgery procedure	Y		
28035	DECOMPRESSION OF TIBIA NERVE	Y		
28114	REMOVAL OF METATARSAL HEADS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28153	PARTIAL REMOVAL OF TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

28160	PARTIAL REMOVAL OF TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28202	REPAIR/GRAFT OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28210	REPAIR/GRAFT OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28220	RELEASE OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28222	RELEASE OF FOOT TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28226	RELEASE OF FOOT TENDONS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28232	INCISION OF TOE TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28234	INCISION OF FOOT TENDON	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28240	RELEASE OF BIG TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28262	REVISION OF FOOT AND ANKLE	Y		
28264	RELEASE OF MIDFOOT JOINT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28280	FUSION OF TOES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28291	CORRJ HALUX RIGDUS W/IMPLT	Y		
28295	CORRECTION HALLUX VALGUS	Y		
28341	RESECT ENLARGED TOE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28360	RECONSTRUCT CLEFT FOOT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28430	Treatment of ankle fracture	CONDITIONAL	Prior auth required for Podiatry services only	
28555	REPAIR FOOT DISLOCATION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28737	REVISION OF FOOT BONES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
28899	Foot or toe procedure	Y		
29799	Casting/strapping procedure	Y		
29800	JAW ARTHROSCOPY/SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29804	JAW ARTHROSCOPY/SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29894	ANKLE ARTHROSCOPY/SURGERY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29907	SUBTALAR ARTHRO W/FUSION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
29999	Arthroscopy of joing	Y		
30130	Excise inferior turbinate	Y		
30140	Resect inferior turbinate	Y		
30400	Reconstruction of nose	Y		
30410	Reconstruction of nose	Y		
30420	Reconstruction of nose	Y		
30430	Revision of nose	Y		
30435	Revision of nose	Y		
30450	Revision of nose	Y		
30460	Revision of nose	Y		
30462	Repair of congenital nasal defect with lengthening of tip of nose	Y		9/1/2020
30465	Repair nasal stenosis	Y		
30520	Repair of nasal septum	Y		
30540	Repair nasal defect	Y		
30560	Release of nasal adhesions	Y		
30580	Repair upper jaw fistula	Y		
30915	Ligation nasal sinus artery	Y		
30930	Ther fx nasal inf turbinate	Y		
30999	Nasal Surgery Procedure	Y		
31030	Exploration maxillary sinus	Y		
31040	Exploration behind upper jaw	Y		
31070	Exploration of frontal sinus	Y		
31080	Removal of frontal sinus	Y		
31081	Removal of frontal sinus	Y		
31085	Removal of frontal sinus	Y		
31086	Removal of frontal sinus	Y		
31090	Exploration of sinuses	Y		
31205	Removal of ethmoid sinus	Y		
31225	Removal of upper jaw	Y		
31233	Nasal/sinus endoscopy dx	Y		

31254	Revision of ethmoid sinus	Y		
31255	Removal of ethmoid sinus	Y		
31256	Exploration maxillary sinus	Y		
31276	Sinus endoscopy surgical	Y		
31287	Nasal/sinus endoscopy surg	Y		
31288	Nasal/sinus endoscopy surg	Y		
31290	Nasal/sinus endoscopy surg	Y		
31292	Nasal/sinus endoscopy surg	Y		
31294	Nasal/sinus endoscopy surg	Y		
31295	Sinus endo w/balloon dil	Y		
31296	Sinus endo w/balloon dil	Y		
31297	Sinus endo w/balloon dil	Y		
31299	Sinus Surgery Procedure	Y		
31551	LARYNGOPLASTY LARYNGEAL STEN	Y		
31552	LARYNGOPLASTY LARYNGEAL STEN	Y		
31553	LARYNGOPLASTY LARYNGEAL STEN	Y		
31554	LARYNGOPLASTY LARYNGEAL STEN	Y		
31572	LARGSC W/LASER DSTRJ LES	Y		
31573	LARGSC W/THER INJECTION	Y		
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	Y		
31591	LARYNGOPLASTY MEDIALIZATION	Y		
31592	CRICOTRACHEAL RESECTION	Y		
31599	Larynx surgery procedure	Y		
32491	Lung volume reduction	Y	Only covered under CA benefit	
33340	PERQ CLSR TCAT L ATR APNDGE	Y		
33390	VALVULOPLASTY AORTIC VALVE	Y		
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	Y		
33935	Transplantation heart/lung	Y		
33945	Transplantation of heart	Y		
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno- venous	Y		
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno- arterial	Y		
33990	Insert vad artery access	Y		
33999	Cardiac surgery procedure	Y		
35475	Repair arterial blockage	Y		
36456	PRTL EXCHANGE TRANSFUSE NB	Y		
36468	Injection(s) spider veins	Y	Only covered under CA benefit	
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y		
36474	ENDOVENOUS MCHNCHEM ADD-ON	Y		
36475	Endovenous rf 1st vein	Y		9/1/2020
36476	Endovenous rf vein add-on	Y		9/1/2020
36478	Endovenous laser 1st vein	Y		9/1/2020
36482	Chemical destruction of incompetent vein of arm or leg, accessed through the	CONDITIONAL	PA required for CA only	9/1/2020
36483	Chemical destruction of incompetent vein of arm or leg, accessed through the	CONDITIONAL	PA required for CA only	9/1/2020
36522	Photopheresis	Y		
36901	INTRO CATH DIALYSIS CIRCUIT	Y		
36902	INTRO CATH DIALYSIS CIRCUIT	Y		
36903	INTRO CATH DIALYSIS CIRCUIT	Y		
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y		

36905	THRMBC/NFS DIALYSIS CIRCUIT	Y		
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y		
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)	Y		
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging 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)	Y		
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (list separately in addition to code for primary procedure)	Y		
37215	Transcath stent cca w/eps	Y		
37217	Stent placemt retro carotid	Y		
37236	Open/perq place stent 1st	Y		
37237	Open/perq place stent ea add	Y		
37238	Open/perq place stent same	Y		
37239	Open/perq place stent ea add	Y		
37241	Vasc embolize/occlude venous	Y		
37242	Vasc embolize/occlude artery	Y		
37243	Vasc embolize/occlude organ	Y		
37244	Vasc embolize/occlude bleed	Y		
37246	TRLUML BALO ANGIOP 1ST ART	Y		
37248	TRLUML BALO ANGIOP 1ST VEIN	Y		
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (list separately in addition to code for primary procedure)	Y		
37799	Vascular surgery procedure	Y		
38205	Harvest allogeneic stem cell	Y		
38206	Harvest auto stem cells	Y		
38230	Bone marrow harvest allogen	Y		
38240	Transplt allo hct/donor	Y		
38241	Transplt autol hct/donor	Y		
38242	Transplt allo lymphocytes	Y		
38999	Blood/lymph system procedure	Y		
40799	Lip surgery procedure	Y		
40840	Reconstruction of mouth	Y		
40842	Reconstruction of mouth	Y		
40843	Reconstruction of mouth	Y		
40844	Reconstruction of mouth	Y		
40845	Reconstruction of mouth	Y		
41599	Tongue and mouth surgery	Y		
41806	Removal foreign body jawbone	Y		
41820	Excision gum each quadrant	Y		
41821	Excision of gum flap	Y		
41822	Excision of gum lesion	Y		

41823	Excision of gum lesion	Y		
41825	Excision of gum lesion	Y		
41826	Excision of gum lesion	Y		
41827	Excision of gum lesion	Y		
41828	Excision of gum lesion	Y		
41830	Removal of gum tissue	Y		
41850	Treatment of gum lesion	Y		
41870	Gum graft	Y		
41872	Repair gum	Y		
41874	Repair tooth socket	Y		
41899	Procedure, Dentoalveolar Structures	Y		
42140	Excision of uvula	Y		
42145	Repair palate pharynx/uvula	Y		
42200	Reconstruct cleft palate	Y		
42205	Reconstruct cleft palate	Y		
42210	Reconstruct cleft palate	Y		
42215	Reconstruct cleft palate	Y		
42220	Reconstruct cleft palate	Y		
42225	Reconstruct cleft palate	Y		
42235	Repair palate	Y		
42281	Insertion palate prosthesis	Y		
42699	Salivary surgery procedure	Y		
42999	Throat surgery procedure	Y		
43191	Esophagoscopy rigid trnso dx	Y		
43194	Esophagoscp rig trnso rem fb	Y		
43195	Esophagoscopy rigid balloon	Y		
43197	Esophagoscopy flex dx brush	Y		
43198	Esophagosc flex trnsn biopsy	Y		
43213	Esophagoscopy retro balloon	Y		
43233	Egd balloon dil esoph30 mm/>	Y		
43253	Egd us transmural injxn/mark	Y		
43254	Egd endo mucosal resection	Y		
43266	Egd endoscopic stent place	Y		
43270	Egd lesion ablation	Y		
43274	Ercp duct stent placement	Y		
43275	Ercp remove forgn body duct	Y		
43276	Ercp stent exchange w/dilate	Y		
43277	Ercp ea duct/ampulla dilate	Y		
43278	Ercp lesion ablate w/dilate	Y		
43279	Lap myotomy heller	Y		
43281	Lap paraesophag hern repair	Y		
43282	Lap paraesoph her rpr w/mesh	Y		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y		
43285	RMVL ESOPHGL SPHNCTR DEV	Y		
43499	Esophagus surgery procedure	Y		
43644	Lap gastric bypass/roux-en-y	Y		
43645	Lap gastr bypass incl smll i	Y		
43647	Lap impl electrode antrum	Y		
43653	Laparoscopy gastrostomy	Y		
43659	Laparoscope proc stom	Y		
43770	Lap place gastr adj device	Y		
43772	Lap rmvl gastr adj device	Y		
43774	Lap rmvl gastr adj all parts	Y		
43775	Lap sleeve gastrectomy	Y		
43999	Stomach surgery procedure	Y		

44132	Enterectomy cadaver donor	Y	Only covered under CA benefit	
44133	Enterectomy live donor	Y	Only covered under CA benefit	
44135	Intestine transplnt cadaver	Y		
44136	Intestine transplant live	Y		
44360	Small bowel endoscopy	Y		
44799	Unlisted px small intestine	Y		
45999	Rectum Surgery Procedure	Y		
47135	Transplantation of liver	Y		
47379	Laparoscope Procedure Liver	Y		
47399	Liver Surgery Procedure	Y		
47563	Laparo cholecystectomy/graph	Y		
47600	Removal of gallbladder	Y		
47605	Removal of gallbladder	Y		
47999	Bile Tract Surgery Procedure	Y		
48554	Transpl allograft pancreas	Y		
49000	Exploration of abdomen	Y		
49329	Procedure On Abdomen Using An Endoscope	Y		
49560	Rpr ventral hern init reduc	Y		
49561	Rpr ventral hern init block	Y		
49565	Rerepair ventrl hern reduce	Y		
49566	Rerepair ventrl hern block	Y		
49652	Lap vent/abd hernia repair	Y		
49653	Lap vent/abd hern proc comp	Y		
49654	Lap inc hernia repair	Y		
49655	Lap inc hern repair comp	Y		
49656	Lap inc hernia repair recur	Y		
49657	Lap inc hern recur comp	Y		
49999	Abdomen Surgery Procedure	Y		
50360	Transplantation of kidney	Y		
50370	Remove transplanted kidney	Y		
52287	Cystoscopy chemodenervation	Y		
53899	Procedure, Urinary System	Y		
54405	Insert multi-comp penis pros	Y	Only covered under CA benefit	
55899	Male Genital System Procedure	Y		
58150	Total hysterectomy	Y		1/7/2020
58180	Partial hysterectomy	Y		1/7/2020
58200	Extensive hysterectomy	Y		1/7/2020
58210	Extensive hysterectomy	Y		1/7/2020
58260	Vaginal hysterectomy	Y		1/7/2020
58262	Vag hyst including t/o	Y		1/7/2020
58290	Vag hyst complex	Y		1/7/2020
58292	Vag hyst t/o & repair compl	Y		1/7/2020
58570	Tlh uterus 250 g or less	Y		
58571	Tlh w/t/o 250 g or less	Y		
58573	Tlh w/t/o uterus over 250 g	Y		
58674	LAPS ABLTJ UTERINE FIBROIDS	Y		
61630	Intracranial angioplasty	Y		
61635	Intracran angioplsty w/stent	Y		
61796	Srs cranial lesion simple	Y		
61797	Srs cran les simple addl	Y		
61798	Srs cranial lesion complex	Y		
61799	Srs cran les complex addl	Y		
61800	Apply srs headframe add-on	Y		
61863	Implant neuroelectrode	Y	Only covered under CA benefit	
61885	Insrt/redo neurostim 1 array	Y		

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	Y		
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)	Y		
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	Y		
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)	Y		
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Y		
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct)	Y		
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Y		
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or ct)	Y		
62362	Implant spine infusion pump	Y		
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y		
63003	Remove spine lamina 1/2 thrc	Y		
63005	Remove spine lamina 1/2 lmbr	Y		
63011	Remove spine lamina 1/2 scrl	Y		
63012	Remove lamina/facets lumbar	Y		
63015	Remove spine lamina >2 crvcl	Y		
63017	Remove spine lamina >2 lmbr	Y		
63030	Low back disk surgery	Y		

63035	Spinal disk surgery add-on	Y		
63042	Laminotomy single lumbar	Y		
63044	Laminotomy addl lumbar	Y		
63045	Remove spine lamina 1 crvl	Y		
63046	Remove spine lamina 1 thrc	Y		
63047	Remove spine lamina 1 lmbr	Y		
63048	Remove spinal lamina add-on	Y		
63064	Decompress spinal cord thrc	Y		
63081	Remove vert body dcmprn crvl	Y		
63082	Remove vertebral body add-on	Y		
63087	Remov vertbr dcmprn thrclmbr	Y		
63190	Incise spine nrv >2 segmnts	Y		
63200	Release spinal cord lumbar	Y		
63620	Srs spinal lesion	Y		
63621	Srs spinal lesion addl	Y		
63650	Implant neuroelectrodes	Y		
63661	Remove spine eltrd perq aray	Y		
63662	Remove spine eltrd plate	Y		
63663	Revise spine eltrd perq aray	Y		
63685	Insrt/redo spine n generator	Y		
63688	Revise/remove neuroreceiver	Y		
64455	N block inj plantar digit	Y		
64490	Inj paravert f jnt c/t 1 lev	Y		
64491	Inj paravert f jnt c/t 2 lev	Y		
64492	Inj paravert f jnt c/t 3 lev	Y		
64493	Inj paravert f jnt l/s 1 lev	Y		
64494	Inj paravert f jnt l/s 2 lev	Y		
64495	Inj paravert f jnt l/s 3 lev	Y		
64611	Chemodenerv saliv glands	Y		
64612	Destroy nerve face muscle	Y		
64615	Chemodenerv musc migraine	Y		
64616	Chemodenerv musc neck dyston	Y		
64617	Chemodener muscle larynx emg	Y		
64632	N block inj common digit	Y		
64633	Destroy cerv/thor facet jnt	Y		
64634	Destroy c/th facet jnt addl	Y		
64635	Destroy lumb/sac facet jnt	Y		
64636	Destroy l/s facet jnt addl	Y		
64642	Chemodenerv 1 extremity 1-4	Y		
64643	Chemodenerv 1 extrem 1-4 ea	Y		
64644	Chemodenerv 1 extrem 5/> mus	Y		
64645	Chemodenerv 1 extrem 5/> ea	Y		
64646	Chemodenerv trunk musc 1-5	Y		
64702	Revise finger/toe nerve	Y		
64704	Revise hand/foot nerve	Y		
64708	Revise arm/leg nerve	Y		
64712	Revision of sciatic nerve	Y		
64713	Revision of arm nerve(s)	Y		
64716	Revision of cranial nerve	Y		
64718	Revise ulnar nerve at elbow	Y		
64719	Revise ulnar nerve at wrist	Y		
64721	Carpal tunnel surgery	Y		
64727	Internal nerve revision	Y		
64999	Nervous System Surgery	Y		
65750	CORNEAL TRANSPLANT	Y		

65755	CORNEAL TRANSPLANT	Y		
65767	CORNEAL TISSUE TRANSPLANT	Y		
65770	REVISE CORNEA WITH IMPLANT	Y		
65780	Ocular reconst transplant	Y		
65782	OCULAR RECONST TRANSPLANT	Y		
67221	Ocular photodynamic ther	Y		
67399	UNLISTED PX EXTRAOCULAR MUSC	Y		
67445	EXPLR/DECOMPRESS EYE SOCKET	Y		
67505	INJECT/TREAT EYE SOCKET	Y		
67900	Repair brow defect	Y		9/1/2020
67901	Repair eyelid defect	Y		9/1/2020
67902	Repair eyelid defect	Y		9/1/2020
67903	Repair eyelid defect	Y		9/1/2020
67904	Repair eyelid defect	Y		9/1/2020
67906	REPAIR EYELID DEFECT	Y		9/1/2020
67908	Repair eyelid defect	Y		
67911	Revise eyelid defect	Y		9/1/2020
67912	Correction eyelid w/implant	Y		
68399	Eyelid Lining Surgery	Y		
69300	Revise external ear	Y		
69399	Outer Ear Surgery Procedure	Y		
69930	Implant cochlear device	Y		
70336	Magnetic image jaw joint	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70540	MRI orbit/face/neck w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70542	MRI orbit/face/neck w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70543	MRI orbt/fac/nck w/o &w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70544	Mr angiography head w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70545	Mr angiography head w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70546	Mr angiograph head w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70547	Mr angiography neck w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70548	Mr angiography neck w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70549	Mr angiograph neck w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70551	MRI brain stem w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70552	MRI brain stem w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70553	MRI brain stem w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70554	FMRI brain by tech	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70555	FMRI brain by phys/psych	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70557	MRI brain w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
70558	MRI brain w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
70559	MRI brain w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71550	MRI chest w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71551	MRI chest w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71552	MRI chest w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
71555	MRI angio chest w or w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
72141	MRI neck spine w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72142	MRI neck spine w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72146	MRI chest spine w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72147	MRI chest spine w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72148	MRI lumbar spine w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72149	MRI lumbar spine w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72156	MRI neck spine w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72157	MRI chest spine w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72158	MRI lumbar spine w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72159	Mr angio spine w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
72195	MRI pelvis w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	

72196	MRI pelvis w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72197	MRI pelvis w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
72198	Mr angio pelvis w/o & w/dye	Y		
73218	MRI upper extremity w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73219	MRI upper extremity w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73220	MRI uppr extremity w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73221	MRI joint upr extrem w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73222	MRI joint upr extrem w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73223	MRI joint upr extr w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73225	Mr angio upr extr w/o&w/dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
73718	MRI lower extremity w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73719	MRI lower extremity w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73720	MRI lwr extremity w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73721	MRI jnt of lwr extre w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73722	MRI joint of lwr extr w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73723	MRI joint lwr extr w/o&w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
73725	Mr ang lwr ext w or w/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
74181	MRI abdomen w/o dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
74182	MRI abdomen w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
74183	MRI abdomen w/o & w/dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
74185	MRI angio abdom w orw/o dye	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
75557	Cardiac MRI for morph	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75559	Cardiac MRI w/stress img	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75561	CARDIAC MAGNETIC RESONANCE IMAGING (MRI) FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75563	Card MRI w/stress img & dye	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
75565	Card MRI veloc flow mapping	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
76391	MR ELASTOGRAPHY	Y		
76496	Fluoroscopic Procedure (Eg, Diagnostic, Interventional)	Y		
76497	Computed Tomography Procedure (Eg, Diagnostic, Interventional)	Y		
76498	Magnetic Resonance Procedure (Eg, Diagnostic, Interventional)	Y		
76499	Radiographic Procedure	Y		
77046	MRI BREAST C- UNILATERAL	Y		1/4/2019
77047	MRI BREAST C- BILATERAL	Y		1/4/2019
77048	MRI BREAST C-+ W/CAD UNI	Y		1/4/2019
77049	MRI BREAST C-+ W/CAD BI	Y		1/4/2019
77081	Dxa bone density/peripheral	Y		
77084	Magnetic image bone marrow	CONDITIONAL	Prior auth not required for members UNDER 21; Required if OVER 21	
77371	Srs multisource	Y		
77372	Srs linear based	Y		
77373	Sbrt delivery	Y		
77418	RADIATION TX DELIVERY IMRT	Y		
77435	Sbrt management	Y		
77600	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77605	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77610	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77615	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77620	Hyperthermia treatment	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
77787	HDR BRACHYTX OVER 12 CHAN	Y		
78012	Thyroid uptake measurement	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78013	Thyroid imaging w/blood flow	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78071	Parathyrd planar w/wo subtrj	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	

78072	Parathyrd planar w/spect&ct	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78414	Non-imaging heart function	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78445	Vascular flow imaging	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78451	Ht muscle image spect sing	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78453	Ht muscle image planar sing	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78454	Ht musc image planar mult	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78457	Venous thrombosis imaging	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78458	Ven thrombosis images bilat	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78459	Heart muscle imaging (pet)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78466	Heart infarct image	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78468	Heart infarct image (ef)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78469	Heart infarct image (3d)	CONDITIONAL	only covered under CA benefit	
78481	Heart first pass single	Y		
78483	Heart first pass multiple	Y		
78491	Heart image (pet) single	Y	only covered under CA benefit	
78492	Heart image (pet) multiple	Y	only covered under CA benefit	
78494	Heart image spect	Y		
78496	Heart first pass add-on	Y		
78608	Brain imaging (pet)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78609	Brain imaging (pet)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78710	Kidney imaging (3d)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S)	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78804	Tumor imaging whole body	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78807	Nuclear localization/abscess	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78811	Pet image ltd area	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78812	Pet image skull-thigh	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78813	Pet image full body	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78814	Pet image w/ct lmtd	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78815	Pet image w/ct skull-thigh	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78816	Pet image w/ct full body	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
78999	Nuclear Diagnostic Exam	Y		
79403	Hematopoietic nuclear tx	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81162	BRCA1, BRCA2 gene analysis; full sequence analysis and full duplication/deletion analysis	Y		
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y		1/4/2019
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Y		1/4/2019
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Y		1/4/2019
81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Y		1/4/2019
81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	Y		1/4/2019
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Y		
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Y		
81177	ATN1 GENE DETC ABNOR ALLELES	Y		1/4/2019
81178	ATXN1 GENE DETC ABNOR ALLELE	Y		1/4/2019
81179	ATXN2 GENE DETC ABNOR ALLELE	Y		1/4/2019
81180	ATXN3 GENE DETC ABNOR ALLELE	Y		1/4/2019
81181	ATXN7 GENE DETC ABNOR ALLELE	Y		1/4/2019
81182	ATXN8OS GEN DETC ABNOR ALLEL	Y		1/4/2019
81183	ATXN10 GENE DETC ABNOR ALLEL	Y		1/4/2019
81184	CACNA1A GEN DETC ABNOR ALLEL	Y		1/4/2019
81185	CACNA1A GENE FULL GENE SEQ	Y		1/4/2019

81186	CACNA1A GEN KNOWN FAMIL VRNT	Y		1/4/2019
81187	CNBP GENE DETC ABNOR ALLELE	Y		1/4/2019
81188	CSTB GENE DETC ABNOR ALLELE	Y		1/4/2019
81189	CSTB GENE FULL GENE SEQUENCE	Y		1/4/2019
81190	CSTB GENE KNOWN FAMIL VRNT	Y		1/4/2019
81201	APC GENE FULL SEQUENCE	Y		
81202	APC GENE KNOWN FAM VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Y		
81206	BCR/ABL1 GENE MAJOR BP	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81207	BCR/ABL1 GENE MINOR BP	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81208	BCR/ABL1 GENE OTHER BP	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81210	BRAF GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81212	BRCA1&2 185&5385&6174 VAR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81215	BRCA1 GENE KNOWN FAM VARIANT	Y		1/10/2019
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Y		
81217	BRCA2 GENE KNOWN FAM VARIANT	Y		1/10/2019
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Y		
81235	EGFR GENE COM VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Y		
81250	G6PC GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81256	HFE GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81260	IKBKAP GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81265	STR MARKERS SPECIMEN ANAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81266	STR MARKERS SPEC ANAL ADDL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81267	CHIMERISM ANAL NO CELL SELEC	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81268	CHIMERISM ANAL W/CELL SELECT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81270	JAK2 GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Y		
81272	KIT GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS	Y		
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Y		
81280	LONG QT SYND GENE FULL SEQ	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81281	LONG QT SYND KNOWN FAM VAR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Y		1/4/2019
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	Y		1/4/2019
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Y		1/4/2019
81287	MGMT GENE METHYLATION ANAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81288	MLH1 GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Y		
81293	MLH1 GENE KNOWN VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81296	MSH2 GENE KNOWN VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81299	MSH6 GENE KNOWN VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81301	MICROSATELLITE INSTABILITY	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Y		

81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Y		
81315	PML/RARALPHA COM BREAKPOINTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81316	PML/RARALPHA 1 BREAKPOINT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81318	PMS2 KNOWN FAMILIAL VARIANTS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81321	PTEN GENE FULL SEQUENCE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81322	PTEN GENE KNOWN FAM VARIANT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81323	PTEN GENE DUP/DELET VARIANT	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81327	SEPT9 METHYLATION ANALYSIS	Y	CareAdvantage only code	
81331	SNRPN/UBE3A GENE	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81336	SMN1 GENE FULL GENE SEQUENCE	Y		
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	Y		
81343	PPP2R2B GEN DETC ABNOR ALLEL	Y		1/4/2019
81344	TBP GENE DETC ABNOR ALLELES	Y		1/4/2019
81345	TERT GENE TARGETED SEQ ALYS	Y		1/4/2019
81371	HLA I & II TYPE VERIFY LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81372	HLA I TYPING COMPLETE LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81373	HLA I TYPING 1 LOCUS LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81374	HLA I TYPING 1 ANTIGEN LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81375	HLA II TYPING AG EQUIV LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81376	HLA II TYPING 1 LOCUS LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81377	HLA II TYPE 1 AG EQUIV LR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81378	HLA I & II TYPING HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81379	HLA I TYPING COMPLETE HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81380	HLA I TYPING 1 LOCUS HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81382	HLA II TYPING 1 LOC HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81383	HLA II TYPING 1 ALLELE HR	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81400	MOPATH PROCEDURE LEVEL 1	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81401	MOPATH PROCEDURE LEVEL 2	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81402	MOPATH PROCEDURE LEVEL 3	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81403	MOPATH PROCEDURE LEVEL 4	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81404	MOPATH PROCEDURE LEVEL 5	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81405	MOPATH PROCEDURE LEVEL 6	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81406	MOPATH PROCEDURE LEVEL 7	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81407	MOPATH PROCEDURE LEVEL 8	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81408	MOPATH PROCEDURE LEVEL 9	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
81412	ASHKENAZI JEWISH ASSOC DIS	Y	CareAdvantage only code	
81413	CAR ION CHNNLPATH INC 10 GNS	Y		
81414	CAR ION CHNNLPATH INC 2 GNS	Y		
81420	FETAL CHRMOML ANEUPLOIDY	Y		
81422	FETAL CHRMOML MICRODELTJ	Y	CareAdvantage only code	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	Y		1/7/2020
81433	HRDTRY BRST CA-RLATD DSORDRS	Y	CareAdvantage only code	
81434	HEREDITARY RETINAL DISORDERS	Y	CareAdvantage only code	
81435	HEREDITARY COLON CANCER	Y		
81436	HEREDITARY COLON CA SYND	Y		
81437	HEREDTRY NURONDCRN TUM DSRDR	Y	CareAdvantage only code	
81438	HEREDTRY NURONDCRN TUM DSRDR	Y	CareAdvantage only code	
81439	INHERITED CARDMYPTHY 5 GNS	Y		

81442	NOONAN SPECTRUM DISORDERS	Y	CareAdvantage only code	
81455	GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES	Y		1/7/2019
81479	Molecular Pathology Procedure	Y		
81490	AUTOIMMUNE RHEUMATOID ARTHR	Y	CareAdvantage only code	
81493	COR ARTERY DISEASE MRNA	Y	CareAdvantage only code	
81500	ONCO (OVAR) TWO PROTEINS	Y		
81503	ONCO (OVAR) FIVE PROTEINS	Y		
81506	ENDO ASSAY SEVEN ANAL	Y		
81507	FETAL ANEUPLOIDY TRISOM RISK	Y		
81508	FTL CGEN ABNOR TWO PROTEINS	Y		
81509	FTL CGEN ABNOR 3 PROTEINS	Y		
81510	FTL CGEN ABNOR THREE ANAL	Y		
81511	FTL CGEN ABNOR FOUR ANAL	Y		
81512	FTL CGEN ABNOR FIVE ANAL	Y		
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	Y		
81519	ONCOLOGY BREAST MRNA	Y		
81525	ONCOLOGY COLON MRNA	Y	CareAdvantage only code	
81538	ONCOLOGY LUNG	Y	CareAdvantage only code	
81539	ONCOLOGY PROSTATE PROB SCORE	Y	CareAdvantage only code	
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Y	CareAdvantage only code	
81545	ONCOLOGY THYROID	Y		
81595	CARDIOLOGY HRT TRNSPL MRNA	Y		
81599	Unlisted multianalyte assay with algorithmic analysis	Y		1/7/2020
83894	MOLECULE GEL ELECTROPHOR	Y		
83898	MOLECULE NUCLEIC AMPLI EACH	Y		
83900	MOLECULE NUCLEIC AMPLI 2 SEQ	Y		
83906	MOLECULE MUTATION IDENTIFY	Y		
83909	NUCLEIC ACID HIGH RESOLUTE	Y		
83913	MOLECULAR RNA STABILIZATION	Y		
83914	MUTATION IDENT OLA/SBCE/ASPE	Y		
84145	PROCALCITONIN (PCT)	Y		
84401	TESTOSTERONE BIOAVAILABLE	Y	CareAdvantage only code	
84999	Chemistry Procedure	Y		
86003	ALLERGEN SPEC IGE; QUANTIT/SEMIQ EACH ALLERGEN	CONDITIONAL	Authorization required for over 50 units	
86586	SKIN TEST, UNLISTED	Y		
86711	JOHN CUNNINGHAM ANTIBODY	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86828	HLA CLASS I&II ANTIBODY QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86829	HLA CLASS I/II ANTIBODY QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86830	HLA CLASS I PHENOTYPE QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86831	HLA CLASS II PHENOTYPE QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86832	HLA CLASS I HIGH DEFIN QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86833	HLA CLASS II HIGH DEFIN QUAL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86834	HLA CLASS I SEMIQUANT PANEL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86835	HLA CLASS II SEMIQUANT PANEL	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
86849	IMMUNOLOGY PROCEDURE	Y		
86999	Transfusion Procedure	Y		
87483	CNS DNA AMP PROBE TYPE 12-25	Y		
87902	GENOTYPE DNA/RNA HEP C	Y		
87910	GENOTYPE CYTOMEGALOVIRUS	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
87912	GENOTYPE DNA HEPATITIS B	CONDITIONAL	Prior auth not required if in-patient; required if out-patient	
87999	Microbiology Procedures	Y		

88230	TISSUE CULTURE LYMPHOCYTE	CONDITIONAL	Auth required for CCS members	
88245	CHROMOSOME ANALYSIS 20-25	CONDITIONAL	Auth required for CCS members	
88248	CHROMOSOME ANALYSIS 50-100	CONDITIONAL	Auth required for CCS members	
88249	CHROMOSOME ANALYSIS 100	CONDITIONAL	Auth required for CCS members	
88261	CHROMOSOME ANALYSIS 5	CONDITIONAL	Auth required for CCS members	
88262	CHROMOSOME ANALYSIS 15-20	CONDITIONAL	Auth required for CCS members	
88263	CHROMOSOME ANALYSIS 45	CONDITIONAL	Auth required for CCS members	
88264	CHROMOSOME ANALYSIS 20-25	CONDITIONAL	Auth required for CCS members	
88267	CHROMOSOME ANALYS PLACENTA	CONDITIONAL	Auth required for CCS members	
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	CONDITIONAL	Auth required for CCS members	
89398	UNLISTED REPROD MED LAB PROC	Y		
90378	Palivizumab	Y	June 2020 bulletin	9/1/2020
90473	Immune admin oral/nasal	Y		
90474	Immune admin oral/nasal addl	Y		
90749	Vaccine Or Toxoid Injection Or Infusion Procedure	Y	only covered under CA benefit	
90846	Family psytx w/o patient	CONDITIONAL	PA required after 12 visits	9/1/2020
90847	Family psytx w/patient	CONDITIONAL	PA required after 12 visits	9/1/2020
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Y	Only Covered under CA Benefit	9/1/2020
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Y	Only Covered under CA Benefit	9/1/2020
90869	TCRAN MAGN STIM REDETEMINE	Y	Only covered under CA benefit.	9/1/2020
90870	Electroconvulsive therapy (includes necessary monitoring)	Y		
90899	PSYCHIATRIC SERVICE/THERAPY	Y		
91110	GI TRACT CAPSULE ENDOSCOPY	Y		
92242	FLUORESCEIN ICG ANGIOGRAPHY	Y		
92507	Speech/hearing therapy	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
92508	Speech/hearing therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92522	Evaluation of speech sound production	Y		
92523	Evaluation of speech sound production	Y		
92524	Behavioral and qualitative analysis of voice and resonance	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92526	Treatment of swallowing dysfunction and/or oral function for feeding	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	CONDITIONAL	Prior auth not required if in acute in-patient; required if out-patient, skilled or LTC	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Y		
92609	Therapeutic services for the use of speech-generating device, including programming and modification	Y		
92700	Otorhinolaryngological Service Or Procedure	Y		
93229	REMOTE 30 DAY ECG TECH SUPP	Y		
93590	PERQ TRANSCATH CLS MITRAL	Y		
93591	PERQ TRANSCATH CLS AORTIC	Y		
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Y		
93653	Ep & ablate supravent arrhyt	Y		
93654	Ep & ablate ventric tachy	Y		

93799	Cardiovascular Service Or Procedure	Y		
93982	Aneurysm pressure sens study	Y		
94799	Pulmonary Service/Procedure	Y		
95012	Exhaled nitric oxide meas	Y		1/10/2019
95808	POLYSOM ANY AGE 1-3> PARAM	Y		
95999	Diagnostic Neurological Or Neuromuscular Procedure	Y		
96105	Assessment of Aphasia and Cognitive Performance Testing.	Y		9/1/2020
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Y		9/1/2020
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	Y		9/1/2020
96125	Standardized cognitive performance testing	Y	only covered under CA benefit	
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	Y		9/1/2020
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)	Y		9/1/2020
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	Y		9/1/2020
96133	Psychological and Neuropsychological Testing Evaluation Services.	Y		9/1/2020
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	Y		9/1/2020

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)	Y		9/1/2020
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Y		9/1/2020
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)	Y		9/1/2020
96146	Psychological and Neuropsychological Testing with Automated Administration and Scoring - AAPC Coder.	Y		
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	Y		
96904	Whole body photography	Y		
96913	PHOTOCHEMOTHERAPY UV-A OR B	Y		
96922	LASER TX SKIN >500 SQ CM	Y		
97010	Hot or cold packs therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97012	Mechanical traction therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97014	Electric stimulation therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97016	Vasopneumatic device therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97018	Paraffin bath therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97022	Whirlpool therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97024	Diathermy eg microwave	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97026	Infrared therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97028	Ultraviolet therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97032	Electrical stimulation	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97033	Electric current therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020

97034	Contrast bath therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97035	Ultrasound therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97036	Hydrotherapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97039	Physical Therapy Modality	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97110	Therapeutic exercises	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97112	Neuromuscular reeducation	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97113	Aquatic therapy/exercises	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97116	Gait training therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97124	Massage therapy	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97139	Therapeutic Procedure	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97140	Manual therapy 1/> regions	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97150	Group therapeutic procedures	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97161	PT EVAL LOW COMPLEX 20 MIN	Y	CareAdvantage only code	
97162	PT EVAL MOD COMPLEX 30 MIN	Y	CareAdvantage only code	
97163	PT EVAL HIGH COMPLEX 45 MIN	Y	CareAdvantage only code	
97164	PT RE-EVAL EST PLAN CARE	Y	CareAdvantage only code	
97165	OT EVAL LOW COMPLEX 30 MIN	Y	CareAdvantage only code	
97166	OT EVAL MOD COMPLEX 45 MIN	Y	CareAdvantage only code	
97167	OT EVAL HIGH COMPLEX 60 MIN	Y	CareAdvantage only code	
97168	OT RE-EVAL EST PLAN CARE	Y	CareAdvantage only code	
97530	Therapeutic activities	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97532	Cognitive skills development	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
97533	Sensory integration	Y		
97535	Self care mngment training	Y	only covered under CA benefit	
97537	Community/work reintegration	Y	only covered under CA benefit	

97542	Wheelchair mngment training	Y	only covered under CA benefit	
97545	Work hardening	Y	only covered under CA benefit	
97546	Work hardening add-on	Y	only covered under CA benefit	
97597	RMVL DEVITAL TIS 20 CM/<	Y		
97799	Physical Medicine procedure	Y		
99152	MOD SED SAME PHYS/QHP >5 YRS	Y		1/10/2019
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Y		
99429	Preventive Medicine Service	Y		
99455	Work related disability exam	Y	only covered under CA benefit	
99456	Disability examination	Y	only covered under CA benefit	
99499	Unlisted e&m service	Y		
99500	Home visit prenatal	Y		
99503	Home visit resp therapy	Y		
99504	Home visit mech ventilator	Y		
99505	Home visit stoma care	Y		
99506	Home visit im injection	Y		
99507	Home visit cath maintain	Y		
99509	Home visit day life activity	Y		
99510	Home visit sing/m/fam couns	Y		
99511	Home visit fecal/enema mgmt	Y		
99512	Home visit for hemodialysis	Y		
99601	Home infusion/visit 2 hrs	Y		
99602	Home infusion each addtl hr	Y		
0275T	Perq lamot/lam lumbar	Y		
0504T	COR FFR CTA DATA REVIEW W/INTERPJ & FINAL REPORT	Y		1/1/2020
A0999	Unlisted ambulance service	Y		
A4224	SPL MAINT INSULIN INFUS CATH PER WK	Y	CareAdvantage only code	
A4225	SPL EXT INS INF PMP SYR T CART ST E	Y	CareAdvantage only code	
A4649	Surgical Supplies	Y		
A4890	Repair/maint cont hemo equip	Y		
A4913	Misc Dialysis Supplies	Y		
A5500	Diab shoe for density insert	Y		
A5501	Diabetic custom molded shoe	Y		
A5503	Diabetic shoe w/roller/rockr	Y		
A5504	Diabetic shoe with wedge	Y		
A5505	Diab shoe w/metatarsal bar	Y		
A5506	Diabetic shoe w/off set heel	Y		
A5507	Modification diabetic shoe	Y		
A5512	Multi den insert direct form	Y		
A5513	Multi den insert custom mold	Y		
A6501	Compres burngarment bodysuit	Y		
A6502	Compres burngarment chinstrp	Y		
A6503	Compres burngarment facehood	Y		
A6504	Cmprsburngarment glove-wrist	Y		
A6505	Cmprsburngarment glove-elbow	Y		
A6506	Cmprsburngrmnt glove-axilla	Y		
A6507	Cmprs burngarment foot-knee	Y		
A6508	Cmprs burngarment foot-thigh	Y		
A6509	Compres burn garment jacket	Y		
A6510	Compres burn garment leotard	Y		
A6511	Compres burn garment panty	Y		
A6512	Compres burn garment, noc	Y		
A6513	Compress burn mask face/neck	Y		

A6544	Gc stocking garter belt	Y	Not covered by CA	
A6549	G compression stocking	Y	Not covered by CA	
A8000	Soft protect helmet prefab	Y		
A8001	Hard protect helmet prefab	Y		
A8002	Soft protect helmet custom	Y		
A8003	Hard protect helmet custom	Y		
A8004	Repl soft interface, helmet	Y		
A9152	Single Vitamin/Mineral/Trace Element, Oral, Per Dose	Y		
A9276	Disposable sensor, cgm sys	Y		
A9277	External transmitter, cgm	Y		
A9278	External receiver, cgm sys	Y		
A9284	Non-electronic spirometer	Y		
A9513	LUTETIUM LU 177 DOTATAT THER	Y		1/4/2019
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	Y		
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	Y		
A9599	Radiopha dx beta amyloid pet	Y		
A9604	Sm 153 lexidronam	Y		
A9606	Radium ra223 dichloride ther	Y		1/10/2019
A9900	Miscellaneous Dme Supply, Accessory, And/Or Service Component Of Another Hcpcs Code	CONDITIONAL	When billing for wipes using A9900, the code must be submitted with modifier CG and DOES NOT require prior authorization. When billed w/o modifier, the code will require prior authorization	
A9999	Dme supply or accessory, nos	Y		
B4102	Ef adult fluids and electro	Y		
B4104	Additive for enteral formula	Y		
B4149	Ef blenderized foods	Y		
B4150	Ef complet w/intact nutrient	Y		
B4152	Ef calorie dense>/=1.5kcal	Y		
B4153	Ef hydrolyzed/amino acids	Y		
B4154	Ef spec metabolic noninherit	Y		
B4155	Ef incomplete/modular	Y		
B4157	Ef special metabolic inherit	Y		
B9000	Enter infusion pump w/o alrm	Y		
B9002	Enteral infusion pump w/ ala	Y		
C9053	Injection, crizanlizumab-tmca, 1mg	Y		1/7/2020
C9056	Injection, givosiran, 0.5 mg	Y		1/7/2020
C9133	Factor ix recombinant	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
C9136	Factor viii (eloctate)	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
C9137	Factor VIII (antihemophilic factor, recombinant) PEGylated, 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
C9141	Factor VIII, (antihemophilic factor, recombinant), pegylated-aucl (Jivi), 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
C9399	Drugs Or Biologicals	Y		
C9408	Iodine I-131 iobenguane, therapeutic, 1 millicurie	Y		1/7/2019
C9454	Inj, pasireotide long acting	Y		
C9457	Lumason contrast agent	Y		
C9481	INJECTION, RESLIZUMAB, 1MG	Y	Medi-Cal only code	
C9482	INJECTION, SOTALOL HYDROCLORIDE, 1MG	Y	Medi-Cal only code	
C9483	INJECTION, ATEZOLIZUMAB, 10MG	Y	Medi-Cal only code	
C9485	Injection, olaratumab, 10 mg	Y		

C9486	Injection, granisetron ext release, 0.1 mg	Y		
C9487	Ustekinumab for intravenous injection 1 mg	Y		
C9488	Injection, conivaptan hydrochloride, 1 mg	Y		
C9489	INJECTION, NUSINERSEN, 0.1MG, TO TREAT SPINAL MUSCULAR ATROPHY	Y		
C9490	INJECTION, BEZLOTOXUMAB, 10MG, USED FOR PREVENTION OF RECURRENCE OF CLOSTRIDIUM DIFFICILE INFECTIONS	Y		
C9739	Cystoscopy prostatic imp 1-3	Y		
C9740	Cysto impl 4 or more	Y		
D0600	NON-IONIZING DIAG PROC	Y	CareAdvantage only code	
D1575	DIST SPACE MAINT, FIXED UNIL	Y	CareAdvantage only code	
E0105	CANE QUAD/3-PRONG ALL MATL W/TIPS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0110	CRTCHES FORARM VARIOUS MATL PAIR	Y		
E0112	CRTCHS UNDARM WOOD PAIR ADJSTBL/FIX	Y		
E0117	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	Y		
E0130	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	Y		
E0135	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	Y		
E0140	WALK W/TRNK SUPP ADJUSTBL/FIX HT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0141	WALKER RIGID WHEELD ADJUSTBL/FIX HT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0144	WALKER ENCLOS 4 SIDE WHL POST SEAT	Y		
E0157	CRUTCH ATTACHMENT WALKER EACH	Y		
E0158	LEG EXTENSIONS WALKER PER SET FOUR	Y		
E0159	BRAKE ATTCH WHEELED WALK REPLCMT EA	Y		
E0165	COMMODE CHAIR WITH DETACHABLE ARMS	Y		
E0167	PAIL/PAN USE W/COMMODE CHAIR REPL	Y		
E0168	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	Y		
E0170	COMMODE CHAIR SEAT LIFT MECH ELEC	Y		
E0171	COMMODE CHAIR SEAT LIFT MCH NONELEC	Y		
E0181	PWR PRESS RED MATTRESS PAD W/PUMP	Y		
E0182	PUMP ALTERNATING PRESSURE PAD REPL	Y		
E0184	DRY PRESSURE MATTRESS	Y		
E0185	GEL/GEL-LIKE PRSS PAD MATTRSS STD	Y		
E0186	AIR PRESSURE MATTRESS	Y		
E0187	WATER PRESSURE MATTRESS	Y		
E0188	SYNTHETIC SHEEPSKIN PAD	Y		
E0189	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0193	POWERED AIR FLOTATION BED	Y		
E0194	AIR FLUIDIZED BED	Y		
E0196	GEL PRESSURE MATTRESS	Y		
E0197	AIR PRSS PAD MATTRSS STD LEN&WDTH	Y		
E0198	WATR PRSS PAD MATTRSS STD LEN&WDTH	Y		
E0199	DRY PRSS PAD MATTRSS STD LEN&WDTH	Y		
E0210	ELECTRIC HEAT PAD STANDARD	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0240	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0241	BATHTUB WALL RAIL EACH	Y	Not covered by CA	
E0242	BATHTUB RAIL FLOOR BASE	Y	Not covered by CA	
E0243	TOILET RAIL EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0244	RAISED TOILET SEAT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0245	TUB STOOL OR BENCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0246	TRANSFER TUB RAIL ATTACHMENT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0247	TRNSF BENCH TUB/TOILET W/WO COMMODE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0260	HOSPITAL BED	Y		
E0271	MATTRESS INNER SPRING	Y		
E0272	MATTRESS FOAM RUBBER	Y		

E0273	BED BOARD	Y	Not covered by CA	
E0277	POWER PRESSURE-REDUCING AIR MATTRSS	Y		
E0291	HOS BED FIX HT W/O RAIL W/O MATTRSS	Y		
E0293	HOS BED VARIBL HT W/O RAIL/MATTRSS	Y		
E0295	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	Y		
E0297	HOS BED TOT ELEC W/O RAIL/MATTRSS	Y		
E0300	PED CRIB HOS GRADE ENC W/WO TOP ENC	Y		
E0303	HOS BED HEVY DUTY WT CAP >350<=600	Y		
E0304	HOS BED XTRA HD WT CAP>600 MTTRSS	Y		
E0305	BEDSIDE RAILS HALF-LENGTH	Y		
E0310	BEDSIDE RAILS FULL-LENGTH	Y		
E0316	SFTY ENCLOS FRME/CANOPY W/HOSP BED	Y		
E0328	HOSP BED PED MANUAL INCL MATTRESS	Y		
E0329	HOSP BED PED ELECTRIC INCL MATTRESS	Y		
E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS	Y		
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	Y		
E0371	NONPWR PRSS RDUC OVRLAY MATTRSS STD	Y		
E0372	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	Y		
E0373	NONPWR ADVD PRESS REDUCING MATTRSS	Y		
E0424	STATION COMPRS GASOUS O2 SYS RENT;	Y		
E0425	STATION COMPRS GAS SYS PURCHASE;	Y		
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;	Y		
E0431	PRTBLE GASEOUS O2 SYS RENTAL;	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0434	PRTBLE LIQUID O2 SYS RENTAL;	Y		
E0435	PRTBLE LIQUID O2 SYS PURCHASE;	Y		
E0439	STATION LIQUID O2 SYS RENTAL;	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0440	STATION LIQUID O2 SYS PURCHASE;	Y		
E0441	STATIONARY O2 CONT GAS 1 MO SPL=1 U	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0442	STATIONARY 02 CONT LQD 1 MO SPL=1 U	Y		
E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0444	PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	Y		
E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV	Y		
E0465	Home vent invasive interface	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0466	Home vent non-invasive inter	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0470	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Y		
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Y		
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABIL	Y		
E0480	PERCUSSOR ELEC/PNEUMAT HOME MODEL	Y		
E0481	INTRAPULM PERCUSS VENT SYS&REL ACSS	Y	Not covered by CA	
E0482	COUGH STIM DEVC ALTRNAT POS&NEG	Y		
E0483	HI FREQ CHST WALL AIR-PULSE GEN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0484	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	Y		
E0487	SPIROMETER ELECTRONIC INCL ACCESS	Y		
E0555	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	Y		
E0561	HUMDIFIR NON-HEAT USED W/POS AIRWAY	Y		
E0562	HUMDIFIR HEAT USED W/POS ARWAY PRSS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0565	COMPRS AIR PWR EQP NOT SLF-CONTAIND	Y		
E0600	RESP SUCTN PUMP HOME MODEL ELEC	Y		
E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC	Y		
E0604	BREAST PUMP HEVY DUTY HOSP GRADE	Y		
E0605	VAPORIZER ROOM TYPE	Y		
E0607	HOME BLOOD GLUCOSE MONITOR	Y		
E0616	IMPL CARD EVNT REC MEM ACTVTR&PRGMR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0618	APNEA MONITOR W/O RECORDING FEATURE	Y		

E0619	APNEA MONITOR W/RECORDING FEATURE	Y		
E0621	SLING/SEAT PT LIFT CANVAS/NYLON	Y		
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	Y	Not covered by CA	
E0627	SEAT LIFT MECH COMB LIFT-CHAIR MECH	Y	CareAdvantage only code	
E0629	SEAT LIFT MECH NON-ELECTRIC ANY TYP	Y	CareAdvantage only code	
E0630	PATIENT LIFT HYRAULIC/MECH	Y		
E0635	PATIENT LIFT ELECTRIC W/SEAT/SLING	Y		
E0637	COMB SIT STAND FRAME/TABLE SEATLIFT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
E0638	STAND FRAME/TABLE SYS 1 POS ANY SZ	Y	Not covered by CA	
E0639	PT LIFT MOVEABLE DISASSMBL&REASSMBL	Y		
E0641	STAND FRAME/TABLE SYS MX-POS ANY SZ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0642	STAND FRAME/TABLE SYS MOBILE ANY SZ	Y		
E0650	PNEUMAT COMPRS NONSEG HOME MODEL	Y		
E0651	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	Y		
E0655	NONSEG PNEUMAT APPLINC HALF ARM	Y		
E0656	SEG PNEUMAT APPLINC W/COMPRS TRUNK	Y		
E0657	SEG PNEUMAT APPLINC W/COMPRS CHEST	Y		
E0660	NONSEG PNEUMAT APPLINC FULL LEG	Y		
E0665	NONSEG PNEUMAT APPLINC FULL ARM	Y		
E0666	NONSEG PNEUMAT APPLINC HALF LEG	Y		
E0667	SEG PNEUMAT APPLINC COMPRS FULL LEG	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0668	SEG PNEUMAT APPLINC COMPRS FULL ARM	Y		
E0669	SEG PNEUMAT APPLINC COMPRS HALF LEG	Y		
E0670	SEG PNEU APPL P C INT 2 F LEG TRNK	Y		
E0671	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	Y		
E0672	SEG GRAD PRSS PNUMAT APPLNC FUL ARM	Y		
E0673	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	Y		
E0705	TRANSFER DEVICE ANY TYPE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0710	RESTRAINT ANY TYPE	Y		
E0720	TENS DEVICE 2 LEAD LOCALIZED STIM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0730	TENS DEVICE 4/> LEADS MX NERVE STIM	Y		
E0747	OSTOGNS STIM NONINVASV NOT SP APPLC	Y		
E0748	OSTOGNS STIM NONINVASV SP APPLIC	Y		
E0760	OSTOGNS STIM LW INTENS US NONINVASV	Y		
E0766	ELEC STM DVC CA TX ALL ACC ANY TYPE	Y		
E0770	FES TRANSQ STIM NERV&/MUSC CMPL NOS	Y		
E0776	IV POLE	Y		
E0779	AMB INFUS PUMP MECH INFUS 8 HR/>	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0780	AMB INFUS PUMP MECH INFUS < 8 HR	Y		
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	Y		
E0783	INFUS PUMP SYSTEM IMPL PROGMMABLE	Y		
E0784	EXTERNAL AMB INFUSION PUMP INSULIN	Y		
E0785	IMPLANT INTRASPINL CATH PUMP-REPL	Y		
E0786	IMPLNT PROGRAM INFUSION PUMP-REPL	Y		
E0791	PAR INFUS PUMP STAT SINGLE/MXCHANEL	Y		
E0840	TRACTION FRAME HEADBOARD CERV TRACT	Y		
E0849	TRAC EQP CERV FREESTND FRME PNEUMAT	Y		
E0850	TRACT STAND FREESTAND CERV TRACT	Y		
E0860	TRACTION EQUIPMENT OVERDOOR CERV	Y		
E0870	TRACT FRAME FOOTBOARD EXTREM TRACT	Y		
E0880	TRACT STAND FREESTAND EXTREM TRACT	Y		
E0890	TRAC FRAME ATTCH FOOTBRD PELV TRAC	Y		
E0900	TRACT STAND FREESTAND PELV TRACT	Y		
E0910	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	Y		
E0911	TRAPEZ BAR PT WT >250 LBS BED GRAB	Y		

E0912	TRAPEZ BAR PT WT >250 LBS FREE STND	Y		
E0920	FX FRAME ATTCH BED INCL WEIGHTS	Y		
E0930	FX FRAME FREESTANDING INCL WEIGHTS	Y		
E0935	CONT PSV MOT EXER DEVC KNEE ONLY	Y		
E0936	CONT PASS MOTION EXER DEVC NOT KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0940	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	Y		
E0942	CERVICAL HEAD HARNESS/HALTER	Y		
E0944	PELVIC BELT/HARNESS/BOOT	Y		
E0945	EXTREMITY BELT/HARNESS	Y		
E0947	FX FRAME ATTCH CMPLX PELV TRAC	Y		
E0948	FX FRAME ATTCH CMPLX CERV TRAC	Y		
E0950	WHEELCHAIR ACCESSORY TRAY EACH	Y		
E0951	HEEL LOOP/HOLDER ANY TYPE EACH	Y		
E0955	WC ACSS HEADREST CUSHND HARDWARE EA	Y		
E0956	WC ACSS LAT TRNK/HIP HARDWARE EA	Y		
E0957	WC ACSS MED THI SUPP HARDWARE EA	Y		
E0958	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	Y		
E0959	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	Y		
E0960	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	Y		
E0961	MNL WC ACCESS WHL LOCK BRAKE EXT EA	Y		
E0966	MNL WC ACCESS HEADREST EXTENSION EA	Y		
E0967	MANUAL WC ACCESS HAND RIM W/PROJ EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0970	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	Y		
E0971	MNL WC ACSS ANTI-TIPPING DEVC EA	Y		
E0973	WC ACCSS ADJ HT DTACH ARMRST EA	Y		
E0974	MNL WC ACCESS ANTI-ROLLBACK DEVC EA	Y		
E0978	WC ACSS PSTN/SFTY BELT/PELV STRP EA	Y		
E0981	WC ACSS SEAT UPHLSTER REPL ONLY EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0982	WC ACSS BACK UPHLSTER REPL ONLY EA	Y		
E0983	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Y		
E0984	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	Y		
E0985	WHEELCHAIR ACCESS SEAT LIFT MECH	Y		
E0986	MNL WC ACSS PSH-RM ACT PWR ASST SYS	Y		
E0988	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	Y		
E0990	WC ACCSS ELEV LEG REST CMPL ASSMBL	Y		
E0992	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E0995	WHEELCHAIR ACCESS CALF REST/PAD EA	Y		
E1002	WC ACSS PWR SEATING SYS TILT ONLY	Y		
E1003	WC ACSS RECLINE ONLY NO SHEAR RDUC	Y		
E1004	WC ACSS RECLINE W/MECH SHEAR RDUC	Y		
E1005	WC ACSS RECLINE W/PWR SHEAR RDUC	Y		
E1006	WC ACSS TILT&RECLINE NO SHEAR RDUC	Y		
E1007	WC ACSS TILT&RECLIN MECH SHEAR RDUC	Y		
E1008	WC ACSS TILT&RECLINE PWR SHEAR RDUC	Y		
E1009	WC ACCSS MECH LINKD LEG ELEV EA	Y		
E1010	WC ACCSS PWR LEG ELEV SYS PAIR	Y		
E1011	MOD PED SIZE WC WIDTH ADJ PACKAGE	Y		
E1012	Ctr mount pwr elev leg rest	Y		
E1014	RECLIN BACK ADD PED SIZE WHLCHAIR	Y		
E1015	SHOCK ABSORBER MANUAL WHEELCHAIR EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1016	SHOCK ABSORBER POWER WHEELCHAIR EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1017	HEAVY DUTY SHOCK ABSORBR MNL WC EA	Y		
E1018	HEAVY DUTY SHOCK ABSORBR PWR WC EA	Y		
E1020	RES LIMB SUP SYS WHEELCHAIR ANY TYP	Y		
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL	Y		

E1029	WHEELCHAIR ACCESS VENT TRAY FIX	Y		
E1030	WHLCHAIR ACCESS VENT TRAY GIMBALED	Y		
E1031	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	Y		
E1035	MX-PSTN PT TRNSF SYS PT </= 300 LBS	Y		
E1036	MX-PSTN PT TRNSF SYS PT > 300 LBS	Y		
E1037	TRANSPORT CHAIR PEDIATRIC SIZE	Y		
E1038	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	Y		
E1039	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	Y		
E1065	POWER ATTACHMENT (TO CONVERT ANY WH	Y		
E1161	MANUAL ADLT SZ WC INCL TILT SPACE	Y		
E1220	WHEELCHAIR; SPCL SIZED/CONSTRUCTED	Y		
E1225	WC ACCESS MNL SEMIRECLINING BACK EA	Y		
E1226	WC ACCESS MNL FULL RECLIN BACK EA	Y		
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Y		
E1229	WHEELCHAIR PEDIATRIC SIZE NOS	Y		
E1230	PWR OP VEH SPEC BRAND&MODEL NUMBER	Y		
E1231	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	Y		
E1232	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	Y		
E1233	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	Y		
E1234	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	Y		
E1235	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	Y		
E1236	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	Y		
E1237	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	Y		
E1238	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	Y		
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS	Y		
E1296	SPECIAL WHEELCHAIR SEAT HT FROM FLR	Y		
E1297	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1298	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	Y		
E1353	REGULATOR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1354	O2 ACCESS CART PRTBLE CYL/CONC REPL	Y		
E1355	STAND/RACK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1356	O2 ACCESS BTTRY PACK/CRTRDGE REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1357	O2 ACCESS BATTRY CHARGER REPL EA	Y		
E1358	O2 ACCESS DC POWER ADAPTER REPL EA	Y		
E1390	O2 CONC 85%/>02 CONC PRSC FLW RATE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1391	02 CONC 2 DEL 85%/>02 CONC FLW RATE	Y		
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E1399	DME MISCELLANEOUS	Y		
E1810	DYN ADJUSTABLE KNEE EXT/FLX DEVC	Y		
E1902	CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	Y		
E2000	GASTR SUCTN PUMP HOME MODEL ELEC	Y		
E2100	BLD GLU MON INTEGRT VOICE SYNTHESZR	Y		
E2101	BLD GLU MON INTGRT LANCING/BLD SAMP	Y		
E2201	MNL WC ACSS SEAT WDTH >/=20 IN &<24	Y		
E2202	MNL WC ACSS SEAT WIDTH 24-27 IN	Y		
E2203	MNL WC ACSS SEAT DEPTH 20 < 11 IN	Y		
E2204	MNL WC ACSS SEAT DEPTH 22-25 IN	Y		
E2205	MNL WC HANDRIM W/O PROJ REPL EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2206	MNL WC ACSS WHL LOCK ASSMBL CMPL EA	Y		
E2207	WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	Y		
E2208	WHEELCHAIR ACCESS CYL TANK CARR EA	Y		
E2209	ARM TROUGH W/WO HAND SUPPORT EACH	Y		
E2210	WC ACESS BEARINGS ANY TYPE REPL EA	Y		
E2211	MNL WC ACESS PNEUMAT PROPULSN TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2212	MNL WC TUBE PNEUMAT PROPULSION TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

E2213	MNL WC INSRT PNEUMAT PROPULSN TIRE	Y		
E2214	MNL WC ACCESS PNEUMAT CASTER TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2215	MNL WC ACSS TUBE PNEUMAT CASTR TIRE	Y		
E2218	MNL WC ACCSS FOAM PROPULSION TIRE	Y		
E2219	MNL WC ACSS FOAM CASTER TIRE ANY SZ	Y		
E2220	MNL WC ACESS SOLID PROPULSION TIRE	Y		
E2221	MNL WHLCHAIR ACSS SOLID CASTER TIRE	Y		
E2222	MNL WC SOLID CASTR TIRE INTGR WHL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2224	MNL WC PROPULSION WHL EXCLD TIRE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2225	MNL WC CASTR WHL EXCLD TIRE REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2226	MNL WC ACSS CASTR FORK REPL ONLY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2227	MNL WC GEAR RED DRIVE WHEEL EACH	Y		
E2228	MNL WC WHL BRAKE SYS&LOCK COMPL EA	Y		
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE	Y		
E2291	BACK PLANR PED WC FIX ATTCH HARDWRE	Y		
E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE	Y		
E2293	BACK CONTRD PED WC ATTCH HARDWARE	Y		
E2294	SEAT CONTRD PED WC ATTCH HARDWARE	Y		
E2295	MNL WC ACCESS PED SIZE WC SEAT FRME	Y		
E2300	WC ACC PWR SEAT ELEV SYS ANY TYPE	Y		
E2301	WHEELCHAIR ACC PWR STND SYS ANY TYP	Y		
E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Y		
E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTR	Y		
E2312	POWER WC HAND/CHIN CONTRL INTERFACE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2313	POWER AC HARNESS UPGRD EXP CONTRLLR	Y		
E2321	PWR WC ACSS HND CNTRL NO PRPRTNL	Y		
E2322	PWR WC ACSS MX MECH SWTCH NOPRPRTNL	Y		
E2323	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	Y		
E2324	PWR WC ACSS CHIN CUP CHIN CNTRL INT	Y		
E2325	PWR WC ACSS SIP&PUFF NONPRPRTNAL	Y		
E2326	PWR WC ACSS BREATH TUBE KIT SIP&PUF	Y		
E2327	PWR WC ACSS HEAD CNTRL MECH PRPRTNL	Y		
E2328	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	Y		
E2329	PWR WC ACSS CNTC SWTCH NOPRPRTNL	Y		
E2330	PWR WC ACCSS PROX SWTCH NOPROPRTNL	Y		
E2331	PWR WC ACSS ATDANT CNTRL PROPRTNAL	Y		
E2340	POWER WC NONSTAND SEAT WD 20-23 IN	Y		
E2341	PWR WC ACSS NONSTD SEAT W 24-27 IN	Y		
E2342	PWR WC NONSTD SEAT DEPTH 20/21 IN	Y		
E2343	PWR WC NONSTD SEAT DEPTH 22-25 IN	Y		
E2351	PWR WC ACSS ELEC OP SPCH GEN DEVC	Y		
E2358	PWR WC GRP 34 NONSEALED LA BATT EA	Y		
E2359	PWR WC GRP 34 SEALED LA BATT EA	Y		
E2360	PWR WC ACSS 22 NF NON-SEALED BATTRY	Y		
E2361	PWR WC ACSS 22NF SEALED LEAD BATTRY	Y		
E2362	PWR WC ACSS GRP 24 NON-SEALED BATT	Y		
E2363	PWR WC ACSS GRP 24 SEALED BATTRY	Y		
E2364	PWR WC ACSS U-1 NON-SEALED BATTRY	Y		
E2365	PWR WC ACSS U-1 SEALED BATTRY	Y		
E2366	PWR WC ACSS BATTRY CHARGER 1 MODE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2367	PWR WC ACSS BATTRY CHARGER DUL MODE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2368	PWR WC CMPNT DR WHEEL MTR REPL ONLY	Y		
E2369	PWR WC CMPNNT DR WHL GR BX RPL ONLY	Y		
E2370	P WC CMP INT DR WHL MTR&GB CMB RPL	Y		
E2371	PWR WC GRP 27 SEALED LEAD ACID BATT	Y		

E2372	PWR WC GRP 27 NONSEAL LED ACID BATT	Y		
E2373	PWR WC MINI COMPACT REMOTE JOYSTICK	Y		
E2374	PWR WC STANDRD REMOTE JOYSTICK REPL	Y		
E2375	PWR WC NONEXPANDBLE CONTROLLER REPL	Y		
E2376	PWR WC EXPANDABLE CONTROLLER REPL	Y		
E2377	PWR WC EXPANDBL CONTROLLER UPGRADE	Y		
E2378	POWER WC CMPNT ACTUATOR REPL ONLY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2381	PWR WC PNEUMATIC WHEEL TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2382	PWR WC TUBE WHEEL TIRE REPL EA	Y		
E2383	PWR WC INSERT WHEEL TIRE REPL EA	Y		
E2384	PWR WC PNEUMATIC CASTR TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2385	PWR WC TUBE CASTER TIRE REPL EA	Y		
E2386	PWR WC FOAM FILL WHEEL TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2387	PWR WC FOAM FILL CASTR TIRE REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2388	PWR WC FOAM WHEEL TIRE REPL ONLY EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2389	PWR WC FORM CASTER TIRE REPL EACH	Y		
E2390	PWR WC SOLID WHEEL TIRE REPL EACH	Y		
E2391	PWR WC SOLID CASTER TIRE REPL EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2392	PWR WC S CASTR TIRE INTEGRT REPL EA	Y		
E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2395	PWR WC CASTER WHEEL EXCL TIRE REPL	Y		
E2396	PWR WC CASTER FORK REPL ONLY EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2397	POWER WC LITHIUM BASED BATTERY EACH	Y		
E2402	NEGATIVE PRESSURE WOUND THERAPY PUMP	Y		
E2500	SPEECH GEN DEV DIGTIZD</=8 MINS REC	Y		
E2502	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	Y		
E2504	SPCH GEN DEVC DGTZD>20</=40 MIN REC	Y		
E2506	SPCH GEN DEVC DIGTIZD>40 MINS REC	Y		
E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS	Y		
E2510	SPCH GEN DVC SYNTHSIZD MX METH MESS	Y		
E2511	SPEECH GENERATING SOFTWARE PROGRAM	Y		
E2512	ACSS SPCH GEN DEVICE MOUNTING SYS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2599	ACCESS SPEECH GENERATING DEVICE NOC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2601	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	Y		
E2602	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	Y		
E2603	SKN PROTCT WC SEAT WDTH<22IN DPTH	Y		
E2604	SKN PROTECT WC SEAT WDTH 22 IN/GT	Y		
E2605	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2606	PSTN WC SEAT CSHN WDTH 22IN/GT DPTH	Y		
E2607	SKN PROTCT&PSTN WC SEAT WDTH <22IN	Y		
E2608	SKN PROTCT&PSTN WC SEAT WDTH 22IN/>	Y		
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2610	WHEELCHAIR SEAT CUSHION POWERED	Y		
E2611	GEN WC BACK CUSHN WIDTH < 22 IN HT	Y		
E2612	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	Y		
E2613	PSTN WC BACK CUSHN POST WDTH <22 IN	Y		
E2614	PSTN WC BACK CUSHN POST WD 22 IN/>	Y		
E2615	PSTN WC BACK CUSHN POSTLAT WD<22 IN	Y		
E2616	PSTN WC BACK CUSH POSTLAT WD 22IN/>	Y		
E2617	CSTM FAB WC BACK CUSHION ANY SIZE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2619	REPL COVER WC SEAT/BACK CUSHN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
E2620	PSTN WC BACK CUSHN PLANAR WD <22 IN	Y		
E2621	PSTN WC BACK CUSHN PLANAR WD 22IN/>	Y		
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	Y		
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	Y		

E2624	SKIN PROTCT&POSITION WC CUSH WD <22	Y		
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	Y		
E2626	WC SHLDR ELB MOBL ARM SUPP ADJUSTBL	Y		
E2627	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	Y		
E2628	WC SHLDR ELB MOBIL SUPP RECLINING	Y		
E2629	WC SHLDR ELB M SUPP FRICTN ARM SUPP	Y		
E2630	WC SHLDR ELB M SUP MONOSUSP ARM HND	Y		
E2631	WC ADD MOBIL ARM SUPP ELEV PROX ARM	Y		
E2632	WC ADD MOBL SUP OFFSET/LAT RCKR ARM	Y		
E2633	WC ACSS ADD MOBIL ARM SUPP SUPINATR	Y		
E8000	GAIT TRAINER PED SZ POST SUPP	Y		
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP	Y		
E8002	GAIT TRAINER PED SZ ANT SUPP	Y		
G0127	Trim nail(s)	Y		
G0128	Corf skilled nursing service	Y		
G0154	Direct skilled nursing services of a licensed nurse (lpn or rn) in the home	Y	Please bill G0299 or G0300 instead.	9/1/2020
G0245	Initial foot exam pt lops	Y		
G0246	Followup eval of foot pt lop	Y		
G0247	Routine footcare pt w lops	Y		
G0276	Pild/placebo control clin tr	Y		
G0281	Elec stim unattend for press	Y		
G0282	Elect stim wound care not pd	Y		
G0283	Elec stim other than wound	Y		
G0299	Hhs/hospice of rn ea 15 min	Y		9/1/2020
G0300	Hhs/hospice of lpn ea 15 min	Y		9/1/2020
G0329	Electromagntic tx for ulcers	Y		
G0396	Alcohol/subs interv 15-30mn	Y	Covered benefit for CA	
G0397	Alcohol/subs interv >30 min	Y	Covered benefit for CA	
G0409	Corf related serv 15 mins ea	Y		
G0422	Intens cardiac rehab w/exerc	Y		1/9/2018
G0423	Intens cardiac rehab no exer	Y		1/9/2018
G0492	Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without esrd	Y		
G0502	INT PS CCM 1ST 70 M 1ST CAL M B HCM	Y	CareAdvantage only code	
G0503	SB PS CCM 1ST 60 M SB MO BEH HCM AC	Y	CareAdvantage only code	
G0504	INIT/SB PS CCM E ADD 30 MN CM B HCM	Y	CareAdvantage only code	
G0505	CF ASMT STD INST OFF/OTH OP/HOME	Y	CareAdvantage only code	
G0506	CMP ASMT & C PLN PT RQR CC MGMT SVC	Y	CareAdvantage only code	
G0507	CM BH CND AL 20 M CL STF TM PER CM	Y	CareAdvantage only code	
G0508	TH C CC INT PHYS 60 M CMNCT PT&PROV	Y		
G0509	TH C CC SB PHYS 50 M CMNCT PT&PROV	Y		
G0659	DRUG TEST DEF SIMPLE ALL CL	Y		
G9148	Medical home level 1	Y		
G9149	Medical home level ii	Y		
G9150	Medical home level iii	Y		
G9151	Mapcp demo state	Y		
G9152	Mapcp demo community	Y		
G9153	Mapcp demo physician	Y		
G9156	Evaluation for wheelchair	Y		
J0129	Abatacept injection	Y		1/10/2019
J0202	Injection, alemtuzumab	Y		
J0348	Anidulafungin injection	Y		
J0485	Belatacept injection	Y		
J0490	Belimumab injection	Y		

J0517	INJ., BENRALIZUMAB, 1 MG	Y		1/4/2019
J0567	INJ., CERLIPONASE ALFA 1 MG	Y		1/4/2019
J0570	INJ PCN G BENZATHINE TO 1200000 U	Y		1/10/2019
J0584	Injection, burosumab-twza, 1 mg	Y		1/7/2019
J0585	Injection,onabotulinumtoxina	Y		
J0586	Abobotulinumtoxina	Y		
J0587	Inj, rimabotulinumtoxinb	Y		
J0588	Incobotulinumtoxin a	Y		
J0595	Butorphanol tartrate 1 mg	Y		
J0597	C-1 esterase, berinert	Y		
J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	Y		1/7/2019
J0638	Canakinumab injection	Y		
J0717	Certolizumab pegol inj 1mg	Y		
J0883	Injection, argatroban, 1 mg (for non-esrd use)	Y		
J0884	Injection, argatroban, 1 mg (for esrd on dialysis)	Y		
J0885	Epoetin alfa, non-esrd	Y		
J0887	Epoetin beta esrd use	Y		1/7/2019
J0894	Decitabine injection	Y		
J0897	Denosumab injection	Y		
J1071	Inj testosterone cypionate	Y		
J1130	Injection, diclofenac sodium, 0.5 mg	Y		
J1267	Doripenem injection	Y		
J1290	Ecallantide injection	Y		
J1300	Eculizumab injection	Y		
J1301	Injection, edaravone, 1 mg	Y		1/4/2019
J1322	Elosulfase alfa, injection	Y		
J1428	Inj, eteplirsen, 10 mg	Y		1/10/2019
J1439	Inj ferric carboxymaltos 1mg	Y		
J1442	Inj filgrastim excl biosimil	Y		
J1443	Inj ferric pyrophosphate cit	Y		
J1446	Inj, tbo-filgrastim, 5 mcg	Y		
J1447	Inj tbo filgrastim 1 microg	Y		
J1455	Foscarnet sodium injection	Y		
J1459	Inj ivig privigen 500 mg	Y		
J1460	Gamma globulin 1 cc inj	Y		
J1556	Inj, imm glob bivigam, 500mg	Y		
J1557	Gammaplex injection	Y		
J1561	Gamunex-c/gammaked	Y		
J1566	Immune globulin, powder	Y		
J1568	Octagam injection	Y		
J1569	Gammagard liquid injection	Y		
J1572	Flebogamma injection	Y		
J1575	Hyqvia 100mg immuneglobulin	Y		
J1602	Golimumab for iv use 1mg	Y		
J1628	Injection, guselkumab, 1 mg	Y		1/4/2019
J1740	Ibandronate sodium injection	Y		
J1745	Infliximab injection	Y		
J1746	Injection, ibalizumab-uiyk, 10 mg	Y		1/4/2019
J1750	Inj iron dextran	Y		
J1950	Leuprolide acetate /3.75 mg	CONDITIONAL	For children under 21	9/1/2020
J2182	Injection, mepolizumab, 1 mg	Y		
J2186	Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg)	Y		1/7/2019
J2248	Micafungin sodium injection	Y		
J2326	Inj, nusinersen, 0.1mg	Y		1/10/2019
J2353	Octreotide injection, depot	Y		

J2354	Octreotide inj, non-depot	Y		
J2357	Omalizumab injection	Y		
J2430	Pamidronate disodium /30 mg	Y		
J2505	Injection, pegfilgrastim 6mg	Y		
J2562	Plerixafor injection	Y		
J2778	Ranibizumab injection	Y		
J2786	Injection, reslizumab, 1 mg	Y		
J2793	Rilonacept injection	Y		
J2796	Romiplostim injection	Y		
J2820	Sargramostim injection	Y		
J2840	Injection, sebelipase alfa, 1 mg	Y		
J2860	Injection, siltuximab, 10 mg	Y		
J3060	Inj, taliglucerace alfa 10 u	Y		
J3095	Telavancin injection	Y		
J3145	Testosterone undecanoate 1mg	Y		
J3243	Tigecycline injection	Y		
J3245	Injection, tildrakizumab-asmn, 1 mg	Y		1/7/2019
J3262	Tocilizumab injection	Y		1/7/2019
J3304	injection, triamcinolone acetonide, preservative-free, extended-release,	Y		9/1/2020
J3316	INJ., TRIPTORELIN XR 3.75 MG	Y		1/4/2019
J3357	Ustekinumab injection	Y		
J3380	Injection, vedolizumab	Y		
J3385	Velaglucerase alfa	Y		
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Y		1/7/2019
J3398	INJ LUXTURNA 1 BILLION VEC G	Y		1/4/2019
J3490	Drugs unclassified injection	Y		
J3590	Unclassified biologics	Y	Not a Medi-Cal code	
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	Y	Bill to Medi-Cal Fee for Service; carved out of Medi-Cal Managed Care - do not bill to HPSM	1/10/2019
J7175	Injection, Factor X, (human), 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Y		1/7/2019
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:Rco	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7180	Factor xiii anti-hem factor	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7181	Factor xiii recomb a-subunit	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7182	Factor viii recomb novoeight	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7183	Wilate injection	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7185	Xyntha inj	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7186	Antihemophilic viii/vwf comp	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7187	Humate-p, inj	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7188	Factor viii recomb obizur	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7189	Factor viia	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7190	Factor viii	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020

J7191	Factor viii (porcine)	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7192	Factor viii recombinant nos	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7193	Factor ix non-recombinant	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7194	Factor ix complex	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7195	Factor ix recombinant nos	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7197	Antithrombin iii injection	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7198	Anti-inhibitor	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7199	Hemophilia clot factor noc	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7200	Factor ix recombinan rixubis	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7201	Factor ix fc fusion recomb	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7202	Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7203	Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7205	Factor viii fc fusion recomb	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7207	Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7208	Factor VIII, (antihemophilic factor, recombinant), PEGylated- aucl, (Jivi), 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7209	Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7210	Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7211	Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Y	Only covered under CA benefit. Carved out for Medi-Cal; for Medi-Cal members bill Medi-Cal FFS (DHCS).	1/1/2020
J7308	Aminolevulinic acid hcl top	Y		
J7310	Ganciclovir long act implant	Y		
J7311	Fluocinolone acetonide implt	Y		1/7/2019
J7313	Fluocinol acet intravit imp	Y		
J7320	HYALN/DERIV GENVISC 850 IA INJ 1 MG	Y		
J7321	Hyalgan/supartz inj per dose	Y		
J7323	Euflexxa inj per dose	Y		
J7324	Orthovisc inj per dose	Y		
J7325	Synvisc or synvisc-one	Y		
J7327	Monovisc inj per dose	Y		
J7328	Gel-syn injection 0.1 mg	Y		
J7340	Carbidopa levodopa enteral	Y		
J7342	Installation, ciprofloxacin otic suspension, 6 mg	Y		
J8499	Prescription Drug, Oral	Y	Not covered by CA	
J8597	Antiemetic Drug, Oral	Y		
J8670	Rolapitant, oral, 1 mg	Y		
J9010	Alemtuzumab injection	Y		
J9019	Erwinaze injection	Y		

J9020	Asparaginase, nos	Y		
J9023	Injection, avelumab, 10 mg	Y		1/10/2019
J9032	Injection, belinostat, 10mg	Y		
J9033	Bendamustine injection	Y		
J9034	INJ BENDAMUSTINE HCL BENDEKA 1 MG	Y		
J9035	Bevacizumab injection	Y		
J9036	Inj., belrapzo, 1 mg	Y		1/10/2019
J9039	Injection, blinatumomab	Y		
J9041	Bortezomib injection	Y		
J9042	Brentuximab vedotin inj	Y		
J9043	Cabazitaxel injection	Y		
J9044	INJ, BORTEZOMIB, NOS, 0.1 MG	Y		1/4/2019
J9047	Injection, carfilzomib, 1 mg	Y		
J9055	Cetuximab injection	Y		
J9057	INJ., COPANLISIB, 1 MG	Y		1/4/2019
J9145	INJECTION DARATUMUMAB 10 MG	Y		
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Y		1/7/2019
J9155	Degarelix injection	Y		
J9173	NJ., DURVALUMAB, 10 MG	Y		1/4/2019
J9176	INJECTION ELOTUZUMAB 1 MG	Y		
J9179	Eribulin mesylate injection	Y		1/7/2020
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	Y		
J9207	Ixabepilone injection	Y		
J9225	Vantas implant	Y		
J9226	Supprelin la implant	Y		
J9228	Ipilimumab injection	Y		
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Y		1/7/2019
J9261	Nelarabine injection	Y		
J9271	Inj pembrolizumab	Y		
J9295	INJECTION NECITUMUMAB 1 MG	Y		
J9299	Injection, nivolumab	Y		
J9301	Obinutuzumab inj	Y		
J9302	Ofatumumab injection	Y		
J9303	Panitumumab injection	Y		
J9306	Injection, pertuzumab, 1 mg	Y		
J9311	INJ RITUXIMAB, HYALURONIDASE	Y		1/4/2019
J9312	INJ., RITUXIMAB, 10 MG	Y		1/4/2019
J9315	Romidepsin injection	Y		
J9325	INJ T-VEC PER 1 M PLAQUE FORM UNITS	Y		
J9328	Temozolomide injection	Y		
J9330	Temsirolimus injection	Y		
J9352	INJECTION TRABECTEDIN 0.1 MG	Y		
J9354	Inj, ado-trastuzumab emt 1mg	Y		
J9371	Inj, vincristine sul lip 1mg	Y		
J9400	Inj, ziv-aflibercept, 1mg	Y		
J9999	Chemotherapy drug	Y		
K0001	STANDARD WHEELCHAIR	Y		
K0002	STANDARD HEMI WHEELCHAIR	Y		
K0003	LIGHTWEIGHT WHEELCHAIR	Y		
K0004	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	Y		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Y		
K0006	HEAVY-DUTY WHEELCHAIR	Y		
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	Y		
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Y		
K0009	OTHER MANUAL WHEELCHAIR/BASE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

K0010	STD-WT FRME MOTRIZED/PWR WHLCHAIR	Y		
K0011	STD FRME MOTRIZD WHLCHAIR W/PROG	Y		
K0012	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	Y		
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR B	Y		
K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE	Y		
K0015	DETACHBLE NONADJUSTBL HT ARMREST EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0017	DTACHBL ADJUSTBL HT ARMREST BASE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0018	DTACHBL ADJUSTBL ARMREST UP PRTN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0019	ARM PAD EACH	Y		
K0020	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0038	LEG STRAP EACH	Y		
K0039	LEG STRAP H STYLE EACH	Y		
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	Y		
K0041	LARGE SIZE FOOTPLATE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0042	STANDARD SIZE FOOTPLATE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0043	FOOTREST LOWER EXTENSION TUBE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0044	FOOTREST UPPER HANGER BRACKET EACH	Y		
K0045	FOOTREST COMPLETE ASSEMBLY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0046	ELEV LEGREST LOWER EXT TUBE EA	Y		
K0047	ELEV LEGREST UP HANGER BRACKET EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0050	RATCHET ASSEMBLY	Y		
K0051	CAM RLSE ASSMBL FOOTREST/LEGREST EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0052	SWINGAWAY DETACHABLE FOOTRESTS EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0053	ELEVATING FOOTRESTS ARTICULATING EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0056	SEAT HT<17/=>21 IN LTWT/ULTRLT WC	Y		
K0069	REAR WHL ASSMBL-SOLID TIRE SPOKE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0070	REAR WHL ASSMBL-PNEUMAT TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0071	FRONT CASTR ASSMBL-PNEUMAT TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0072	FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0073	CASTER PIN LOCK EACH	Y		
K0077	FRNT CASTR ASSMBL CMPL-SLID TIRE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0098	DRIVE BELT FOR POWER WHEELCHAIR	Y		
K0105	IV HANGER EACH	Y		
K0108	WC COMPONENT/ACCESSORY NOS	Y		
K0195	ELEVATING LEGREST PAIR	Y		
K0455	INFUS PUMP UNINTRPT PARNTRAL MED	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0552	SPL EXT INFUSION PUMP STERILE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES; 1 MONTH SUPPLY = 1 UNIT	Y	1 MONTH SUPPLY = 1 UNIT	
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	Y		
K0601	REPL BATTERY SILVER OXIDE 1.5 V EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0602	REPL BATTERY SILVER OXIDE 3 V EA	Y		
K0603	REPL BATTERY PUMP ALKALINE 1.5 V EA	Y		
K0604	REPL BATTERY PUMP LITHIUM 3.6 V EA	Y		
K0605	REPL BATTERY PUMP LITHIUM 4.5 V EA	Y		
K0606	AED W/INTGR ECG ANALY GARMNT TYPE	Y		
K0669	WC ACCSS SEAT/BK CUSHN NO DME PDAC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0672	ADD LOW EXT ORTHOSIS REPL EACH	Y		
K0733	PWR WC 12-24 AMP HR LEAD BATT EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0738	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	Y		
K0739	REPR/SRVC DME NOT O2 PER 15 MINS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
K0740	REPR/SRVC O2 EQP TECH PER 15 MINS	Y		

K0743	SX PUMP HOME MDL PORT FOR WOUNDS	Y		
K0744	ABSRB WD DR H MDL PAD 16 SQ IN/LESS	Y		
K0745	ABS WD DR PAD>16 SQ IN</= 48 SQ IN	Y		
K0746	ABSRB WD DR H MDL PAD SZ >48 SQ IN	Y		
K0800	PWR OP VEH GRP 1 STD PT TO 300 LBS	Y		
K0801	PWR OP VEH GRP 1 HVY PT 301-450 LBS	Y		
K0802	PWR OP VEH GRP 1 HVY PT 451-600 LBS	Y		
K0806	PWR OP VEH GRP 2 STD PT TO 300 LBS	Y		
K0807	PWR OP VEH GRP 2 HVY PT 301-450 LBS	Y		
K0808	PWR OP VEH GRP 2 PT 451-600 LBS	Y		
K0812	POWER OPERATED VEHICLE NOC	Y		
K0813	PWR WC GRP 1 SLING SEAT PT TO 300	Y		
K0814	PWR WC GRP 1 CAPT CHAIR PT TO 300	Y		
K0815	PWR WC GRP 1 SLING PT UP TO 300	Y		
K0816	PWR WC GRP 1 CAPT CHAIR PT TO 300	Y		
K0820	PWR WC GRP 2 SLING SEAT PT TO 300	Y		
K0821	PWR WC GRP 2 CAPT CHAIR TO 300	Y		
K0822	PWR WC GRP 2 SLING SEAT PT TO 300	Y		
K0823	PWR WC GRP 2 CAPT CHAIR PT TO 300	Y		
K0824	PWR WC GRP 2 SLING SEAT PT 301-450	Y		
K0825	PWR WC GRP 2 CAPT CHAIR PT 301-450	Y		
K0826	PWR WC GRP 2 SLING SEAT PT 451-600	Y		
K0827	PWR WC GRP 2 CAPT CHAIR PT 451-600	Y		
K0828	PWR WC GRP 2 SLING SEAT PT 601/>	Y		
K0829	PWR WC GRP 2X HVY DUTY CHR PT 601/>	Y		
K0830	PWR WC 2 SEAT ELEV SLING PT TO 300	Y		
K0831	PWR WC 2 SEAT ELEV CAPT PT TO 300	Y		
K0835	PWR WC GRP 2 1 PWR SLING PT TO 300	Y		
K0836	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	Y		
K0837	PWR WC GRP 2 1 PWR SLING PT 301-450	Y		
K0838	PWR WC 2 1 PWR CAPT CHR PT 301-450	Y		
K0839	PWR WC 2 1 PWR SLNG SEAT PT 451-600	Y		
K0840	PWR WC GRP 2 1 PWR SLING PT 601/>	Y		
K0841	PWR WC GRP 2 MX PWR SLING PT TO 300	Y		
K0842	PWR WC 2 MX PWR CAPT CHR PT TO 300	Y		
K0843	PWR WC 2 MX PWR SLING PT 301-450	Y		
K0848	PWR WC GRP 3 SLING SEAT PT TO &=300	Y		
K0849	PWR WC GRP 3 CAPT CHAIR PT TO &=300	Y		
K0850	PWR WC GRP 3 SLING SEAT PT 301-450	Y		
K0851	PWR WC GRP 3 CAPT CHAIR PT 301-450	Y		
K0852	PWR WC GRP 3 SLING SEAT PT 451-600	Y		
K0853	PWR WC GRP 3 CAPT CHAIR PT 451-600	Y		
K0854	PWR WC GRP 3 SLING SEAT PT 601 LB/>	Y		
K0855	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	Y		
K0856	PWR WC 3 1 PWR SLING SEAT PT TO 300	Y		
K0857	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	Y		
K0858	PWR WC 3 1 PWR SLNG SEAT PT 301-450	Y		
K0859	PWR WC 3 1 CAP CHAIR PT 301-450	Y		
K0860	PWR WC 3 1 PWR SLNG SEAT PT 451-600	Y		
K0861	PWR WC 3 MX PWR SLNG SEAT PT TO 300	Y		
K0862	PWR WC 3 MX PWR SLING PT 301-450	Y		
K0863	PWR WC 3 MX PWR SLING PT 451-600	Y		
K0864	PWR WC 3 MX PWR SLNG SEAT PT 601/>	Y		
K0868	PWR WC GRP 4 SLING SEAT PT TO &=300	Y		
K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300	Y		

K0870	PWR WC GRP 4 SLING SEAT PT 301-450	Y		
K0871	PWR WC GRP 4 SLING SEAT PT 451-600	Y		
K0877	PWR WC 4 1 PWR SLING SEAT PT TO 300	Y		
K0878	PWR WC 4 1 PWR CAPT CHAIR PT TO 300	Y		
K0879	PWR WC 4 1 PWR SLNG SEAT PT 301-450	Y		
K0880	PWR WC 4 1 PWR SLNG SEAT PT 451-600	Y		
K0884	PWR WC 4 MX PWR SLNG SEAT PT TO 300	Y		
K0885	PWR WC 4 MX PWR CAP CHAIR PT TO 300	Y		
K0886	PWR WC 4 MX PWR SLING PT 301-450	Y		
K0890	PWR WC 5 PED 1 PWR SLING PT TO 125	Y		
K0891	PWR WC 5 PED MX PWR SLING PT TO 125	Y		
K0898	POWER WHEELCHAIR NOC	Y		
K0901	KO SNGL UPRIGHT THIGH & CALF PREFAB	Y		
K0902	KO DBLE UPRIGHT THIGH & CALF PREFAB	Y		
L0113	CRANIL CERV ORTHOT TORTICOLLI PRFB	Y		
L0130	CERV FLXBL THRMOPLSTC COLLR MOLD PT	Y		
L0140	CERVICAL SEMI-RIGID ADJUSTABLE	Y		
L0150	CERV SEMI-RIGD ADJUST MOLD CHIN CUP	Y		
L0160	CERV SEMI-RIGID OCCIP/MAND PREFAB	Y		
L0170	CERV COLLAR MOLDED PATIENT MODEL	Y		
L0172	CERV COLLAR SEMI-RIGID FOAM PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0174	CERV COLLR SEMI-RGD THOR EXT PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0190	CERV MX POST COLLR ADJ CERV BARS	Y		
L0200	CERV COLLR ADJ CERV BARS&THOR EXT	Y		
L0220	THORACIC RIB BELT CUSTOM FABRICATED	Y		
L0450	TLSO FLEX TRUNK SUPP UP THOR PREFAB	Y		
L0452	TLSO FLEX TRUNK SUPP UP THOR CUSTOM	Y		
L0454	TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	Y		
L0455	TLSO FLEX SC JUNC TO T-9 PREFAB	Y		
L0456	TLSO FLEX SC SCAP SPN PRFAB CUSTOM	Y		
L0457	TLSO FLX SC JUNC TRM INF SCAP SPINE	Y		
L0458	TLSO TRIPLANR 2 SHELL ANT-XIPHOID	Y		
L0460	TLSO TRIPLANR 2 SHELL ANT-STERNL	Y		
L0462	TLSO TRIPLANR 3 SHELL ANT-STERNL	Y		
L0464	TLSO TRIPLANR 4 SHELL ANT-STERNL	Y		
L0466	TLSO SAGITTAL CONTROL PREFAB CUSTOM	Y		
L0467	TLSO SAGITTAL CONTROL RIGD PREFAB	Y		
L0468	TLSO SAGITTAL-CORONAL PREFAB CUSTOM	Y		
L0469	TLSO SAGITTAL-CORONAL CONTRL PREFAB	Y		
L0470	TLSO TRIPLANAR FRME&APRON W/STRAP	Y		
L0472	TLSO TRIPLANAR HYPREXT RIGD FRME	Y		
L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM	Y		
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	Y		
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM	Y		
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	Y		
L0488	TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	Y		
L0490	TLSO SAGIT-CORONAL REINFORCE PRFAB	Y		
L0491	TLSO 2 RIGID PLASTIC SHELLS PREFAB	Y		
L0492	TLSO 3 RIGID PLASTIC SHELLS PREFAB	Y		
L0621	SACROILIAC ORTHOSIS FLEXIBLE PREFAB	Y		
L0622	SACROILIAC ORTHOTIC FLEXIBLE CUSTOM	Y		
L0623	SACROILIAC ORTHOSIS RIGID PREFAB	Y		
L0624	SACROILIAC ORTHOTIC RIGID CUSTOM	Y		
L0625	LUMBAR ORTHOSIS FLEXIBLE PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0626	LUMB ORTHOS RIGID POST PREFAB CUSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

L0627	LUMB ORTHOS RIGD A&P PNL PRFAB CSTM	Y		
L0628	LSO FLEXIBLE PREFAB OFF THE SHELF	Y		
L0629	LSO FLEXIBLE CUSTOM FABRICATED	Y		
L0630	LSO SAGIT CNTRL RIGID POST PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0631	LSO SAGIT CNTRL RIGID POST CUSTOM	Y		
L0632	LSO SAGIT CNTRL RIGID A&P CUSTOM	Y		
L0633	LSO SAG-COR CNTRL RIGID POST PREFAB	Y		
L0634	LSO SAG-COR CNTRL RIGID POST CUSTOM	Y		
L0635	LSO SAG-COR CNTRL LUMB FLEX PREFAB	Y		
L0636	LSO SAG-COR CNTRL LUMB FLEX CUSTOM	Y		
L0637	LSO SAG-COR CNTRL RIGID A&P PREFAB	Y		
L0638	LSO SAG-COR CNTRL RIGID A&P CUSTOM	Y		
L0639	LSO SAG-COR CNTRL RIGD SHELL PREFAB	Y		
L0640	LSO SAG-COR CNTRL RIGD SHELL CUSTOM	Y		
L0641	LUMB ORTHOS SAGIT CTRL RIGD PST PNL	Y		
L0642	LUMB ORTHOS SAGIT CTRL ANT POST PNL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0643	LSO SAGITTAL CNTRL RIGID POST PANEL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L0648	LSO SAGIT CNTRL RIGD ANT POST PANEL	Y		
L0649	LSO SAGIT-CORNL CNTRL RIGD PST PANL	Y		
L0650	LSO SAGIT-CORNL CNTRL ANT PST PANL	Y		
L0651	LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	Y		
L0700	CTLSO ANT-POST-LAT CNTRL MOLD PT	Y		
L0710	CTLSO-MOLD PT-INTERFACE MATERIAL	Y		
L0810	HALO PROC CERV HALO IN JACKT VEST	Y		
L0820	HALO PROC CERV HALO-PLAST BDY JACKT	Y		
L0830	HALO PROC CERV HALO-MLWAKEE ORTHOS	Y		
L0859	RINGS&PINS	Y		
L0861	ADD HALO PROC REPLCMT LINER/INTERFC	Y		
L0970	TLSO CORSET FRONT	Y		
L0972	LSO CORSET FRONT	Y		
L0974	TLSO FULL CORSET	Y		
L0976	LSO FULL CORSET	Y		
L0978	AXILLARY CRUTCH EXTENSION	Y		
L0980	PERONEAL STRAPS PREFAB PAIR	Y		
L0982	STOCKING SUPPORT GRIPS PREFAB SET 4	Y		
L0984	PROTECTIVE BODY SOCK PREFAB EACH	Y		
L1000	CTLSO INCL FURNISH INIT ORTHOS-MDL	Y		
L1001	CTLS IMMOBILIZER INFANT SZ PREFAB	Y		
L1005	TENSION BASED SCOLIOSIS ORTHOTIC	Y		
L1010	ADD CTLSO/SCOLIO ORTHOS AX SLING	Y		
L1020	ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	Y		
L1025	ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	Y		
L1030	ADD CTLSO/SCOLIO ORTHOS LUMB PAD	Y		
L1040	ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD	Y		
L1050	ADD CTLSO/SCOLIOS ORTHOS STERNL PAD	Y		
L1060	ADD CTLSO/SCOLIOS ORTHOS THOR PAD	Y		
L1070	ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG	Y		
L1080	ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG	Y		
L1085	ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT	Y		
L1090	ADD CTLSO/SCOLIOS ORTHOS LUMB SLING	Y		
L1100	ADD CTLSO/SCOLIOS RING PLSTC/LEATHR	Y		
L1110	ADD CTLSO/SCOLIOS RING MOLD PT MDL	Y		
L1120	ADD CTLSO SCOLIO ORTHO COVR UPRT EA	Y		
L1200	TLSO INCL FURNISH INIT ORTHOTC ONLY	Y		
L1210	ADDITION TLSO LATERAL THORACIC EXT	Y		

L1220	ADDITION TLSO ANT THORACIC EXT	Y		
L1230	ADD TLSO MLWAKEE TYPE SUPERSTRCT	Y		
L1240	ADDITION TLSO LUMBAR DEROTATION PAD	Y		
L1250	ADDITION TO TLSO ANTERIOR ASIS PAD	Y		
L1260	ADD TLSO ANT THOR DEROTATION PAD	Y		
L1270	ADDITION TO TLSO ABDOMINAL PAD	Y		
L1280	ADDITION TO TLSO RIB GUSSET EACH	Y		
L1290	ADDITION TLSO LAT TROCHANTERIC PAD	Y		
L1300	OTH SCOLIOS PROC BDY JACKT MOLD PT	Y		
L1310	OTH SCOLIOSIS PROC POSTOP BDY JACKT	Y		
L1600	HIP ORTHOS ABDUCT FLX FREJKA PREFAB	Y		
L1610	HIP ORTHOS ABDUCT CNTRL FLEX PREFAB	Y		
L1620	HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	Y		
L1630	HIP ORTHOTIC ABDUCT CONTRL/SEMI-FLX	Y		
L1640	HIP ORTHOTIC-PELV BAND/SPRDR BAR	Y		
L1650	HIP ORTHOTIC ABDUCT CNTRL-STATC ADJ	Y		
L1652	HIP ORTHOT BIL THI CUFF ADLT PRFAB	Y		
L1660	HIP ORTHOT ABDUCT CNTRL-STATC PLSTC	Y		
L1680	HIP ORTHOT DYN PELV CNTRL THI CSTM	Y		
L1685	HIP ORTHOS POSTOP HIP ABDCT CSTM	Y		
L1686	HIP ORTHOT POSTOP HIP ABDCT PRFAB	Y		
L1690	COMB BIL LUMBO-SAC HIP FEM ORTHOT	Y		
L1700	LEGG PERTHES ORTHOTIC TORONTO CSTM	Y		
L1710	LEGG PERTHES ORTHOT NEWINGTON CSTM	Y		
L1720	LEGG PERTHES ORTHO TRILAT TACHDIJAN	Y		
L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE	Y		
L1755	LEGG PERTHES ORTHOT PATTEN BOTTOM	Y		
L1810	KNEE ORTHOSIS ELASTIC JOINTS PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1812	KNEE ORTHOSIS ELASTIC W/JNTS PREFAB	Y		
L1831	KNEE ORTHT LOCK KNEE JNT PSTN ORTHT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1832	KNEE ORTHOS IMMOBLZR ADJUST PREFAB	Y		
L1833	KNEE ORTHOSIS ADJUST JNT RIGD SUPP	Y		
L1834	KO W/O KNEE JOINT RIGID CUSTOM FAB	Y		
L1836	KNEE ORTHOSIS RIGD W/O JOINT PREFAB	Y		
L1840	KO DEROTATION MED-LAT ACL CSTM FAB	Y		
L1843	KNEE ORTHOS 1 UPRT THI&CALF PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1844	KNEE ORTHOS 1 UPRT THI&CALF CUSTOM	Y		
L1845	KNEE ORTHOS DBL UPRT THI&CALF PRFAB	Y		
L1846	KNEE ORTHOS DBL UPRT THI&CALF CUSTM	Y		
L1847	KNEE ORTHOS DBL UPRT ADJ JNT PREFAB	Y		
L1848	KNEE ORTHOS DBL UPRT AIR SUPP PRFAB	Y		
L1850	KNEE ORTHOS SWEDISH TYPE PREFAB	Y		
L1851	KNEE ORTHOS SNG UPRT THIGH & CALF	Y		
L1852	KNEE ORTHOS DBLE UPRT THIGH & CALF	Y		
L1860	KO MOD SUPRACNDYLR PROSTH SCKT CSTM	Y		
L1900	AFO SPRNG WIRE DORSIFLX ASST CSTM	Y		
L1904	ANKLE ORTHOSIS ANKL GAUNTLET CUSTOM	Y		
L1906	ANKLE FT ORTHOS MULTILIG SUPP PRFAB	Y		
L1907	ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM	Y		
L1910	AFO POST 1 BAR CLASP ATTCH SHOE	Y		
L1920	AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	Y		
L1930	AFO PLASTIC/OTH MATERIAL PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1932	AFO RIGD ANT TIBL CARB FIBR/= PRFAB	Y		
L1940	ANK FT ORTHOT PLSTC/OTH MATL CSTM	Y		
L1945	AFO MOLD PLSTC RIGD ANT TIBL CSTM	Y		

L1950	AFO SPIRAL PLASTIC CUSTOM FAB	Y		
L1951	ANK FT ORTHOT SPIRAL PLSTC/OTH MATL	Y		
L1960	AFO POST SOLID ANK PLSTC CSTM FAB	Y		
L1970	AFO PLASTIC W/ANK JOINT CUSTOM FAB	Y		
L1971	ANK FT ORTHOT PLSTC/OTH MATL PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L1980	AFO 1 UPRT DORSIFLX SLID STIRUP FAB	Y		
L1990	AFO DBL UPRT DORSIFLX STIRUP CSTM	Y		
L2000	KAFO 1 UPRT SOLID STIRUP CSTM	Y		
L2005	KAFO ANY MATL AUTO RLS ANK JNT CSTM	Y		
L2010	KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	Y		
L2020	KAFO DBL UPRT STIRUP THI&CALF CSTM	Y		
L2030	KAFO DBL UPRT STIRUP NO KNEE JNT	Y		
L2034	KAFO PLSTC MED LAT ROTAT CNTRL CSTM	Y		
L2035	KAFO FULL PLSTC STAT PED SZ PRFAB	Y		
L2036	KAFO FULL PLSTC DBL UPRT CSTM FAB	Y		
L2037	KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	Y		
L2038	KAFO FULL PLSTC MX-AXIS ANKLE CSTM	Y		
L2040	HKAFO TORSN CNTRL BIL ROTAT STRAPS	Y		
L2050	HKAFO BIL TORSION CABLES CSTM FAB	Y		
L2060	HKAFO BIL TORSION BALL BEAR CSTM	Y		
L2070	HKAFO UNI ROTAT STRAPS CSTM FAB	Y		
L2080	HKAFO UNI TORSION CABLE CSTM FAB	Y		
L2090	HKAFO UNI TORSN CABL BALL BEAR CSTM	Y		
L2106	AFO TIB FX CAST THERMOPLSTC CSTM	Y		
L2108	AFO TIB FX CAST ORTHT CSTM	Y		
L2112	AFO TIB FX ORTHOT SFT PRFAB FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2114	AFO TIBL FX ORTHOS SEMI-RIGD PRFAB	Y		
L2116	AFO TIB FX ORTHOT RIGD PRFAB FIT	Y		
L2126	KAFO FEM FX CAST THERMOPLSTC CSTM	Y		
L2128	KAFO FEM FX CAST ORTHOT CSTM FAB	Y		
L2132	KAFO FEM FX CAST ORTHOT SFT PRFAB	Y		
L2134	KAFO FEM FX CAST SEMI-RIGD PRFAB	Y		
L2136	KAFO FEM FX CAST ORTHOT RIGD PRFAB	Y		
L2180	ADD LW EXTRM ORTH PLSTC SHOE INSRT	Y		
L2182	ADD LW EXT ORTH DROP LOCK KNEE JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2184	ADD LW EXTRM ORTH LTD MOT KNEE JNT	Y		
L2186	ADD LW EXT ORTH ADJ MOT KNEE JNT	Y		
L2188	ADD LW EXT FX ORTHOT QUADRILAT BRIM	Y		
L2190	ADD LOW EXTREM FX ORTHOT WAIST BELT	Y		
L2192	ADD LW EXT ORTH HIP JNT THI FLNGE	Y		
L2200	ADD LOW EXTRM LTD ANK MOTION EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2210	ADD LOW EXTREM DORSIFLX ASST EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2220	ADD LW EXT DRSFLX&PLNTR ASST EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2230	ADD LW EXT SPLIT FLAT CALIPR STIRUP	Y		
L2232	ADD LOW EXT ORTHOS ROCKR BOTTM CSTM	Y		
L2240	ADD LW EXT ROUND CALIPER&PLAT ATTCH	Y		
L2250	ADD LW EXT FT PLAT MOLD PT STIRUP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2260	ADD LW EXT REINFORCED SOLID STIRUP	Y		
L2265	ADD LOW EXTREM LONG TONGUE STIRUP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2270	ADD LW EXT VARUS/VALGUS CORR STRAP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2275	ADD LW EXT VARUS/VULGUS CORR PLSTC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2280	ADD LOW EXTREM MOLDED INNR BOOT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2300	ADD LW EXTRM ABDUCT BAR JNTED ADJ	Y		
L2310	ADD LOW EXTREM ABDUCT BAR STRAIGHT	Y		
L2320	ADD LOW EXT NONMOLD LACER CSTM ONLY	Y		

L2330	ADD LOW EXT LACER MOLD PT CSTM ONLY	Y		
L2335	ADDITION LOW EXTREM ANT SWING BAND	Y		
L2340	ADD LW EXTRM PRETIBL SHELL MOLD PT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2350	ADD LW EXT PROSTH TYPE SCKT MOLD PT	Y		
L2360	ADDITION LOW EXTREM EXT STEEL SHANK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2370	ADDITION LOWER EXTREM PATTEN BOTTOM	Y		
L2375	ADD LW EXT TORSION CNTRL ANK JNT	Y		
L2380	ADD LW EXT TORSN CNTRL STRAIT KNEE	Y		
L2385	ADD LW EXTREM STRAIT KNEE JNT HD EA	Y		
L2387	ADD LW EXT POLYCNTRC KNEE CSTM KAFO	Y		
L2390	ADD LW EXTRM OFFSET KNEE JNT EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2395	ADD LW EXT OFFSET KNEE JNT HD EA	Y		
L2397	ADD LOW EXTREM ORTHOTIC SUSP SLEEVE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2405	ADDITION KNEE JOINT DROP LOCK EACH	Y		
L2415	ADD KNEE LOCK-INTEGRATD RLSE EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2425	ADD KNEE JNT DISC/DIAL LOCK EA JNT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2430	ADD KNEE JNT RATCHT LOCK EXT EA JNT	Y		
L2492	ADD KNEE LIFT LOOP DROP LOCK RING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2500	ADD LW EXTRM THIGH/WT BEAR RING	Y		
L2510	ADD LW EXTRM THI/WT BEAR MOLD PT	Y		
L2520	ADD LW EXTRM THI/WT BEAR CSTM	Y		
L2525	ADD LW EXT ISCH M-L BRIM MOLD PT	Y		
L2526	ADD LW EXTRM ISCH M-L BRIM CSTM FIT	Y		
L2530	ADD LW EXT THI/WT BEAR LACR NONMOLD	Y		
L2540	ADD LW EXT THI/WT BEAR LACR MOLD PT	Y		
L2550	ADD LW EXT THI/WT BEAR HI ROLL CUFF	Y		
L2570	ADD LW EXT PELV HIP JNT CLEVIS	Y		
L2580	ADD LOW EXTRM PELV CNTRL PELV SLING	Y		
L2600	ADD LW EXT PELV THRUST BEAR FREE	Y		
L2610	ADD LW EXT PELV THRUST BEAR LOCK	Y		
L2620	ADD LW EXT PLV HIP JNT HEVY-DUTY EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2622	ADD LW EXT PELV HIP JNT ADJ FLX EA	Y		
L2624	ADD LW EXTRM PELV HIP JNT FLX EXT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2627	ADD LW EXT PELV PLSTC MOLD PT-CABLE	Y		
L2628	ADD LW EXT PELV METL FRME-CABLES	Y		
L2630	ADD LW EXTRM PELV BAND&BELT UNI	Y		
L2640	ADD LW EXTRM PELV BAND&BELT BIL	Y		
L2650	ADD LW EXTRM PELV&THOR GLUTL PAD EA	Y		
L2660	ADD LOW EXTREM THOR CNTRL THOR BAND	Y		
L2670	ADD LW EXTRM THOR CNTRL PARASP UPRT	Y		
L2680	ADD LW EXT THOR CNTRL LAT SUPP UPRT	Y		
L2750	ADD LW EXT ORTHOT PLAT CHROME/NICKL	Y		
L2755	ADD LOW EXT ORTHOT PER SEG CSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2760	ADD LOW EXTREM ORTHOTIC EXT-EXT-BAR	Y		
L2768	ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2780	ADD LW EXT ORTH NONCORROSIVE BAR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2785	ADD LW EXT ORTHOT DROP LOCK RETN EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2795	ADD LW EXT ORTH KNEE CNTRL FULL CAP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2800	ADD LOW EXT ORTHOT KNEE CAP CSTM	Y		
L2810	ADD LW EXT ORTH KNEE CNDYLR PAD	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2820	ADD LW EXT SFT INTERFCE BELW KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2830	ADD LW EXT SFT INTERFCE ABVE KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L2840	ADD LW EXT ORTHOT TIB LEN SOCK FX/=	Y		
L2850	ADD LW EXT ORTHO FEM LEN SOCK FX/=	Y		
L2861	ADD LOW EXT JNT KNEE/ANK CSTM EA	Y		

L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL	Y		
L3100	HALLUS-VALGUS NIGHT DYN SPLNT PRFAB	Y		
L3140	FOOT ABDUCT ROTATION BAR INCL SHOES	Y		
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	Y		
L3201	ORTHOPED SHOE OXFRD SUPINATR INFNT	Y		
L3202	ORTHOPED SHOE OXFRD W/SUPINATR CHLD	Y		
L3203	ORTHOPED SHOE OXFRD W/SUPINATR JR	Y		
L3204	ORTHOPED SHOE HITOP SUPINATR INFNT	Y		
L3206	ORTHOPED SHOE HITOP W/SUPINATR CHLD	Y		
L3207	ORTHOPED SHOE HITOP W/SUPINATR JR	Y		
L3208	SURGICAL BOOT EACH INFANT	Y		
L3209	SURGICAL BOOT EACH CHILD	Y		
L3211	SURGICAL BOOT EACH JUNIOR	Y		
L3212	BENESCH BOOT PAIR INFANT	Y		
L3213	BENESCH BOOT PAIR CHILD	Y		
L3214	BENESCH BOOT PAIR JUNIOR	Y		
L3215	ORTHOPED FTWEAR LADIES OXFORD EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3216	ORTHO FTWEAR LADIES SHOE DPTH INLAY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3217	ORTHOPED FTWEAR LADIES HITOP INLAY	Y	Not covered by CA	
L3219	ORTHOPED FTWEAR MENS SHOE OXFORD EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3221	ORTHOPD FTWEAR MENS SHOE DPTH INLAY	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21. Not covered by CA	
L3222	ORTHO FTWEAR MENS HITOP DPTH INLAY	Y	Not covered by CA	
L3230	ORTHO FTWEAR CSTM SHOE DEPTH INLAY	Y		
L3250	ORTHOPED FOOTWEAR CSTM MOLD PROSTH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3251	FOOT SHOE MOLD PT SILCON SHOE EA	Y		
L3252	FOOT SHOE MOLD PT PLASTAZOTE CSTM	Y		
L3253	FOOT MOLD SHOE PLASTAZOTE CSTM FIT	Y		
L3254	NONSTANDARD SIZE OR WIDTH	Y		
L3255	NONSTANDARD SIZE OR LENGTH	Y		
L3257	ORTHOPED FOOTWEAR ADD CHRG SPLIT SZ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3260	SURGICAL BOOT/SHOE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3265	PLASTAZOTE SANDAL EACH	Y		
L3300	LIFT ELEV HEEL TAPERED MTS PER INCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3310	LIFT ELEV HEEL&SOLE NEOPRENE-INCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3320	LIFT ELEV HEEL&SOLE CORK PER INCH	Y		
L3330	LIFT ELEVATION METAL EXTENSION	Y		
L3332	LIFT ELEV IN SHOE TAPERED TO 1/2 IN	Y		
L3334	LIFT ELEVATION HEEL PER INCH	Y		
L3340	HEEL WEDGE SACH	Y		
L3350	HEEL WEDGE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3360	SOLE WEDGE OUTSIDE SOLE	Y		
L3370	SOLE WEDGE BETWEEN SOLE	Y		
L3380	CLUBFOOT WEDGE	Y		
L3390	OUTFLARE WEDGE	Y		
L3400	METATARSAL BAR WEDGE ROCKER	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3410	METATARSAL BAR WEDGE BETWEEN SOLE	Y		
L3420	FULL SOLE&HEEL WEDGE BETWEEN SOLE	Y		
L3430	HEEL COUNTER PLASTIC REINFORCED	Y		
L3440	HEEL COUNTER LEATHER REINFORCED	Y		
L3450	HEEL SACH CUSHION TYPE	Y		
L3455	HEEL NEW LEATHER STANDARD	Y		
L3460	HEEL NEW RUBBER STANDARD	Y		
L3465	HEEL THOMAS WITH WEDGE	Y		
L3470	HEEL THOMAS EXTENDED TO BALL	Y		

L3480	HEEL PAD AND DEPRESSION FOR SPUR	Y		
L3485	HEEL PAD REMOVABLE FOR SPUR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3500	ORTHOPED SHOE ADD INSOLE LEATHR	Y		
L3510	ORTHOPED SHOE ADD INSOLE RUBBER	Y		
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR	Y		
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF	Y		
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL	Y		
L3550	ORTHOPED SHOE ADD TOE TAP STANDARD	Y		
L3560	ORTHOPED SHOE ADD TOE TAP HORSESHOE	Y		
L3570	ORTHOPED SHOE ADD SPCL EXT INSTEP	Y		
L3580	ORTHO SHOE ADD CNVRT INSTP-VELC CLO	Y		
L3590	ORTHO SHOE ADD CONVERT FIRM TO SOFT	Y		
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR	Y		
L3600	TRNSF ORTH-ANOTHER CALIPR PLAT XST	Y		
L3610	TRNSF ORTH-ANOTHER CALIPR PLAT NEW	Y		
L3620	TRNSF ORTH-ANOTH SOLID STIRUP XST	Y		
L3630	TRNSF ORTH-ANOTH SOLID STIRUP NEW	Y		
L3640	TRNSF ORTH-ANOTH DENNS BRWN SPLNT	Y		
L3671	SO JOINT DESIGN W/O JOINTS CUSTOM	Y		
L3674	SHOULDER ORTHOTIC ABDUCT PSTN CSTM	Y		
L3675	SHLDR VEST ABDUCT RESTRAINR PREFAB	Y		
L3677	SHLDR ORTHOS JNT DSGN PREFAB CUSTOM	Y		
L3678	SHLDR ORTHOS JNT DSGN NO JNT PREFAB	Y		
L3702	EO W/O JOINTS CUSTOM FABRICATED	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3710	ELB ORTHOS ELASTIC METL JNTS PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3720	EO DBL UPRT W/CUFF FREE MOT CSTM	Y		
L3730	EO DBL UPRT-CUFF EXT/FLX ASST CSTM	Y		
L3740	EO DBL UPRT W/CUFF ADJ LOCK CSTM	Y		
L3760	ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3763	EWHO RIGID W/O JOINTS CUSTOM FAB	Y		
L3764	EWHO 1/> NONTORSION JNTS CSTM FAB	Y		
L3765	EWHFO RIGID W/O JOINTS CUSTOM FAB	Y		
L3766	EWHFO 1/> NONTORSION JNTS CSTM FAB	Y		
L3806	WHFO CUSTOM FAB INCL FIT & ADJUST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3807	WHF ORTHOS NO JNT PRFAB CUSTOM FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3809	WHF ORTHO NO JOINTS PREFAB ANY TYPE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3891	ADD UP EXT JNT WRIST/ELB CSTM EA	Y		
L3900	WHFO DYN FLX HNG WRST DRVN CSTM FAB	Y		
L3901	WHFO DYN FLX HNG CABLE DRIVEN CSTM	Y		
L3904	WHFO EXTERNAL POWER ELEC CSTM FAB	Y		
L3905	WHO 1/> NONTORSION JOINTS CSTM FAB	Y		
L3906	WHO W/O JOINTS STRAPS CSTM FAB	Y		
L3912	HAND FINGR ORTHOS FINGR CNTRL PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3913	HFO W/O JOINTS CUSTOM FABRICATED	Y		
L3915	WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT	Y		
L3916	WH ORTHOS 1/> NONTORSN JOINT PREFAB	Y		
L3917	HAND ORTHOSIS MC FX PREFAB CSTM FIT	Y		
L3918	HAND ORTHOSIS METACARPL FX ORTHOSIS	Y		
L3919	HAND ORTHOTIC W/O JOINTS CUSTOM FAB	Y		
L3921	HFO 1/> NONTORSION JOINTS CSTM FAB	Y		
L3923	HF ORTHOSIS NO JOINT PRFAB CSTM FIT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3924	HAND FINGER ORTHOSIS W/O JOINTS	Y		
L3925	FINGER ORTHOS NONTORSION JNT PREFAB	Y		
L3927	FINGER ORTHOSIS W/O JOINT PREFAB	Y		
L3929	HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM	Y		

L3930	HF ORTHOS 1/> NONTORSION JNT PREFAB	Y		
L3931	WHFO PREFAB INCL FITTING & ADJ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3933	FINGER ORTHOTIC W/O JOINTS CSTM FAB	Y		
L3935	FO NONTORSION JOINT CUSTOM FAB	Y		
L3956	ADD JNT UP EXTREM ORTHOT MATL; JNT	Y		
L3960	SEWHO ABDUCT PSTN AIRPLANE DESIGN	Y		
L3961	SEWHO SHLDR CAP DESN NO JNTS CSTM	Y		
L3962	SEWHO ABDUCT PSTN ERBS PALS DESIGN	Y		
L3967	SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	Y		
L3971	SEWHO SHOULDER CAP DESIGN CSTM FAB	Y		
L3973	SEWHO ABDUCTION POSITION CSTM FAB	Y		
L3975	SEWHFO SHLDR CAP DESN NO JNTS CSTM	Y		
L3976	SEWHFO ABDUCT PSTN W/O JNTS CUS FAB	Y		
L3977	SEWHFO SHOULD CAP DESIGN CUSTOM FAB	Y		
L3978	SEWHFO ABDUCTION POSITION CSTM FAB	Y		
L3980	UP EXT FX ORTHOT HUM PRFAB-FIT&ADJ	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3981	UE FX ORTHOSIS HUMERAL PREF STRAPS	Y		
L3982	UP EXTRM FX ORTH RADUS/ULNAR PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L3984	UP EXTRM FX ORTHOTIC WRST PRFAB	Y		
L3995	ADD UP EXTREM ORTHOT SOCK FX/= EA	Y		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	Y		
L4002	REPL STRAP ANY ORTHOTIC ALL CMPNTS	Y		
L4010	REPLACE TRILATERAL SOCKET BRIM	Y		
L4020	REPL QUADRILAT SOCKT BRIM MOLD PT	Y		
L4030	REPL QUADRILAT SOCKT BRIM CSTM FIT	Y		
L4040	REPL MOLDED THI LACER CSTM ONLY	Y		
L4045	REPL NONMOLD THI LACER CSTM ONLY	Y		
L4050	REPL MOLDED CALF LACER CSTM ONLY	Y		
L4055	REPL NONMOLD CALF LACER CSTM ONLY	Y		
L4060	REPLACE HIGH ROLL CUFF	Y		
L4070	REPLACE PROXIMAL&DIST UPRIGHT KAFO	Y		
L4080	REPLACE METAL BANDS KAFO PROX THIGH	Y		
L4090	REPL METL BANDS KAFO-AFO CALF/THI	Y		
L4100	REPLACE LEATHR CUFF KAFO PROX THIGH	Y		
L4110	REPL LEATHR CUFF KAFO-AFO CALF/THI	Y		
L4130	REPLACE PRETIBIAL SHELL	Y		
L4205	REPR ORTHOT DEVC LABR CMPNT 15 MIN	Y		
L4210	REP ORTHOT DEVC REP/REPL MINOR PART	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4360	WALK BOOT PNEUMAT&/VAC PREFAB CUSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4370	PNEUMATIC FULL LEG SPLINT PREFAB	Y		
L4386	WALK BOOT NON-PNEUMATIC PREFAB CSTM	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4387	WALKING BOOT NON-PNEUMATIC PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4396	STAT/DYN ANK FT ORTHOS PREFAB CSTM	Y		
L4397	STATIC/DYNAMIC AFO MIN ABM PREFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4398	FOOT DROP SPLINT RECUMBNT POS PRFAB	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L4631	AFO WALK BOOT TYP ROCKR BOTTOM CSTM	Y		
L5000	PART FT SHOE INSRT W/LNGTUDNL ARCH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5010	PART FT MOLD SOCKT ANK HT W/TOE FIL	Y		
L5020	PART FT MOLD SOCKET TIB TUBERCLE HT	Y		
L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Y		
L5060	ANK SYMS METL FRME MOLD LEATHR SCKT	Y		
L5100	BELW KNEE MOLD SOCKT SHIN SACH FOOT	Y		
L5105	BK PLSTC SCKT JNT&THI LACER SACH FT	Y		
L5150	KNEE DISRTC MOLD SCKT EXT KNEE JNT	Y		
L5160	KNEE DISARTIC MOLD SOCKT BENT KNEE	Y		

L5200	AK MOLD SOCKT 1 AXIS CONSTANT FRICT	Y		
L5210	AK SHRT PROS NO KNEE JNT-ANK JNT EA	Y		
L5220	AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	Y		
L5230	AK PROX FEM FOCAL DEFIC SACH FT	Y		
L5250	HIP DISRTC CANADIAN; MOLD SCKT HIP	Y		
L5270	HIP DISRTC TLT TABL; MOLD SCKT LOCK	Y		
L5280	HEMIPELVECT CANADIAN; MOLD SOCKT	Y		
L5301	BK MOLD SCKT SHIN SACH FT ENDO SYS	Y		
L5312	KNEE DISART MOLD SOCKET 1 AXIS KNEE	Y		
L5321	AK OPEN END SACH FT ENDO SYS 1 AXIS	Y		
L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Y		
L5341	SINGLE AXIS KNEE SACH FOOT	Y		
L5400	IMMED POSTSURG RIGD DRSG W/1 CHG BK	Y		
L5410	IMMED POSTSURG RIGD DRS BK-EA CAST	Y		
L5420	IMMED POSTSURG RIGD DRSG 1 CHG AK	Y		
L5430	IMMED POSTSURG RIGD DRSG AK EA CAST	Y		
L5450	IMMED POSTSURG NONWT BEAR RIGD BK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5460	IMMED POSTSURG NONWT BEAR RIGD AK	Y		
L5500	INIT BK PTB SCKT NON-ALIGN DIR FORM	Y		
L5505	INIT AK-DISRTC ISCH LEVL NON-ALIGN	Y		
L5510	PREP BK PTB SCKT NON-ALIGN MOLD MDL	Y		
L5520	PREP BK PTB THERMOPLSTC/=DIR FORM	Y		
L5530	PREP BK PTB THERMOPLSTC/=MOLD MDL	Y		
L5535	PREP BK PTB PRFAB ADJ OPEN END SCKT	Y		
L5540	PREP BK PTB LAMINATED SCKT MOLD MDL	Y		
L5560	PREP AK-DISARTIC PLASTER MOLD MDL	Y		
L5570	PREP AK-DISRTC THRMOPLSTC/=DIR FORM	Y		
L5580	PREP AK-DISARTIC THERMOPLSTC/=MOLD	Y		
L5585	PREP AK-DISARTIC PRFAB ADJ OPN END	Y		
L5590	PREP AK-DISARTC LAMINATD SCKT MOLD	Y		
L5595	PREP HIP DISARTC THERMOPLSTC/=MOLD	Y		
L5600	PREP HIP DISARTC LAMINATD SCKT MOLD	Y		
L5610	ADD LW EXTRM ENDO AK HYDRACADENCE	Y		
L5611	ADD LW EXT AK-DISARTC W/FRICT CNTRL	Y		
L5613	ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	Y		
L5614	ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	Y		
L5616	ADD LW EXT AK UNIVRSL MXPLX FRICT	Y		
L5617	ADD LW EXTREM QUICK CHANGE AK/BK EA	Y		
L5618	ADD LOW EXTREM TEST SOCKT SYMES	Y		
L5620	ADD LOW EXTREM TEST SOCKT BELW KNEE	Y		
L5622	ADD LW EXTRM TST SOCKT KNEE DISARTC	Y		
L5624	ADD LOW EXTREM TEST SOCKT ABVE KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5626	ADD LW EXTRM TST SOCKT HIP DISARTIC	Y		
L5628	ADD LOW EXTRM TST SOCKT HEMIPELVECT	Y		
L5629	ADD LW EXTRM BELW KNEE ACRYLC SOCKT	Y		
L5630	ADD LW EXT SYMS TYPE XPND WALL SCKT	Y		
L5631	ADD LW EXT ABVE KNEE/DISARTC ACRYLC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5632	ADD LW EXT SYMS PTB BRIM DESN SOCKT	Y		
L5634	ADD LW EXT SYMS POST OPENING SOCKT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5636	ADD LW EXT SYMS MED OPENING SOCKT	Y		
L5637	ADD LOW EXTREM BELW KNEE TOTAL CNTC	Y		
L5638	ADD LW EXTRM BELW KNEE LEATHR SOCKT	Y		
L5639	ADD LOW EXTREM BELW KNEE WOOD SOCKT	Y		
L5640	ADD LW EXT KNEE DISARTC LEATHR SCKT	Y		
L5642	ADD LW EXTRM ABVE KNEE LEATHR SOCKT	Y		

L5643	ADD LW EXT HIP DISRTC FLX EXT FRAME	Y		
L5644	ADD LOW EXTREM ABVE KNEE WOOD SOCKT	Y		
L5645	ADD LW EXTRM BK FLX INNR EXT FRME	Y		
L5646	ADD LOW EXT BELOW KNEE CUSHN SOCKT	Y		
L5647	ADD LOW EXTRM BELW KNEE SUCTN SOCKT	Y		
L5648	ADD LOW EXT ABOVE KNEE CUSHN SOCKT	Y		
L5649	ADD LW EXT ISCHIAL CONTAINMENT SCKT	Y		
L5650	ADD LW EXTRM TOT CONTACT AK/DISARTC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5651	ADD LW EXTRM AK FLX INNR EXT FRME	Y		
L5652	ADD LW EXTRM SUCTN SUSP AK/DISARTC	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5653	ADD LW EXT KNEE DISRTC XPNDABL WALL	Y		
L5654	ADD LOW EXTREM SOCKT INSERT SYMES	Y		
L5655	ADD LOW EXTRM SOCKT INSRT BELW KNEE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5656	ADD LW EXT SOCKT INSRT KNEE DISARTC	Y		
L5658	ADD LOW EXTRM SOCKT INSRT ABVE KNEE	Y		
L5661	ADD LW EXT INSRT MXIDUROMETER SYMES	Y		
L5665	ADD LW EXT INSRT MXDROMTR BELW KNEE	Y		
L5666	ADD LOW EXTREM BELOW KNEE CUFF SUSP	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5668	ADD LW EXTRM BK MOLD DISTAL CUSHION	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5670	ADD LW EXTRM BK MOLD SUPRACOND SUSP	Y		
L5671	ADD LW EXTRM BK/AK SUSP LOCK MECH	Y		
L5672	ADD LW EXTRM BK REMV MED BRIM SUSP	Y		
L5673	ADD LW EXT BK/AK CSTM FAB XST MOLD	Y		
L5676	ADD LW EXT BK KNEE JNT 1 AXIS PAIR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5677	ADD LW EXT BK KNEE JNT POLYCNTRC PR	Y		
L5678	ADD LW EXT BELW KNEE JNT COVRS PAIR	Y		
L5679	ADD LW EXT BK/AK CSTM FAB XST MOLD	Y		
L5680	ADD LW EXTRM BK THI LACER NONMOLD	Y		
L5681	ADD LW EXT INSRT CONGN/AMPUTEE INIT	Y		
L5682	ADD LW EXT BK THIGH LACER MOLD	Y		
L5683	ADD LW EXT INSRT NO CONGN/AMP INIT	Y		
L5684	ADD LOW EXTREM BELW KNEE FORK STRAP	Y		
L5685	ADD LOW EXT PROS BELW KNEE SLEEVE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5686	ADD LOW EXTREM BELW KNEE BACK CHECK	Y		
L5688	ADD LW EXTRM BK WAIST BELT WEB	Y		
L5690	ADD LW EXTRM BK WAIST BELT PAD	Y		
L5692	ADD LW EXTRM AK PELVIC CONTROL BELT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5694	ADD LW EXTRM AK PELV CNTRL BELT PAD	Y		
L5695	ADD LW EXT AK PELV CNTRL SLV NEOPRN	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5696	ADD LW EXTRM AK/DISARTIC PELV JNT	Y		
L5697	ADD LW EXTRM AK/DISARTIC PELV BAND	Y		
L5698	ADD LW EXTRM AK/KD SILESIAN BANDAGE	Y		
L5699	ALL LOW EXTREM PROSTH SHLDR HARNESS	Y		
L5700	REPL SOCKET BELOW KNEE MOLD PT MDL	Y		
L5701	REPL SCKT AK/DISARTIC W/ATTCH PLAT	Y		
L5702	REPL SCKT HIP DISRTC W/HIP JNT MOLD	Y		
L5703	ANK SYMES MLD PT MDL SACH FT REPL	Y		
L5704	CUSTOM SHAP PROTVE COVER BELOW KNEE	Y		
L5705	CUSTOM SHAP PROTVE COVER ABOVE KNEE	Y		
L5706	CUSTOM SHAPED COVER KNEE DISARTIC	Y		
L5707	CUSTOM SHAPED COVER HIP DISARTIC	Y		
L5710	ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	Y		
L5711	ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	Y		
L5712	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Y		
L5714	ADD EXO KNEE-SHIN VARBL FRICT SWING	Y		

L5716	ADD EXO KNEE-SHIN MECH STANCE LOCK	Y		
L5718	ADD EXO KNEE-SHIN FRICT SWING CNTRL	Y		
L5722	ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	Y		
L5724	ADD KNEE-SHIN 1 AXIS FL SWING PHASE	Y		
L5726	ADD EXO KNEE-SHIN EXT JNT FL SWING	Y		
L5728	ADD EXO KNEE-SHIN FL SWING&STANCE	Y		
L5780	ADD EXO KNEE-SHIN PNEUMAT/HYDRA	Y		
L5781	ADD LW LIMB PROS LIMB MGMT SYS	Y		
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	Y		
L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5790	ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	Y		
L5795	ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	Y		
L5810	ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	Y		
L5811	ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	Y		
L5812	ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	Y		
L5814	ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	Y		
L5816	ADD ENDO KNEE-SHIN MECH STANCE LOCK	Y		
L5818	ADD ENDO KNEE-SHIN FRICT SWNG&STANC	Y		
L5822	ADD ENDO KNEE-SHIN PNEUMATIC FRICT	Y		
L5824	ADD ENDO KNEE-SHIN FL SWING CNTRL	Y		
L5826	ADD ENDO KNEE-SHIN MIN HI ACTV FRME	Y		
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE	Y		
L5830	ADD ENDO KNEE-SHIN PNEUMAT/SWING	Y		
L5840	ADD ENDO KNEE-SHIN 4-BAR LINK SWING	Y		
L5845	ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	Y		
L5848	ADD ENDOSKEL KNEE-SHIN FLUID EXT	Y		
L5850	ADD ENDO AK/HIP DSRTC KNEE EXT ASST	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5855	ADD ENDO HIP DISARTIC MECH EXT ASST	Y		
L5856	ADD LOW EXT PROS KN-SHN SWING&STNCE	Y		
L5857	ADD LOW EXT PROS KN-SHN SWING ONLY	Y		
L5858	ADD LW EXT PROS KNEE SHN SYS STANCE	Y		
L5859	ADD LW EXT PROS KN-SHN PROG FLX/EXT	Y		
L5910	ADD ENDOSKEL BELW KNEE ALIGNBL SYS	Y		
L5920	ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5925	ADD ENDO AK/HIP DISARTIC MNL LOCK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5930	ADD ENDO HI ACTV KNEE CNTRL FRAME	Y		
L5940	ADD ENDOSKEL BELW KNEE ULTRA-LGHT	Y		
L5950	ADD ENDOSKEL ABVE KNEE ULTRA-LGHT	Y		
L5960	ADD ENDOSKL HIP DISARTC ULTRA-LGHT	Y		
L5961	ADD ENDO SYS POLYCNTRC HIP JOINT	Y		
L5962	ADD ENDO BK FLEX PROTVE OUTER COVER	Y		
L5964	ADD ENDO AK FLXBL PROTVE OUTR COVR	Y		
L5966	ADD ENDO HIP DISRTC FLX PROTVE COVR	Y		
L5968	ADD LW LIMB PROSTH MX-AXIAL ANKLE	Y		
L5970	ALL LW EXTRM PROSTH FOOT SACH FOOT	Y		
L5971	ALL LW EXT PROS SACH FOOT REPL ONLY	Y		
L5972	ALL LOW EXT PROS FOOT FLEXIBLE KEEL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5973	ENDO ANK FOOT MICROPROCSS CNTRL PWR	Y		
L5974	ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5975	ALL LW EXTRM PROSTH COMB 1 AXIS ANK	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L5976	ALL LW EXTRM PROSTH ENERGY STOR FT	Y		
L5978	ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	Y		
L5979	ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	Y		
L5980	ALL LOW EXTREM PROSTH FLX-FOOT SYS	Y		
L5981	ALL LOW EXTRM PROSTH FLX-WALK SYS/=	Y		

L5982	ALL EXOSKEL LW EXT PROS AXIAL ROTAT	Y		
L5984	ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	Y		
L5985	ALL ENDOSKL LW XTRM PROSTH DYNAMIC	Y		
L5986	ALL LW EXTRM PROSTH MX-AXIAL ROT U	Y		
L5987	ALL LW EXTRM PROSTH SHANK FOOT SYS	Y		
L5988	ADD LW LMB PRSTH VERTCL SHOCK RDUC	Y		
L5990	ADD LW EXTRM PROSTH USE ADJ HEEL HT	Y		
L6000	PARTIAL HAND THUMB REMAINING	Y		
L6010	PART HAND LITTLE &/ RING FINGER REM	Y		
L6020	PARTIAL HAND NO FINGER REMAINING	Y		
L6026	TRANSCARPL/MC/PART HAND DISART PROS	Y		
L6050	WRST DSRTC MOLD SOCKET FLEX ELB HNG	Y		
L6055	WRST DSRTC MOLD SCKT W/XPND INTRFCE	Y		
L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HNG	Y		
L6110	BELOW ELBOW MOLDED SOCKET	Y		
L6120	BELW ELB STEP-UP HINGES HALF CUFF	Y		
L6130	BELW ELB STMP ACTV LCK HNG 1/2 CUFF	Y		
L6200	ELB DSRTC MOLD SCKT OTSD LCK FORARM	Y		
L6205	ELB DSRTC MOLD SCKT XPND INTRFC ARM	Y		
L6250	ABOVE ELB INTERNAL LOCK ELB FOREARM	Y		
L6300	SHLDR DISARTC INTRL LOCK ELB FORARM	Y		
L6310	SHLDR DISART PASS REST COMPL PROSTH	Y		
L6320	SHLDR DISART PASS REST SHLDR CAP	Y		
L6350	INTRSCAP THOR INTRL LOCK ELB FORARM	Y		
L6360	INTERSCAPULAR THOR COMPLT PROSTH	Y		
L6370	INTERSCAPULAR THOR SHLDR CAP ONLY	Y		
L6380	IMMED POSTSURG RIGD DRSG WRST DSRTC	Y		
L6382	IMMED POSTSURG RIGD DRSG ELB DISRTC	Y		
L6384	IMMED POSTSRG RIGD DRSG SHLDR DSRTC	Y		
L6386	IMMED POSTSURG EA ADD CAST CHANGE	Y		
L6388	IMMED POSTSURG RIGID DRSG ONLY	Y		
L6400	BE MOLD SCKT ENDOSKEL-SFT PROS TISS	Y		
L6450	ELB DISARTIC MOLD SOCKET ENDOSKEL	Y		
L6500	ABOVE ELBOW MOLD SOCKET ENDOSKEL	Y		
L6550	SHLDR DISARTC MOLD SOCKET ENDOSKEL	Y		
L6570	INTRSCAP THOR MOLD SOCKET ENDOSKEL	Y		
L6580	PREP WRST DISARTIC PLSTC SOCKT MOLD	Y		
L6582	PREP WRST DISARTC ELB SCKT DIR FORM	Y		
L6584	PREP ELB DISARTC PLASTIC SOCKT MOLD	Y		
L6586	PREP ELB DISARTIC SOCKET DIR FORM	Y		
L6588	PREP SHLDR DISRTC THOR PLSTC SOCKT	Y		
L6590	PREP SHLDR DSRTC THOR SCKT DIR FORM	Y		
L6600	UP EXTREM ADD POLYCNTRC HINGE PAIR	Y		
L6605	UPPER EXTREM ADD 1 PIVOT HINGE PAIR	Y		
L6610	UP EXT ADD FLEX METAL HINGE PAIR	Y		
L6611	ADD UP EXT PROS EXT PWR ADD SWITCH	Y		
L6615	UP EXTREM ADD DISCNCT LOCK WRST U	Y		
L6616	UP EXT ADD-DSCNCT INSRT LCK WRST EA	Y		
L6620	UP EXT ADD FLEX/EXT WRIST UNIT	Y		
L6621	UP EXTREM PROS ADD FLEX/EXTEN WRIST	Y		
L6623	UP EXT ADD ROTATL WRST W/LATCH RLSE	Y		
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	Y		
L6625	UP EXT ADD ROTAT WRST W/CABLE LOCK	Y		
L6628	UP EXTRM ADD QUICK DISCNCT HOOK	Y		
L6629	UP EXT ADD QUIK DSCNCT LAMNAT COLLR	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	

L6630	UP EXTREM ADD STAINLESS STEEL WRIST	Y		
L6632	UP EXTREM ADD LATX SUSP SLEEVE EA	Y		
L6635	UPPER EXTREM ADD LIFT ASSIST ELB	Y		
L6637	UP EXTREM ADD NUDGE CNTRL ELB LOCK	Y		
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB	Y		
L6640	UP EXTREM ADD SHLDR ABDUCT JNT PAIR	Y		
L6641	UP EXTRM ADD EXCURSN AMPL PULLEY	Y		
L6642	UP EXTRM ADD EXCURSN AMPL LEVER	Y		
L6645	UP EXT ADD SHLDR FLX-ABDUCT JNT EA	Y		
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS	Y		
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR	Y		
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR	Y		
L6650	UP EXTRM ADD SHLDR UNIVERSAL JNT EA	Y		
L6655	UP EXTREM ADD STD CNTRL CABLE XTRA	Y		
L6660	UP EXTREM ADD HEVY DUTY CNTRL CABLE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L6665	UP EXTREM ADD TEFLON/= CABLE LINING	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L6670	UP EXTREM ADD HOOK HND CABLE ADAPTR	Y		
L6672	UP EXT ADD HRNSS CHST/SHLDR SADDLE	Y		
L6675	UP EXT ADD HARNESS 1 CABLE DESIGN	Y		
L6676	UP EXT ADD HARNESS 2 CABLE DESIGN	Y		
L6677	UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	Y		
L6680	UP EXTRM ADD TST SCKT WRIST DISARTC	Y		
L6682	UP EXTRM ADD TST SOCKT ELB DISARTIC	Y		
L6684	UP EXTRM ADD TST SCKT SHLDR DISARTC	Y		
L6686	UPPER EXTREM ADDITION SUCTION SOCKT	Y		
L6687	UP EXT ADD FRME TYPE SCKT BELW ELB	Y		
L6688	UP EXT ADD FRME TYPE SOCKT ABVE ELB	Y		
L6689	UP EXT ADD FRAME SCKT SHLDR DISARTC	Y		
L6690	UP EXT ADD FRAME SCKT INTRSCAP-THOR	Y		
L6691	UPPER EXTREM ADD REMV INSERT EA	Y		
L6692	UP EXTREM ADD SILCON GEL INSRT/=EA	Y		
L6693	UP EXT ADD LOCK ELB FORARM CNTRBAL	Y		
L6694	ADD UP EXT PROS CSTM W/LOCK MECH	Y		
L6695	ADD UP EXT PROS CSTM W/O LOCK MECH	Y		
L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	Y		
L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	Y		
L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	Y		
L6703	TERMINAL DEVICE PASSIVE HAND/MITT	Y		
L6704	TERMINAL DEVC SPORT/REC/WORK ATTACH	Y		
L6706	TERMINAL DEVC HOOK MECH VOL OPENING	Y		
L6707	TERMINAL DEVC HOOK MECH VOL CLOSING	Y		
L6708	TERMINAL DEVC HAND MECH VOL OPENING	Y		
L6709	TERMINAL DEVC HAND MECH VOL CLOSING	Y		
L6711	TERM DVC HOOK MECH VOL OPN PED	Y		
L6712	TERM DVC HOOK MECH VOL CLOS PED	Y		
L6713	TERM DVC HAND MECH VOL OPN PED	Y		
L6714	TERM DEVC HAND MECH VOL CLOS PED	Y		
L6715	TERM DEVC MX ARTC DIG INIT ISS/REPL	Y		
L6721	TERM DEVC HOOK/HAND HD MECH VOL OPN	Y		
L6722	TERM DEVC HOOK/HND HD MECH VOL CLOS	Y		
L6805	ADD TERM DEVICE MODIFIER WRIST UNIT	Y		
L6810	ADD TERM DEVC PRECISION PINCH DEVC	Y		
L6880	ELEC HND SW/MYOLELEC CNTRL ARTC DIG	Y		
L6881	AUTO GRASP ADD UPPER LIMB PROS DEVC	Y		
L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	Y		

L6883	REPL SOCKET BE/WD MOLDED TO PT MDL	Y		
L6884	REPL SOCKT ABOVE ELB DISART MOLD PT	Y		
L6885	REPL SOCKT SD/INTRSCAP THOR MOLD PT	Y		
L6890	ADD UP EXT PROSTH GLOV TERM PRFAB	Y		
L6895	ADD UP EXT PROSTH GLOV TERM CSTM	Y		
L6900	HND REST PART W/GLOV THUMB/1 FNGR	Y		
L6905	HND REST PART HND W/GLOV MX FNGR	Y		
L6910	HND REST PART HND W/GLOV NO FNGR	Y		
L6915	HAND REST REPL GLOVE FOR ABOVE	Y		
L6920	WRST DISARTC OTTO BOCK/=SWTCH CNTRL	Y		
L6925	WRST DSRTC OTTO BOCK/=MYOELC CNTRL	Y		
L6930	BELW ELB OTTO BOCK/=SWITCH CNTRL	Y		
L6935	BELW ELB OTTO BOCK/=MYOELEC CNTRL	Y		
L6940	ELB DISRTC OTTO BOCK/=SWITCH CNTRL	Y		
L6945	ELB DISRTC OTTO BOCK/=MYOELC CNTRL	Y		
L6950	ABVE ELB OTTO BOCK/=SWITCH CONTROL	Y		
L6955	ABVE ELB OTTO BOCK/=MYOELEC CNTRL	Y		
L6960	SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	Y		
L6965	SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	Y		
L6970	INTERSCAP-THOR OTTO BOCK/=SWITCH	Y		
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC	Y		
L7007	ELEC HND SWTCH/MYOELEC CNTRL ADULT	Y		
L7008	ELEC HAND SWITCH/MYOELEC CNTRL PED	Y		
L7009	ELEC HOOK SWITCH/MYOELC CNTRL ADULT	Y		
L7040	PREHENSILE ACTUATOR SWITCH CONTROL	Y		
L7045	ELEC HOOK SWITCH MYOELEC CONTRL PED	Y		
L7170	ELEC ELB HOSMER/EQUAL SWITCH CNTRL	Y		
L7180	ELEC ELB SEQENTL CNTRL ELB&TRM DEV	Y		
L7181	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	Y		
L7185	ELEC ELB ADOLES VRITY VILL/=SWITCH	Y		
L7186	ELEC ELB CHLD VRITY VILL/=SWITCH	Y		
L7190	ELEC ELB ADOLES VRITY VILL/=MYOELC	Y		
L7191	ELEC ELB CHLD VRITY VILL/=MYOELEC	Y		
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Y		
L7360	SIX VOLT BATTERY EACH	Y		
L7362	BATTERY CHARGER 6 VOLT EACH	Y		
L7364	TWELVE VOLT BATTERY EACH	Y		
L7366	BATTERY CHARGER TWELVE VOLT EACH	Y		
L7367	LITHIUM ION BATT RECHARGEABLE REPL	Y		
L7368	LITHIUM ION BATT CHARGER REPL ONLY	Y		
L7400	ADD UP EXT PROS BE/WD ULTRALT MATL	Y		
L7401	ADD UP EXT PROS ABV ED ULTRALT MATL	Y		
L7402	ADD UP EXT PROS SD/INTRSCAP THOR	Y		
L7403	ADD UP EXT PROS BE/WD ACRYLIC MATL	Y		
L7404	ADD UP EXT PROS ABVE ED ACRYLC MATL	Y		
L7405	ADD UP EXT PROS SD/INTERSCAP THOR	Y		
L7510	REP PROS DEVC REP/REPL MINOR PART	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN	Y		
L8000	BREAST PROS MAST BRA NO INTEG FORM	Y		
L8001	BREAST PROS MAST BRA INTEG FORM UNI	Y		
L8002	BREAST PROS MAST BRA INTEG FORM BIL	Y		
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE	Y		
L8015	EXT BREAST PROS GARMNT POST-MASTECT	Y		
L8020	BREAST PROSTHESIS MASTECTOMY FORM	Y		
L8030	BREAST PROS SILCON/=NO INTGRL ADHES	Y		

L8031	BREAST PROS SILCON/= W/NTGRL ADHES	Y		
L8032	NIPPLE PROSTH REUSABLE ANY TYPE EA	Y		
L8035	CSTM BRST PROSTH POST MASTECT MOLD	Y		
L8300	TRUSS SINGLE WITH STANDARD PAD	Y		
L8310	TRUSS DOUBLE WITH STANDARD PADS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8320	TRUSS ADDITION STANDARD PAD H2O PAD	Y		
L8330	TRUSS ADD STANDARD PAD SCROTAL PAD	Y		
L8400	PROSTHETIC SHEATH BELOW KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8410	PROSTHETIC SHEATH ABOVE KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8415	PROSTHETIC SHEATH UPPER LIMB EACH	Y		
L8417	PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	Y		
L8420	PROSTHETIC SOCK MX PLY BELW KNEE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8430	PROSTHETIC SOCK MX PLY ABVE KNEE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8435	PROSTH SOCK MX PLY UPPER LIMB EA	Y		
L8440	PROSTHETIC SHRINKER BELOW KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8460	PROSTHETIC SHRINKER ABOVE KNEE EACH	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8465	PROSTHETIC SHRINKER UPPER LIMB EACH	Y		
L8470	PROSTH SOCK 1 PLY FIT BELW KNEE EA	Y		
L8480	PROSTH SOCK 1 PLY FIT ABVE KNEE EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8485	PROSTH SOCK 1 PLY FIT UPPER LIMB EA	Y		
L8500	ARTIFICIAL LARYNX ANY TYPE	Y		
L8501	TRACHEOSTOMY SPEAKING VALVE	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8505	ARTFICL LARYNX REPLCMT BATTRY/ACSS	Y		
L8507	TRACHEO-ESOPH VOICE PROSTH PT INSRT	Y		
L8509	TRACHEO-ESOPH VOICE PROS INSRT PROV	Y		
L8510	VOICE AMPLIFIER	Y		
L8603	INJ COLL IMPL URIN TRACT 2.5 ML SYR	Y		
L8604	INJ BULKING AGT URINARY TRACT 1 ML	Y		
L8605	INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	Y		
L8606	INJ SYNTH IMPL URIN TRACT 1 ML SYR	Y		
L8607	Inj vocal cord bulking agent	Y		
L8614	COCHLEAR DEVC INCL INT&EXT COMPNENT	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8618	TRANSMITER CABLE COCHLEAR IMPL REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8619	COCHLR IMPL SPCH PRCSSR/CNTLR REPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8621	ZINC AIR BATT COCHLR IMPL REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8622	ALKALIN BATT COCHLR IMPL ANY SZ RPL	Y		
L8623	LITH ION BATT NOT EAR LEVEL REPL EA	Y		
L8624	LITHIUM ION BATT EAR LEVEL REPL EA	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	Y		
L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	Y		
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	Y		
L8681	PT PROG IMPL NEUROSTM PLSE GEN REPL	Y		
L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	Y		
L8683	RF TRNSMT W/IMPL NEUROSTIM RF RECV	Y		
L8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	Y		
L8686	IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	Y		
L8687	IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	Y		
L8688	IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	Y		
L8689	EXT RECHARG SYS IMPL NEUROSTIM REPL	Y		
L8695	EXT RECHARG SYS IMPL NEUROSTIM REPL	Y		
L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	Y		

L8699	PROSTHETIC IMPLANT NOS	CONDITIONAL	Prior auth required for ages 21 and under; not required for ages over 21	
Q0138	Ferumoxytol, non-esrd	Y		
Q2039	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use	Y		
Q2041	Axicabtagene ciloleucel car+	Y		1/10/2019
Q2042	TISAGENLECLEUCEL CAR-POS T	Y		1/4/2019
Q2043	Sipuleucel-t auto cd54+	Y		
Q2048	Doxil injection	Y		
Q2049	Imported lipodox inj	Y		
Q2050	Injection, Doxorubicin Hydrochloride, Liposomal	Y		
Q4050	Cast supplies unlisted	Y		
Q4100	Skin substitute, nos	Y		
Q4101	Apligraf	Y		
Q4102	Oasis wound matrix	Y		
Q4103	Oasis burn matrix	Y		
Q4104	Integra bmwd	Y		
Q4105	Integra drt	Y		
Q4106	Dermagraft	Y		
Q4107	Graftjacket	Y		
Q4108	Integra matrix	Y		
Q4110	Primatrix	Y		
Q4111	Gammagraft	Y		
Q4112	Cymetra injectable	Y		
Q4113	Graftjacket xpress	Y		
Q4114	Integra flowable wound matri	Y		
Q4116	Alloderm	Y		
Q4117	Hyalomatrix	Y		
Q4118	Matristem micromatrix	Y		
Q4119	Matristem wound matrix	Y		
Q4120	Matristem burn matrix	Y		
Q4121	Theraskin	Y		
Q4132	Grafix core	Y		
Q4133	Grafix prime	Y		
Q4134	Hmatrix	Y		
Q4135	Mediskin	Y		
Q4136	Ezderm	Y		
Q4159	Affinity1 square cm	Y		1/9/2018
Q4160	Nushield 1 square cm	Y		1/9/2018
Q4166	Cytal, per square centimeter	Y		
Q4167	Truskin, per sq centimeter	Y		
Q4168	Amnioband, 1 mg	Y		
Q4169	Artacent wound, per sq cm	Y		
Q4170	Cygnus, per sq cm	Y		
Q4171	Interfyl, 1 mg	Y		
Q4173	Palingen or palingen xplus, per square cm	Y		
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	Y		
Q4175	Miroderm, per square centimeter	Y		
Q4176	Neopatch, per square centimeter	Y		1/1/2018
Q4177	Floweramnioflo, 0.1 cc	Y		1/1/2018
Q4178	Floweramniopatch, per square centimeter	Y		1/1/2018
Q4179	Flowerderm, per square centimeter	Y		1/1/2018
Q4180	Revita, per square centimeter	Y		1/1/2018
Q4181	Amnio wound, per square centimeter	Y		1/1/2018
Q4182	Transcyte, per square centimeter	Y		1/1/2018
Q5009	Hospice Or Home Health Care	Y		

Q5101	Inj filgrastim gcsf biosimil	Y		
Q5103	injection, infliximab-dyyb, biosimilar, [inflectra], 10 mg	Y		1/1/2020
Q5104	injection, infliximab-abda, biosimilar, [renflexis], 10 mg	Y		1/1/2020
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Y		1/7/2019
Q5109	Injection, ixifi, 10 mg	Y		1/4/2019
Q5115	Inj rituximab-abbs bio 10 mg	Y		1/10/2019
Q9980	Genvisc, inj, 1mg	Y		
Q9987	PATHOGENTEST FOR PLATELETS	Y		
Q9989	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1MG, Stelara, for plaque psoriasis and psoriatic arthritis	Y		
Q9995	Injection, emicizumab-kxwh, 0.5 mg	Y		1/4/2019
S0140	Saquinavir, 200 mg	Y		
S1040	Cranial remolding orthosis	Y		
S2080	Laup	Y		
S2118	Total hip resurfacing	Y		
S3626	Maternal serum quad screen	Y		
S3713	Kras mutation analysis	Y		
S3820	Comp brca1/brca2	Y		
S3823	3 mutation brst/ovar	Y		
S3860	Genet test cardiac ion-comp	Y		
S3862	Genet test cardiac ion-spec	Y		
S5102	Adult day care per diem	Y	CBAS	
S5110	Family homecare training 15m	Y		
S8130	Interferential stim 2 chan	Y		
S8131	Interferential stim 4 chan	Y		
S9349	Hit tocolysis diem	Y		
S9445	Patient Education	Y		
S9446	Patient Education, Group	Y		
S9988	Serv part of phase i trial	Y		1/7/2020
S9996	Meals for clinical trial par	Y		1/7/2020
T1023	Program intake assessment	Y		
T2001	Non-emergency transportation; patient attendant/escort	CONDITIONAL	Prior authorization not required for Hospital to Nursing Facility (modifier HN), Hospital to custodial facility (modifier HE) or Hospital to hospital (modifier HH) rides. Please note: modifier is required. See HPSM's website under Specialty Provider Authorizations for further detail.	1/10/2019
T2002	N-et; per diem	Y		
T2003	N-et; encounter/trip	Y		
T2004	N-et; commerc carrier pass	Y		
T2007	Transportation waiting time, air ambulance, and non- emergency vehicle, one-half (1/2) hour increments	Y		
T2025	Waiver Services	Y		
T2028	Specialized Supply	Y		
T5999	Supply, nos	Y		
V2531	Contact lens, scleral, gas permeable, per lens	Y		1/1/2020
V2784	POLYCARBONATE LENSES	Y		
V5014	Hearing aid repair/modification	Y		
V5014	REPAIR/MODIFICATION OF HEARING AID	CONDITIONAL	Require prior authorization for charges over $25. Less than $25 do not require prior authorization.	
V5030	HEAR AID MONAURL BDY WRN AIR CONDCT	Y		1/1/2006
V5040	HEAR AID MONAURL BDY WORN BN CONDCT	Y		1/1/2006
V5050	HEARING AID MONAURAL IN THE EAR	Y		1/1/2006
V5060	HEARING AID MONAURAL BEHIND THE EAR	Y		1/1/2006
V5070	GLASSES AIR CONDUCTION	Y		1/1/2006
V5080	GLASSES BONE CONDUCTION	Y		1/1/2006
V5120	BINAURAL BODY	Y		1/1/2006

V5130	BINAURAL IN THE EAR	Y		1/1/2006
V5140	BINAURAL BEHIND THE EAR	Y		1/1/2006
V5150	BINAURAL GLASSES	Y		1/1/2006
V5171	HA CONTRALAT RTE DVC MONAURAL ITE	Y		1/1/2019
V5172	HA CONTRALAT RTE DVC MONAURAL ICT	Y		1/1/2019
V5181	HA CONTRALAT RTE DVC MONAURAL BTE	Y		1/1/2019
V5190	HA CONTRALAT RTE MONAURAL GLASSES	Y		1/1/2006
V5211	HA CONTRALAT RS BINAURAL ITE/ITE	Y		1/1/2019
V5212	HA CONTRALAT RS BINAURAL ITE/ITE	Y		1/1/2019
V5213	HA CONTRA RTE SYS BINAURAL ITE/ITC	Y		1/1/2019
V5214	HA CONTRA ROUT SYS BINAURAL ITE/BTE	Y		1/1/2019
V5215	HA CONTRA ROUT SYS BINAURAL ITC/ITC	Y		1/1/2019
V5221	HA CONTRA ROUT SYS BINAURAL ITC/BTE	Y		1/1/2019
V5230	HA CONTRALAT RTE SYS BINAUR GLASSES	Y		1/1/2006
V5298	Hearing Aid, not otherwise classified	Y		
V5299	Hearing service	Y		
X3900	Single modality to one area – initial 30 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3902	Single modality to one area – each additional 15 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3904	Single procedure to one area – initial 30 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3906	Single procedure to one area – each additional 15 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3908	PHYSICAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X3910	PHYSICAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X3912	Hubbard Tank – initial 30 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3914	Hubbard Tank – each additional 15 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3916	PHYSICAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X3918	PHYSICAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X3920	PHYSICAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X3922	PHYSICAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	

X3924	Physical Therapy Preliminary Evaluation rehabilitation center, SNF, ICF	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3926	Case conference and report – initial 30 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3928	Case consultation and report	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3930	Case conference and report – each additional 15 minutes	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3932	Home or long term care facility visit – add Mileage, per mile one- way beyond 10-mile radius 1.77 of point of origin (office or home)	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X3934	Mileage, per mile one-way beyond 10-mile radius	Y		
X3936	Unlisted	Y		
X4100	OCCUPATIONAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X4102	OCCUPATIONAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X4104	OCC THER CSE CONF INI 30 MIN	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X4106	OCC THER CSE CONF EA ADD 15 MIN	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X4110	OCCUPATIONAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X4112	OCCUPATIONAL THERAPY	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	
X4118	OCC THER ! UNLISTED	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X4120	OCC THERAPY, CASE CONSULTATION AND	CONDITIONAL	**PA required:** Member < 21; SNF or LTC **Prior auth not required:** Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute in-patient.	1/1/2020
X4302	Speech-language therapy (group), each patient	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020
X4303	Speech-language therapy, individual, per hour (following procedures X4300 or X4301)	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020
X4304	Speech-language therapy, individual, 1/2 hour	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020
X4310	Speech generating device (SGD) – related bundled speech therapy services, per visit	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020

X4312	Speech generating device (SGD) recipient assessment	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020
X4500	SP HR HR DIAG AUDIOLOG EVALUATION	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020
X4501	SP HR HR PURE TONE AUDIOMETRY	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020
X4504	SP HR O HR S AUDIOMETRY DURING SUR	CONDITIONAL	PA required: Member < 21; SNF or LTC Prior auth not required: Member ≥ 21 (first 20 ST/PT/OT visits combined), or if in acute inpatient.	9/1/2020
X4512	SP HR HR BEKESY AUDIOMETRY	Y		
X4514	SP HR HR SHORT INCREMENT SENSITIVI	Y		
X4518	SP HR HR TONE DECAY TEST	Y		
Z5414	TRAVEL EXPENSES	CONDITIONAL	Auth required for CCS members	
Z5499	UNLISTED SERVICE & PROCEDURES	Y		
Z5835	EPSDT Shared Nursing LVN (HHA): one hour	Y	CCS only code	
Z7600	POLYSOMNOGRAPHY, SLEEP EVALUATION,	Y		
Z7602	POLYSOMNOGRAPHY, SLEEP EVALUATION,	Y		
Z7606	hyperbaric oxygen chamber, first 15 minutes or fraction thereof, at atmosphere absolute	Y		
Z7608	hyperbaric oxygen chamber, each subsequent 15 minutes or major portion thereof, at atmosphere absolute	Y		
Z7612	UNLISTED SERVICES	Y		
	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Y		1/7/2020
	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as metastasis risk score	Y		1/7/2020