



Revised 05/18/2011

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
0010T	Tuberculosis Test, C	Ineligible	Ineligible	
0016T	Destruction Of Localized Lesion Of Choroid	Auth Required	Auth Required	Deleted 2011
0019T	Extracorporeal Shock	Auth Required	Auth Required	
0026T	Remnant Lipoproteins	Auth Required	Auth Required	
0027T	Endos Lysis Epid Adh	Auth Required	Auth Required	
0028T	Dual Energy X Ray Ab	Auth Required	Auth Required	
0029T	Treatments For Inco	Auth Required	Auth Required	
0030T	Antiprothrombin Phos	Auth Required	Auth Required	
0031T	Speculoscopy	Auth Required	Auth Required	
0032T	Speculoscopy With D	Auth Required	Auth Required	
0041T	Urinalysis Infectiou	Auth Required	Auth Required	
0042T	Cereb Perf Anal Usin	Auth Required	Auth Required	
0043T	Carbon Monoxide Expi	Auth Required	Auth Required	
0046T	Catheter Lavage Of A	Auth Required	Auth Required	
0047T	Catheter Lavage Of	Auth Required	Auth Required	
0048T	Implantation Of A	Auth Required	Auth Required	
0049T	Prolong Extracorp P	Auth Required	Auth Required	
0050T	Removal Of A Vent	Auth Required	Auth Required	
0051T	Implanttion Of A To	Auth Required	Auth Required	
0052T	Replacemnt Or Rep	Auth Required	Auth Required	
0053T	Replacment Or Repa	Auth Required	Auth Required	
0054T	Comp Assist Musculos	No Auth Required	No Auth Required	
0055T	Computer Assd Muscsk	No Auth Required	No Auth Required	
0056T	Co Mput Assist Muscs	Ineligible Commercial Auth Required Medicare	Ineligible Commercial Auth Required Medicare	
0058T	Cryopreservation Rep	Ineligible Commercial Auth Required Medicare	Ineligible Commercial Auth Required Medicare	Infertility
0059T	Cryo Preservation Re	Ineligible Commercial Auth Required Medicare	Ineligible Commercial Auth Required Medicare	Infertility
0060T	Electrical Impedan	Auth Required	Auth Required	
0061T	Destrn Red Malig Bre	Auth Required	Auth Required	
0062T	Percut Intradisc Ann	Auth Required	Auth Required	
0063T	Percut Intradisc A	Auth Required	Auth Required	
0064T	Spectroscopy Exp Ga	Auth Required	Auth Required	
0066T	Ct Colonography Ie-Replaced By 74263 As Of 1/1/10	Ineligible	Ineligible	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
0067T	Ct Colonography -Replaed By 74261/74262 As Of 1/1/10	Auth Required	Auth Required	
0068T	Acoustic Heart Sound	Auth Required	Auth Required	
0069T	Acoustic Heart Soun	Auth Required	Auth Required	
0070T	Acoustic Heart Sou	Auth Required	Auth Required	
0071T	Focus Ultrasnd Ablat	Auth Required	Auth Required	
0072T	Focus Ultrasnd Abl	Auth Required	Auth Required	
0073T	Compensator Based Be	Auth Required	Auth Required	
0075T	Transcatheter Placem	Auth Required	Auth Required	
0076T	Transcath Placement	Auth Required	Auth Required	
0077T	Implanting And Secur	Auth Required	Auth Required	
0078T	Endo Vascular Repair	Auth Required	Auth Required	
0079T	Placement Of Viscera	Auth Required	Auth Required	
0080T	Endo Vasc Repair O	Auth Required	Auth Required	
0081T	Placement Of Viscer	Auth Required	Auth Required	
0084T	Insertion Of A Tempo-Replaced By 53855 As Of 1/1/10	Auth Required	Auth Required	
0085T	Breath Test, Heart T	Auth Required	Auth Required	
0086T	Left Ventricular Fil	Auth Required	Auth Required	
0087T	Sperm Evaluation, Hy	Auth Required	Auth Required	
0088T	Submucosal Radiofreq	Auth Required	Auth Required	
0089T	Actigraphy Testing, Recording, Analysis	Auth Required	Auth Required	
0090t	Total Disc Arthroplasty	Auth Required	Auth Required	
0092T	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Each Additional Interspace, Cervical (List Separately			
0093T	Removal Of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace	Auth Required	Auth Required	
0095T	Remove Total Disc Arthro Anterior Addl	Auth Required	Auth Required	
0096T	Revise Tot Disc Arthroplasty Ant	Auth Required	Auth Required	
0097T	Intrafr local trkg pt motion during delv radiation ther ea fractions of tx	Auth Required	Auth Required	
0098T	Revise Tot Disc Arthroplasty Ant	Auth Required	Auth Required	
0099T	Implantation Of Intrastomal Corneal Ring	Auth Required	Auth Required	
0100T	Placement Of Subconjunctival Retinal Prosthesis	Auth Required	Auth Required	
0101T	Extracorporeal Shock Wave	Auth Required	Auth Required	
0102T	Extracorporeal Shock Wave	Auth Required	Auth Required	

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0103T	Holotranscobalamin Quantitative	Auth Required	Auth Required	
0104T	Inert Gas Rebreathing	Auth Required	Auth Required	Deleted 2011
0105T	Inert Gas Rebreathing	Auth Required	Auth Required	Deleted 2011
0106T	Quantitative Sensory Testing (Qst)	Auth Required	Auth Required	
0107T	Quantitative Sensory Testing (Qst)	Auth Required	Auth Required	
0108T	Quantitative Sensory Testing (Qst)	Auth Required	Auth Required	
0109T	Quantitative Sensory Testing (Qst)	Auth Required	Auth Required	
0110T	Quantitative Sensory Testing (Qst)	Auth Required	Auth Required	
0111T	Long Chain (C20-22) Omega 3 Fatty Acids In Red Blood Cell Membranes	Auth Required	Auth Required	
0123T	Fistulization Of Sclera For Glaucoma, Through Ciliary Body	Auth Required	Auth Required	
0124T	Conjunctival Incision With Posterior Juxtасcleral Placement Of Pharmacological Agent (Does Not Include Supply Of Medication)	Auth Required	Auth Required	
0126T	Common Carotid Intima-Media Thickness (Imt) Study For Evaluation Fo Atherosclerotic Burden Or Coronary Heart Disease Risk Factor Assessment	No Auth Required	No Auth Required	
0130T	Validated, Statistically Reliable, Randomized, Controlled, Single-Patient Clinical Investigation Of Fda Approved Chronic Care Drugs, Provided By A Pharmacist, Interpretation And Report To The Prescribing Health Care Professional	Ineligible	Ineligible	Deleted 2011
0137T	Biopsy, Prostate, Needle, Saturation Sampling For Prostate Mapping	Auth Required	Auth Required	
0140T	Exhaled Breath Condensate Ph	Auth Required	Auth Required	
0141T	Pancreatic Islet Cell Transplantation Through Portal Vein, Percutaneous	Auth Required	Auth Required	
0142T	Pancreatic Islet Cell Transplantation Through Portal Vein, Open	Auth Required	Auth Required	
0143T	Laparoscopy, Surgical, Pancreatic Islet Cell Transplantation Through Portal Vein	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
0144T	Computed Tomography, Heart, Without Contrast Material, Including Image Post Processing And Quantitative Evaluation Of Coronary Calcium-Replaced By 75571 As Of 1/1/10	Auth Required	Auth Required	
0145T	Computed Tomography, Heart, Without Contrast Material Followed By Contrast Material(S) And Further Sections, Including Cardiac Gating And 3D Image Post Processing; Cardiac Structure And Morphology - Replaced By 75572 As Of 1/1/10	Auth Required	Auth Required	
0146T	Computed Tomographic Angiography Of Coronary Arteries (Including Native And Anomalous Coronary Arteries, Coronary Bypass Grafts), Without Quantitative Evaluation Of Coronary Calcium -Replaced By 75574 As Of 1/1/10	Auth Required	Auth Required	
0147T	Computed Tomographic Angiography Of Coronary Arteries (Including Native And Anomalous Coronary Arteries, Coronary Bypass Grafts), With Quantitative Evaluation Of Coronary Calcium-Replaced By 75574 As Of 1/1/10	Auth Required	Auth Required	
0148T	Cardiac Structure And Morphology And Computed Tomographic Angiography Of Coronary Arteries (Including Native And Anomalous Coronary Arteries, Coronary Bypass Grafts), Without Quantitative Evaluation Of Coronary Calcium-Replaced By 75574 As Of 1/1/10	Auth Required	Auth Required	
0149T	Cardiac Structure And Morphology And Computed Tomographic Angiography Of Coronary Arteries (Including Native And Anomalous Coronary Arteries, Coronary Bypass Grafts), With Quantitative Evaluation Of Coronary Calcium-Replaced By 75574 As Of 1/1/10	Auth Required	Auth Required	
0150T	Cardiac Structure And Morphology In Congenital Heart Disease	Auth Required	Auth Required	

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0151T	Computed Tomography, Heart, Without Contrast Material Followed By Contrast Material(S) And Further Sections, Including Cardiac Gating And 3D Image Post Processing; Function Evaluation (Left And Right Ventricular Function, Ejection Fraction And	Auth Required	Auth Required	
0154T	Noninvasive Physiological Stdy Of Impl Wireless Press Sensor Aneurysmal	No Auth Required	No Auth Required	
0155T	Laparoscopy, Surg, Implant Or Replace Gastric Stim	Auth Required	Auth Required	
0156T	Laparoscopy, Surg, Revision Or Removal Gastric Stim	Auth Required	Auth Required	
0157T	Laparotomy, Implant Or Replace Gastric Stim	Auth Required	Auth Required	
0158T	Laparotomy, Revise Or Remove Gastric Stim	Auth Required	Auth Required	
0159T	Computer Aided Detection, Incl Computer Algorithm	Auth Required	Auth Required	
0160T	Therapeutic Repetitive Transcranial Mag	Auth Required	Auth Required	Deleted 2011
0161T	Therapeutic Repetitive Transcranial Mag	Auth Required	Auth Required	Deleted 2011
0162T	Electronic Analysis And Programming, Reprogramming Of Gastric Neurostimulator (Ie, Morbid Obesity)	Auth Required	Auth Required	
0163T	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Lumbar, Each Additional Interspace	Auth Required	Auth Required	
0164T	Removal Of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace	Auth Required	Auth Required	
0165T	Revision Of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace	Auth Required	Auth Required	
0166T	Transmyocardial Transcatheter Closure Of Ventricular Septal Defect, With Implant; Without Cardiopulmonary Bypass	Auth Required	Auth Required	
0167T	Transmyocardial Transcatheter Closure Of Ventricular Septal Defect, With Implant; With Cardiopulmonary Bypass	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
0168T	Rhinophototherapy, Intranasal Application Of Ultraviolet And Visible Light, Bilateral	Auth Required	Auth Required	
0169T	Stereotactic Placement Of Infusion Catheter(S) In The Brain For Delivery Of Therapeutic Agent(S), Including Computerized Stereotactic Planning And Burr Hole(S)	Auth Required	Auth Required	
0170T	Repair Of Anorectal Fistula With Plug (Eg, Porcine Small Intestine Submucosa [Sis]) Replaced By 46707 As Of 1/1/10	Auth Required	Auth Required	
0171T	Insertion Of Post Spinous	Auth Required	Auth Required	
0172T	Insertion Of Post Spinous	Auth Required	Auth Required	
0173T	Monitor Intraocular Pressure	Auth Required	Auth Required	
0174T	Computer Aided Detection (Cad)	Auth Required	Auth Required	
0176T	Transluminal Dilation Aqueous Outflow Canal Wo Retention Device Or Stent	Auth Required	Auth Required	Deleted 2011
0177T	Transluminal Dilation Aqueous Outflow Canal W/Retention Device Or Stent	Auth Required	Auth Required	Deleted 2011
0178T	Electrocardiogram, 64 Leads	Auth Required	Auth Required	
0179T	Electrocardiogram, 64 Leads Or Greater	Auth Required	Auth Required	
0180T	Electrocardiogram, 64 Leads Or Greater	Auth Required	Auth Required	
0181T	Corneal Hysteresis Determination	Auth Required	Auth Required	
0182T	High Dose Rate Electronci Brachytherapy, Per Fraction	Auth Required	Auth Required	
0183T	Low Frequency U/S-Non Thermal	Auth Required	Auth Required	
0184T	Excision Rectal Tumor	Auth Required	Auth Required	
0185T	Multivariate Anylisis	Auth Required	Auth Required	
0186T	Suprachoroidal Pharm Agent	Auth Required	Auth Required	
0187T	Scanning Comp Oththalmic	Auth Required	Auth Required	Deleted 2011
0188T	Remote Real-Time Interactive Video-Conferenced Critical Care, Evaluation And Ma	No Auth Required	No Auth Required	
0189T	Remote Real-Time Interactive Video-Conferenced Critical Care, Evaluation And Ma	No Auth Required	No Auth Required	
0190T	Placement Of Intraocular Radiation Source Applicator (List Separately In Additi	Auth Required	Auth Required	
0191T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir; Internal Approach	Auth Required	Auth Required	

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0192T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir; External Approach	Auth Required	Auth Required	
0193T	Transurethral, Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra Fpr Stress Urinary Incontinence	Auth Required	Auth Required	Deleted 2011
0194T	Procalcitonin (Pct)- (Established Marker For Severe Systemic Bacterial Infection And Sepsis.	No Auth Required	No Auth Required	
0195T	Arthrodesis, Pre-Sacral Interbody Technique, Including Instrumentation, Imaging (When Performed), And Diseectomy To Prepare Interspace Lumbar; Single Interspace	Auth Required	Auth Required	
0196T	Arthrodesis, Pre-Sacral Interbody Technique, Including Instrumentation, Imaging (When Performed), And Diseectomy To Prepare Interspace Lumbar; Each Additional Interspace	Auth Required	Auth Required	
0197T	Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg, 3D Positional Tracking, Gating, 3D Surface Tracking), Each Fraction Of Treatment	Add On Code		
0198T	Measurement Of Ocular Blood Flow By Repetitive Intraocular Pressure Sampling, With Interpretation And Report	Add On Code		
0199T	Physiologic Recording Of Tremor Using Accelerometer(S) And/Or Gyroscope(S) (Including Frequency And Amplitude), Including Interpretation And Report	Add On Code		
0200T	Percutaneous Sacral Augmentation (Sacroplasty), Unilateral Injection(S), Including The Use Of A Balloon Or Mechanical Device, When Used, 1 Or More Needles	Add On Code		
0201T	Percutaneous Sacral Augmentation (Sacroplasty), Bilateral Injections, Including The Use Of A Balloon Or Mechanical Device, When Used, 2 Or More Needles	Add On Code		

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
0202T	Posterior Vertebral Joint(S) Arthroplasty (Eg, Facet Joint[S] Replacement), Including Facetectomy, Laminectomy, Foraminotomy, And Vertebral Column Fixation, Injection Of Bone Cement, When Performed, Including Fluoroscopy, Single Level, Lumbar Spine	Add On Code		
0198T	Measurement Of Ocular Blood Flow By Repetitive Intraocular Pressure Sampling, With Interpretation And Report)	Auth Required	Auth Required	
0199T	Physiologic Recording Of Tremor Using Accelerometer(S) And Gyroscope(S), (Including Frequency And Amplitude) Including Interpretation And Report	Auth Required	Auth Required	
0200T	Percutaneous Sacral Augmentation (Sacroplasty), Unilateral Injection(S), Including The Use Of A Balloon Or Mechanical Device (If Utilized), One Or More Needles	Auth Required	Auth Required	
0201T	Percutaneous Sacral Augmentation (Sacroplasty), Bilateral Injections, Including The Use Of A Balloon Or Mechanical Device (If Utilized), Two Or More Needles	Auth Required	Auth Required	
0201T	Posterior Vertebral Joint(S) Arthroplasty (E.G., Facet Joint[S] Replacement) Including Facetectomy, Laminectomy, Foraminotomy And Vertebral Column Fixation, With Or Without Injection Of Bone Cement, Including Fluoroscopy, Single Level, Lumbar Spine	Auth Required	Auth Required	
0204T	Sleep Study, Unattended, Simultaneous Recording; Minimum Of Heart Rate,Oxygen Saturation, And Respiratory Analysis (Eg, By Airflow Orperipheral Arterial Tone) [Appears To Be A Type Iv Device Based On # Of Parameters Measured]	Ineligible	Ineligible	Deleted 2011

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0205T	Intravascular Catheter-Based Coronary Vessel Or Graft Spectroscopy (Eg,Infrared) During Diagnostic Evaluation And/Or Therapeutic Interventionincluding Imaging Supervision, Interpretation, And Report, Each Vessel(List Separately In Addition To Code For Pri	Ineligible	Ineligible	
0206T	Algorithmic Analysis, Remote, Of Electrocardiographic-Derived Data Withcomputer Probability Assessment, Including Report	Ineligible	Ineligible	
0207T	Evacuation Of Meibomian Glands, Automated, Using Heat And Intermittentpressure, Unilateral [Treatment Of Dry Eyes- The Glands Are Located On The Eyelids]	Ineligible	Ineligible	
0208T	Pure Tone Audiometry (Threshold), Automated (Includes Use Of Computer-Assisted Device); Air Only	Ineligible	Ineligible	
0209T	Air And Bone	Ineligible	Ineligible	
0210T	Speech Audiometry Threshold, Automated (Includes Use Of Computer-Assisted Device);	Ineligible	Ineligible	
0211T	With Speech Recognition	Ineligible	Ineligible	
0212T	Comprehensive Audiometry Threshold Evaluation And Speech Recognition (●0209T, ●0211T Combined), Automated (Includes Use Of Computer-Assisted Device)	Ineligible	Ineligible	
0213T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic; Single Level I Think This Series Represents Greater Anatomical Specificity For Fa	Auth Required	Auth Required	
0214T	Second Level (List Separately In Addition To Code For Primary Procedure)	Auth Required	Auth Required	
0215T	Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
0216T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral; Single Level	Auth Required	Auth Required	
0217T	Second Level (List Separately In Addition To Code For Primary Procedure)	Auth Required	Auth Required	
0218T	Third And Any Additional Level(S) (List Separately In Addition To Code For Primary Procedure)	Auth Required	Auth Required	
0219T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level; Cervical	Auth Required	Auth Required	
0220T	Thoracic	Auth Required	Auth Required	
0221T	Lumbar	Auth Required	Auth Required	
0222T	Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)	Auth Required	Auth Required	
0234T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Renal Artery	Ineligible - Auth Required	Ineligible - Auth Required	
0235T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Visceral Artery (Except Renal), Each Vessel	Ineligible - Auth Required	Ineligible - Auth Required	
0236T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Abdominal Aorta	Ineligible - Auth Required	Ineligible - Auth Required	
0237T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Brachiocephalic Trunk And Branches, Each Vessel	Ineligible - Auth Required	Ineligible - Auth Required	
0238T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Iliac Artery, Each Vessel	Ineligible - Auth Required	Ineligible - Auth Required	

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0239T	Bioimpedance Spectroscopy (Bis), Measuring 100 Frequencies Or Greater, Direct Measurement Of Extracellular Fluid Differences Between The Limbs	Ineligible - Auth Required	Ineligible - Auth Required	
0240T	Esophageal Motility (Manometric Study Of The Esophagus And/Or Gastroesophageal Junction) Study With Interpretation And Report; With 3-Dimensional High Resolution Esophageal Pressure Topography	Ineligible - Auth Required	Ineligible - Auth Required	
0241T	Esophageal Motility (Manometric Study Of The Esophagus And/Or Gastroesophageal Junction) Study With Interpretation And Report; With Stimulation Or Perfusion During 3-Dimensional High Resolution Esophageal Pressure Topography Study, (Eg, Stimulant, Acid Or	Ineligible - Auth Required	Ineligible - Auth Required	
0242T	Gastrointestinal Tract Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, With Interpretation And Report	Ineligible - Auth Required	Ineligible - Auth Required	
0243T	Intermittent Measurement Of Wheeze Rate For Bronchodilator Or Bronchial-Challenge Diagnostic Evaluation(S), With Interpretation And Report	Ineligible - Auth Required	Ineligible - Auth Required	
0244T	Continuous Measurement Of Wheeze Rate During Treatment Assessment Or During Sleep For Documentation Of Nocturnal Wheeze And Cough For Diagnostic Evaluation 3 To 24 Hours, With Interpretation And Report	Ineligible - Auth Required	Ineligible - Auth Required	
0245T	Open Treatment Of Rib Fracture Requiring Internal Fixation, Unilateral; 1-2 Ribs	Auth Required	Auth Required	
0246T	Open Treatment Of Rib Fracture Requiring Internal Fixation, Unilateral; 3-4 Ribs	Auth Required	Auth Required	
0247T	Open Treatment Of Rib Fracture Requiring Internal Fixation, Unilateral; 5-6 Ribs	Auth Required	Auth Required	
0248T	Open Treatment Of Rib Fracture Requiring Internal Fixation, Unilateral; 7 Or More Ribs	Auth Required	Auth Required	

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0249T	Ligation, Hemorrhoidal Vascular Bundle(S), Including Ultrasound Guidance	No Auth Required	No Auth Required	
0250T	Airway Sizing And Insertion Of Bronchial Valve(S), Each Lobe (List Separately In Addition To Code For Primary Procedure)	Auth Required	Auth Required	
0251T	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Removal Of Bronchial Valve(S), Initial Lobe	Auth Required	Auth Required	
0252T	Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Removal Of Bronchial Valve(S), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure)	Auth Required	Auth Required	
0253T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir; Internal Approach, Into The Suprachoroidal Space	Ineligible - Auth Required	Ineligible - Auth Required	
0254T	Endovascular Repair Of Iliac Artery Bifurcation (Eg, Aneurysm, Pseudoaneurysm, Arteriovenous Malformation, Trauma) Using Bifurcated Endoprosthesis From The Common Iliac Artery Into Both The External And Internal Iliac Artery, Unilateral;	Auth Required	Auth Required	
0255T	Endovascular Repair Of Iliac Artery Bifurcation (Eg, Aneurysm, Pseudoaneurysm, Arteriovenous Malformation, Trauma) Using Bifurcated Endoprosthesis From The Common Iliac Artery Into Both The External And Internal Iliac Artery, Unilateral; Radiological Supe	Auth Required	Auth Required	
0256T	Implantation Of Catheter-Delivered Prosthetic Aortic Heart Valve; Endovascular Approach	Auth Required	Auth Required	
0257T	Implantation Of Catheter-Delivered Prosthetic Aortic Heart Valve; Open Thoracic Approach (Eg, Transapical, Transventricular)	Auth Required	Auth Required	

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0258T	Transthoracic Cardiac Exposure (Eg, Sternotomy, Thoracotomy, Subxiphoid) For Catheter-Delivered Aortic Valve Replacement; Without Cardiopulmonary Bypass	Auth Required	Auth Required	
0259T	Transthoracic Cardiac Exposure (Eg, Sternotomy, Thoracotomy, Subxiphoid) For Catheter-Delivered Aortic Valve Replacement; With Cardiopulmonary Bypass	Auth Required	Auth Required	
0260T	Total Body Systemic Hypothermia, Per Day, In The Neonate 28 Days Of Age Or Younger	No Auth Required	No Auth Required	
0261T	Selective Head Hypothermia, Per Day, In The Neonate 28 Days Or Younger	No Auth Required	No Auth Required	
0500F	Initial Prenatal Car	Ineligible	Ineligible	
0501F	Prenatal Flow Sheet	Ineligible	Ineligible	
0502F	Subsequent Prenatal	Ineligible	Ineligible	
0503F	Postpartum Care Visi	Ineligible	Ineligible	
1000F	Tobacco Use, Smok	Ineligible	Ineligible	
1002F	Anginal Symptoms & L	Ineligible	Ineligible	
1400F	Parkinson'S Disease Diagnosis Reviewed (Prkns)	Performance Measure	Performance Measure	
2000F	Blood Pressure, Meas	Ineligible	Ineligible	
3700F	Psychiatric Disorders Or Disturbances Assessed (Prkns)	Performance Measure	Performance Measure	
3720F	Cognitive Impairment Or Dysfunction Assessed (Prkns)	Performance Measure	Performance Measure	
4000F	Tobacco Use Cessati	Ineligible	Ineligible	
4001F	Tobacco Use Cessa	Ineligible	Ineligible	
4002F	Statin Therapy, Rx	Ineligible	Ineligible	
4006F	Beta-Blocker Therapy	Ineligible	Ineligible	
4009F	Ace Inhibitor Therap	Ineligible	Ineligible	
4011F	Oral Antiplatelet Tx	Ineligible	Ineligible	
4324F	Patient (Or Caregiver) Queried About Parkinson'S Disease Medication Related Motor Complications (Prkns)	Performance Measure	Performance Measure	
4325F	Medical And Surgical Treatment Options Reviewed With Patient (Or Caregiver) (Prkns)	Performance Measure	Performance Measure	
4326F	Patient (Or Caregiver) Queried About Symptoms Of Autonomic Dysfunction (Prkns)	Performance Measure	Performance Measure	
4328F	Patient (Or Caregiver) Queried About Sleep Disturbances (Prkns)	Performance Measure	Performance Measure	
4400F	Rehabilitative Therapy Options Discussed With Patient (Or Caregiver) (Prkns)	Performance Measure	Performance Measure	

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6080F	Patient (Or Caregiver) Queried About Falls (Prkns)	Performance Measure	Performance Measure	
6090F	Patient (Or Caregiver) Counseled About Safety Issues Appropriate To Patient'S Stage Of Disease (Prkns)	Performance Measure	Performance Measure	
A0021	Ambulance Service; O	Ineligible	Ineligible	
A0080	Non-Emergency Transp	Ineligible	Ineligible	
A0090	Non-Emergency Transp	Ineligible	Ineligible	
A0100	Non-Emergency Transp	Ineligible	Ineligible	
A0110	Non-Emergency Transp	Ineligible	Ineligible	
A0120	Non-Emergency Transp	Ineligible	Ineligible	
A0130	Non-Emergency Transp	Auth Required	Auth Required	
A0140	Non-Emergency Transp	Auth Required	Auth Required	
A0160	Non-Emergency Transp	Ineligible	Ineligible	
A0170	Non-Emergency Transp	Ineligible	Ineligible	
A0180	Non-Emergency Transp	Ineligible	Ineligible	
A0190	Non-Emergency Transp	Ineligible	Ineligible	
A0200	Non-Emergency Transp	Ineligible	Ineligible	
A0210	Non-Emergency Transp	Ineligible	Ineligible	
A0225	Ambulance Service - Neonatal	No Auth Required	No Auth Required	
A0380	Bls Mileage, Per Mile	No Auth Required	No Auth Required	
A0382	Bls Routine Disposable Supplies	No Auth Required	No Auth Required	
A0384	Bls Spec Serv Disposable Supplies,Defibrillation Use By Als, Bls Ambulance	No Auth Required	No Auth Required	
A0390	Als Mileage, Per Mile	No Auth Required	No Auth Required	
A0392	Als Special Service Disposable Supplies Defibrillation Not Performed By Bls	No Auth Required	No Auth Required	
A0394	Als Special Service Disposaabel Supplies - Iv Drug Therapy	No Auth Required	No Auth Required	
A0396	Als Spedial Service Disposable Supplies - Esophageal Intubation	No Auth Required	No Auth Required	
A0398	Asl Routine Disposable Supplies	No Auth Required	No Auth Required	
A0420	Ambulance Waiting Time Als Or Bls,1/2 Hour Increments	No Auth Required	No Auth Required	
A0422	Ambulance Als Or Bls Oxygen And Oxygen Supplies, Life Sustaining Situation	No Auth Required	No Auth Required	
A0424	Extra Ambulance Attendant, Ground Or Air Als Or Bls Requires Medical Review	No Auth Required	No Auth Required	
A0425	Ground Mileage, Per Statute Mile	No Auth Required	No Auth Required	
A0426	Ambulance Serv, Advanced Life Support, Non-Emergent Transport, Level 1	No Auth Required	No Auth Required	
A0427	Ambulance Service Advanced Life Support, Emergency Transport, Level 1	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A0428	Ambulance Service Basic Life Support, Non-Emergency Transport, (BlS)	No Auth Required	No Auth Required	
A0429	Ambulance Service, Basic Life Support, Emergency Transport (BlS-Emergency)	No Auth Required	No Auth Required	
A0430	Ambulance Service Conventional Air Services, Transport, One Way (Fixed Wing)	No Auth Required	No Auth Required	
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)	No Auth Required	No Auth Required	
A0432	Paramedic Intercept (Pi), Rural Area, Transport Furnished By A Volunteer	No Auth Required	No Auth Required	
A0433	Advanced Life Support, Level 2 (Als 2)	No Auth Required	No Auth Required	
A0434	Specialty Care Transport (Sct)	No Auth Required	No Auth Required	
A0435	Fixed Wing Air Mileage, Per Statute Mile	No Auth Required	No Auth Required	
A0436	Rotary Wing Air Mileage, Per Statute Mile	No Auth Required	No Auth Required	
A0888	Uncovered Ambulance	No Auth Required	No Auth Required	
A0998	Ambulance Response And Treatment, No Transport	No Auth Required	No Auth Required	
A0999	Unlisted Ambulance Service	No Auth Required	No Auth Required	
A4206	1Cc Syringe W/ Needl	Auth Required Pos 12 Only	No Auth Required	
A4207	Syringe With Needle;	Auth Required Pos 12 Only	No Auth Required	
A4208	Syringe With Needle;	Auth Required Pos 12 Only	No Auth Required	
A4209	Syringe With Needle;	Auth Required Pos 12 Only	No Auth Required	
A4210	Needle-Free Injectio	Auth Required Pos 12 Only	No Auth Required	
A4211	Supplies For Self- A	Auth Required Pos 12 Only	No Auth Required	
A4212	Huber-Type Needle; E	Auth Required Pos 12 Only	No Auth Required	
A4213	Syringe; Sterile; 20	Auth Required Pos 12 Only	No Auth Required	
A4214	Sterile Saline Or Wa	Auth Required Pos 12 Only	No Auth Required	
A4215	Needles Only, Steril	Auth Required Pos 12 Only	No Auth Required	
A4216	Sterile Water Salin	Ineligible	Ineligible	
A4217	Sterile Water/Sal	Auth Required Pos 12 Only	No Auth Required	
A4218	Sterile Saline Or Water, Metered Dose Dispenser, 10 MI	No Auth Required	No Auth Required	
A4220	Refill Kit Implantab	Auth Required Pos 12 Only	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A4221	Supplies For Mainten	Auth Required Pos 12 Only	No Auth Required	
A4222	Supplies For Externa	No Auth Required	No Auth Required	
A4223	Infusion Supplies No	Auth Required Pos 12 Only	No Auth Required	
A4230	Infusion Set For Ext	No Auth Required	No Auth Required	
A4231	Infusion Set For Ext	Auth Required Pos 12 Only	No Auth Required	
A4232	Syringe W Needle For	No Auth Required	No Auth Required	
A4233	Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically	Ineligible	Ineligible	
A4234	Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home	Ineligible	Ineligible	
A4235	Replacement Battery, Lithium, For Use With Medically Necessary Home Blood	Ineligible	Ineligible	
A4236	Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood	Ineligible	Ineligible	
A4244	Alcohol Or Peroxide;	Ineligible	Ineligible	
A4245	Alcohol Wipes; Per B	Ineligible	Ineligible	
A4246	Betadine Or Phisohex	Ineligible	Ineligible	
A4247	Betadine Or Iodine S	Ineligible	Ineligible	
A4248	Chlorhexidine Conta	Auth Required Pos 12 Only	No Auth Required	
A4250	Urine Test Or Reagen	Ineligible	Ineligible	
A4252	Blood Ketone Test Each	No Auth Required	No Auth Required	
A4253	Blood Glucose Test	Pharmacy Benefit	Pharmacy Benefit	
A4254	Replace Battery, Any	Ineligible	Ineligible	
A4255	Platforms For Home B	Auth Required Pos 12 Only	No Auth Required	
A4256	Normal; Low And High	Ineligible	Ineligible	
A4257	Replace Lensshield C	Ineligible	Ineligible	
A4258	Spring Powered Devic	Pharmacy Benefit	Pharmacy Benefit	
A4259	Lancets; Per Box	Pharmacy Benefit	Pharmacy Benefit	
A4260	Levonorgestrel Impl	Ineligible	Ineligible	
A4261	Cervical Cap For Con	Ineligible	Ineligible	
A4262	Temp, Absorb Lacrima	Auth Required Pos 12 Only	No Auth Required	
A4263	Perm, Non-Dis Lacrim	Auth Required	Auth Required	
A4264	Permanent Implantable Contraceptive Intratubal Occlusion Device(S) And Delivery	No Auth Required	No Auth Required	
A4265	Paraffin	Ineligible	Ineligible	
A4266	Diaphragm For Co	Rx Benefit	Rx Benefit	
A4267	Contrceptive Supply	Ineligible	Ineligible	
A4268	Contraceptive Supply	Ineligible	Ineligible	
A4269	Contraceptive Sup	Ineligible	Ineligible	
A4270	Disposable Endoscope	Auth Required Pos 12 Only	No Auth Required	
A4280	Adhesive Skin Suppor	Ineligible	Ineligible	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A4281	Tubing For Breast	Auth Required Pos 12 Only	No Auth Required
A4282	Adapter For Breast	Auth Required Pos 12 Only	No Auth Required
A4283	Cap For Breast Pump	Auth Required Pos 12 Only	No Auth Required
A4284	Breast Shld And Sp	Auth Required Pos 12 Only	No Auth Required
A4285	Polycarbonate Btl	Auth Required Pos 12 Only	No Auth Required
A4286	Locking Ring For	Auth Required Pos 12 Only	No Auth Required
A4290	Sacral Nerve Stimul	Ineligible	Ineligible
A4300	Implantable Vascular	Auth Required Pos 12 Only	No Auth Required
A4301	Implantable Access T	Auth Required Pos 12 Only	No Auth Required
A4305	Disposable Drug Del.	Auth Required Pos 12 Only	No Auth Required
A4306	Disposable Drug Deli	Auth Required Pos 12 Only	No Auth Required
A4310	Insert Tray Wo/Bag W	Auth Required Pos 12 Only	No Auth Required
A4311	Indwell Catheter Fol	Auth Required Pos 12 Only	No Auth Required
A4312	Bag W/Indwell Cath F	Auth Required Pos 12 Only	No Auth Required
A4313	Bag W/Indwell Cath F	Auth Required Pos 12 Only	No Auth Required
A4314	Insert Tray W/Drain/	Auth Required Pos 12 Only	No Auth Required
A4315	Insertion Tray With	Auth Required Pos 12 Only	No Auth Required
A4316	Indwell Cath Foley T	Auth Required Pos 12 Only	No Auth Required
A4319	Sterile Water Irrig	Auth Required Pos 12 Only	No Auth Required
A4320	Irrigat Tray W/Bulb/	Auth Required Pos 12 Only	No Auth Required
A4321	Therapeutic Agent Fo	Auth Required Pos 12 Only	No Auth Required
A4322	Irrigation Syringe;	Auth Required Pos 12 Only	No Auth Required
A4323	Sterile Saline Irrig	Auth Required Pos 12 Only	No Auth Required
A4324	Male Ext. Catheter W	Auth Required Pos 12 Only	No Auth Required
A4325	Male External Cathe	Auth Required Pos 12 Only	No Auth Required
A4326	Male External Cathet	Auth Required Pos 12 Only	No Auth Required
A4327	Female Ext Urine Col	Auth Required Pos 12 Only	No Auth Required
A4328	Female External Urin	Auth Required Pos 12 Only	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A4330	Perianal Fecal Colle	Auth Required Pos 12 Only	No Auth Required	
A4331	Extension Drainage	Auth Required Pos 12 Only	No Auth Required	
A4332	Lubricant, Individua	No Auth Required	No Auth Required	
A4333	Urinary Catheter An	Ineligible	Ineligible	
A4334	Urinary Catheter An	Ineligible	Ineligible	
A4335	Incontinence Supply;	Ineligible	Ineligible	
A4336	Incontinence Supply, Urethral Insert, Any Type, Each	No Auth Required	No Auth Required	
A4338	Indwel Cath Foley Ty	Auth Required Pos 12 Only	No Auth Required	
A4340	Indwell Cath Special	Auth Required Pos 12 Only	No Auth Required	
A4344	Indwell Cath Foley T	Auth Required Pos 12 Only	No Auth Required	
A4346	Indwell Cath 3-Way C	Auth Required Pos 12 Only	No Auth Required	
A4347	Male External Cathet	Auth Required Pos 12 Only	No Auth Required	
A4349	Male External Cathet	Auth Required Pos 12 Only	No Auth Required	
A4351	Intermit Urine Cath-	Auth Required Pos 12 Only	No Auth Required	
A4352	Intermit Urinary Ca	Auth Required Pos 12 Only	No Auth Required	
A4353	Intermittent Urinary	Auth Required Pos 12 Only	No Auth Required	
A4354	Insert Tray W/Bag Wo	Auth Required Pos 12 Only	No Auth Required	
A4355	Tube Bladder Irrigat	Auth Required Pos 12 Only	No Auth Required	
A4356	Ext Urethral Clamp	Auth Required Pos 12 Only	No Auth Required	
A4357	Bedside Drainage Bag	No Auth Required	No Auth Required	
A4358	Urinary Leg Bag-Viny	Auth Required Pos 12 Only	No Auth Required	
A4360	Disposable External Urethral Clamp Or Compression Device, With Pad And/OR	No Auth Required	No Auth Required	
A4361	Ostomy Face Plate	No Auth Required	No Auth Required	
A4362	Skin Barrier Solid 4	No Auth Required	No Auth Required	
A4363	Ostomy Clamp, Any Type, Replacement Only, Each	Auth Required Pos 12 Only	No Auth Required	
A4364	Adhesive For Ostomy	No Auth Required	No Auth Required	
A4365	Ostomy Adhesive Remo- Replaced By A4456 As Of 1/1/10	No Auth Required	No Auth Required	
A4366	Ostomy Vent, Any Ty	No Auth Required	No Auth Required	
A4367	Ostomy Belt	No Auth Required	No Auth Required	
A4368	Ostomy Filter, Any T	No Auth Required	No Auth Required	
A4369	Ostomy Skin Barrier,	No Auth Required	No Auth Required	
A4371	Powder, Ostomy Skin	No Auth Required	No Auth Required	
A4372	Solid 4X4, Ostomy Sk	No Auth Required	No Auth Required	
A4373	Standard Wear, Ostom	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A4375	Ostomy Pouch Drainab	No Auth Required	No Auth Required
A4376	Rubber, Ostomy Pouch	No Auth Required	No Auth Required
A4377	Plastic, Ostomy Pouc	No Auth Required	No Auth Required
A4378	For Use On Faceplate	No Auth Required	No Auth Required
A4379	Plastic With Facepla	No Auth Required	No Auth Required
A4380	With Faceplate Attac	No Auth Required	No Auth Required
A4381	Without Faceplate At	No Auth Required	No Auth Required
A4382	Ostomy Pouch Urinary	No Auth Required	No Auth Required
A4383	Rubber Ostomy Pouch	No Auth Required	No Auth Required
A4384	Ostomy Faceplate Equ	No Auth Required	No Auth Required
A4385	4X4 Extended Wear Os	No Auth Required	No Auth Required
A4387	Ostomy Pouch Closed	No Auth Required	No Auth Required
A4388	Ostomy Pouch Drainab	No Auth Required	No Auth Required
A4389	Standard Wear Ostomy	No Auth Required	No Auth Required
A4390	Extended Wear Ostomy	No Auth Required	No Auth Required
A4391	Ostomy Pouch Urinary	No Auth Required	No Auth Required
A4392	Standard Ostomy Pouc	No Auth Required	No Auth Required
A4393	Extended Wear, Ostom	No Auth Required	No Auth Required
A4394	Liquid, Ostomy Deodo	No Auth Required	No Auth Required
A4395	Solid, Ostomy Deodor	No Auth Required	No Auth Required
A4396	Ostomy Belt With Per	No Auth Required	No Auth Required
A4397	Irrigation Supply Sl	No Auth Required	No Auth Required
A4398	Irrigation Supply-Ba	No Auth Required	No Auth Required
A4399	Irrigation Suply-Con	No Auth Required	No Auth Required
A4400	Ostomy Irrigation Se	No Auth Required	No Auth Required
A4402	Ostomy Lubricant	No Auth Required	No Auth Required
A4404	Ostomy Rings	No Auth Required	No Auth Required
A4405	Ostomy Skin Barrie	No Auth Required	No Auth Required
A4406	Ostomy Skin Bari	No Auth Required	No Auth Required
A4407	Ostomy Skin Bar W F	No Auth Required	No Auth Required
A4408	Ostomy Skn Barr	No Auth Required	No Auth Required
A4409	Ostomy Skn Barr W	No Auth Required	No Auth Required
A4410	Ostom Skin Barrier	No Auth Required	No Auth Required
A4411	Ostomy Skin Barrier, Solid 4X4 Or Equivalent, Extended Wear, With Built-In	No Auth Required	No Auth Required
A4412	Ostomy Pouch, Drainable, High Output, For Use On A Barrier With Flange (2 Piece	No Auth Required	No Auth Required
A4413	Ostomy Pouch Drain	No Auth Required	No Auth Required
A4414	Ostomy Skin Barrier	No Auth Required	No Auth Required
A4415	Ostomy Skin Bar	No Auth Required	No Auth Required
A4416	Ostomy Pouch, Closed	No Auth Required	No Auth Required
A4417	Ostomy Pouch, Closed	No Auth Required	No Auth Required
A4418	Ostomy Pouch, Cl	No Auth Required	No Auth Required
A4419	Ostomy Pouch, Clo	No Auth Required	No Auth Required
A4420	Ostomy Pouch, Close	No Auth Required	No Auth Required
A4421	Ostomy Supply; Misce	Ineligible	Ineligible
A4422	Ostomy Absorb Mat	No Auth Required	No Auth Required
A4423	Ostomy Pouch, Clos	No Auth Required	No Auth Required
A4424	Ostomy Pouch, Draina	No Auth Required	No Auth Required
A4425	Ostomy Pouch, D	No Auth Required	No Auth Required
A4426	Ostomy Pouch, Dra	No Auth Required	No Auth Required
A4427	Ostomy Pouch, Dr	No Auth Required	No Auth Required
A4428	Ostomy Pouch, Urina	No Auth Required	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A4429	Ostomy Pouch, Urinar	No Auth Required	No Auth Required
A4430	Ostomy Pouch, Urin	No Auth Required	No Auth Required
A4431	Ostomy Pouch, Uri	No Auth Required	No Auth Required
A4432	Ostomy Pouch, Urin	No Auth Required	No Auth Required
A4433	Ostomy Pouch, Ur	No Auth Required	No Auth Required
A4434	Ostomy Pouch, Urina	No Auth Required	No Auth Required
A4450	Tape Non Waterproof	Ineligible	Ineligible
A4452	Tape Water Proof P	Ineligible	Ineligible
A4455	Ureterostomy Adhesiv	No Auth Required	No Auth Required
A4456	Adhesive Remover, Wipes, Any Type, Each (Replaces A4365)	No Auth Required	No Auth Required
A4458	Enema Bag With T	Ineligible	Ineligible
A4461	Surgical Dressing Holder, Non-Reusable, Each	No Auth Required	No Auth Required
A4463	Surgical Dressing Holder, Reusable, Each	No Auth Required	No Auth Required
A4465	Non-Elastic Binder E	Auth Required Pos 12 Only	No Auth Required
A4466	Garment, Belt, Sleeve Or Other Covering, Elastic Or Similar Stretchable	No Auth Required Not Covered Medicare	No Auth Required Not Covered Medicare
A4470	Gravlee Jet Washer	Auth Required Pos 12 Only	No Auth Required
A4480	Vabra Aspirator	Auth Required Pos 12 Only	No Auth Required
A4481	Tracheostoma Filter,	Auth Required Pos 12 Only	No Auth Required
A4483	Moisture Exchanger,D	Auth Required Pos 12 Only	No Auth Required
A4490	Surgical Stockings A	Ineligible	Ineligible
A4495	Surgical Stockings T	Ineligible	Ineligible
A4500	Surgical Stockings B	Ineligible	Ineligible
A4510	Surgical Stockings F	Ineligible	Ineligible
A4520	Incontinence Garment	Ineligible	Ineligible
A4521	Adultsize Incontinen	Ineligible	Ineligible
A4522	Adult Sized Incont	Ineligible	Ineligible
A4523	Adult Sized Incont	Ineligible	Ineligible
A4524	Adult Sized Incont	Ineligible	Ineligible
A4525	Adultsized Incontine	Ineligible	Ineligible
A4526	Adult Sized Inco	Ineligible	Ineligible
A4527	Adultsized Incont Pr	Ineligible	Ineligible
A4528	Adultsized Incontin	Ineligible	Ineligible
A4529	Child Sized Incont	Ineligible	Ineligible
A4530	Child Sized Inco	Ineligible	Ineligible
A4531	Child Sized Incon	Ineligible	Ineligible
A4532	Child Sized Incont	Ineligible	Ineligible
A4533	Youth Sized Inc	Ineligible	Ineligible
A4534	Youth Sized Incon	Ineligible	Ineligible
A4535	Disposable Liner S	Ineligible	Ineligible
A4536	Protective Underwea	Ineligible	Ineligible
A4537	Under Pad Reusable	Ineligible	Ineligible
A4538	Diaper Service Re	Ineligible	Ineligible
A4550	Surgical Trays	Auth Required Pos 12 Only	No Auth Required
A4554	Disposable Underpads	Ineligible	Ineligible

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A4556	Electrodes (E.G., Ap	Auth Required Pos 12 Only	No Auth Required
A4557	Lead Wires (E.G., Ap	Auth Required Pos 12 Only	No Auth Required
A4558	Conductive Paste Or	Auth Required Pos 12 Only	No Auth Required
A4559	Coupling Gel Or Paste, For Use With Ultrasound Device, Per Oz	No Auth Required	No Auth Required
A4561	Pessary, Rubber, Any	Auth Required Pos 12 Only	No Auth Required
A4562	Pessary, Non Rubber,	Auth Required Pos 12 Only	No Auth Required
A4565	Sling	Auth Required Pos 12 Only	No Auth Required
A4566	Shoulder Sling Or Vest Design, Abduction Restrainer, With Or Without Swathe	No Auth Required	No Auth Required
A4570	Splint	Auth Required Pos 12 Only	No Auth Required
A4575	Topical Hyperbaric O	Auth Required	Auth Required
A4580	Cast Supplies	Auth Required Pos 12 Only	No Auth Required
A4590	Special Casting Mate	Auth Required Pos 12 Only	No Auth Required
A4595	Tens Supplies, 2 Lea	No Auth Required	No Auth Required
A4600	Sleeve For Intermittent Limb Compression Device, Replacement Only, Each	No Auth Required	No Auth Required
A4601	Lithium Ion Battery For Non-Prosthetic Use, Replacement	Ineligible	Ineligible
A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure	No Auth Required	No Auth Required
A4605	Tracheal Suction Cat	Auth Required Pos 12 Only	No Auth Required
A4606	Oxygen Probe Fo	Auth Required Pos 12 Only	No Auth Required
A4608	Transtracheal Oxygen	Auth Required Pos 12 Only	No Auth Required
A4609	Trach Suct Cath Clos	Auth Required Pos 12 Only	No Auth Required
A4610	Tracheal Suction Cat	Auth Required Pos 12 Only	No Auth Required
A4611	Battery; Heavy Duty;	Ineligible	Ineligible
A4612	Battery Cables; Repl	Ineligible	Ineligible
A4613	Battery Charger; Rep	Ineligible	Ineligible
A4614	Peak Expiratory Flow	Auth Required Pos 12 Only	No Auth Required
A4615	Cannula,Nasal	Auth Required Pos 12 Only	No Auth Required
A4616	Tubing (Oxygen); Per	Auth Required Pos 12 Only	No Auth Required
A4617	Mouth Piece	Auth Required Pos 12 Only	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A4618	Breathing Circuits	Auth Required Pos 12 Only	No Auth Required
A4619	Face Tent	Auth Required Pos 12 Only	No Auth Required
A4620	Variable Concentrati	Auth Required Pos 12 Only	No Auth Required
A4621	Tracheotomy Mask Or	Auth Required Pos 12 Only	No Auth Required
A4622	Tracheostomy Tube	Auth Required Pos 12 Only	No Auth Required
A4623	Tracheotomy Inner Ca	Auth Required Pos 12 Only	No Auth Required
A4624	Tracheal Suction Cat	Auth Required Pos 12 Only	No Auth Required
A4625	Tracheostomy Care Or	Auth Required Pos 12 Only	No Auth Required
A4626	Tracheostomy Cleanin	Auth Required Pos 12 Only	No Auth Required
A4627	Spacer; Bag Or Reser	Auth Required Pos 12 Only	No Auth Required
A4628	Oropharyngeal Suctio	Auth Required Pos 12 Only	No Auth Required
A4629	Tracheostomy Care Ki	Auth Required Pos 12 Only	No Auth Required
A4630	Replace Batteries T.	Ineligible	Ineligible
A4631	Replacement, Batteri	Dme Rule	Dme Rule
A4633	Replace Bulb Lamp F	Dme Rule	Dme Rule
A4634	Replacement Bulb Fo	Dme Rule	Dme Rule
A4635	Underarm Pad; Crutch	Auth Required Pos 12 Only	No Auth Required
A4636	Replacement; Handgri	Auth Required Pos 12 Only	No Auth Required
A4637	Replacement; Tip; Ca	Auth Required Pos 12 Only	No Auth Required
A4638	Replacement Batt F	Auth Required Pos 12 Only	No Auth Required
A4639	Replacement Pad For	Ineligible	Ineligible
A4640	Replacement Pad	Auth Required Pos 12 Only	No Auth Required
A4641	Radiopharm Diagnosti	No Auth Required	No Auth Required
A4642	Supply Of Satumomab	No Auth Required	No Auth Required
A4643	Supply Of Addl High	No Auth Required	No Auth Required
A4644	Low Osmolar Contrast	No Auth Required	No Auth Required
A4645	Low Osmolar Contrast	No Auth Required	No Auth Required
A4646	Low Osmolar Contr. M	No Auth Required	No Auth Required
A4647	Paramagnetic Contras	No Auth Required	No Auth Required
A4648	Tissue Marker, Implant	No Auth Required	No Auth Required
A4649	Surgical Supply; Mis	Auth Required Pos 12 Only	No Auth Required
A4650	Implantable Radiation Each	No Auth Required	No Auth Required
A4651	Calibrated Microcap	Auth Required Pos 12 Only	No Auth Required
A4652	Microcapillary Tube	Auth Required Pos 12 Only	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A4653	Peritoneal Dial	Auth Required Pos 12 Only	No Auth Required
A4656	Dialysis Needle	Auth Required Pos 12 Only	No Auth Required
A4657	Dialysis Syringe W/W	Auth Required Pos 12 Only	No Auth Required
A4660	Sphygmomanometer/Blo	Auth Required Pos 12 Only	No Auth Required
A4663	Blood Pressure Cuff	Auth Required Pos 12 Only	No Auth Required
A4670	Automatic Blood Pres	Ineligible	Ineligible
A4671	Disposable Cycler S	Auth Required Pos 12 Only	No Auth Required
A4672	Drainage Extension	Auth Required Pos 12 Only	No Auth Required
A4673	Extension Line With	Auth Required Pos 12 Only	No Auth Required
A4674	Chemicals/Antiseptic	Auth Required Pos 12 Only	No Auth Required
A4680	Activated Carbon Fil	Auth Required Pos 12 Only	No Auth Required
A4690	Dialyzers (Artificia	Auth Required Pos 12 Only	No Auth Required
A4706	Bicarbonate Conc Sol	Auth Required Pos 12 Only	No Auth Required
A4707	Bicarbonate Conc Pow	Auth Required Pos 12 Only	No Auth Required
A4708	Acetate Conc Sol Per	Auth Required Pos 12 Only	No Auth Required
A4709	Acid Conc Sol Per Ga	Auth Required Pos 12 Only	No Auth Required
A4712	Water; Sterile	Auth Required Pos 12 Only	No Auth Required
A4714	Treated Water; Deion	Auth Required Pos 12 Only	No Auth Required
A4719	Y Set Tubing	Auth Required Pos 12 Only	No Auth Required
A4720	Dialysat Sol Fld Vol	Auth Required Pos 12 Only	No Auth Required
A4721	Dialysat Sol Fld Vo	Auth Required Pos 12 Only	No Auth Required
A4722	Dialys Sol Fld Vol	Auth Required Pos 12 Only	No Auth Required
A4723	Dialys Sol Fld Vol	Auth Required Pos 12 Only	No Auth Required
A4724	Dialys Sol Fld Vol	Auth Required Pos 12 Only	No Auth Required
A4725	Dialys Sol Fld Vol	Auth Required Pos 12 Only	No Auth Required
A4726	Dialys Sol Fld Vol	Auth Required Pos 12 Only	No Auth Required
A4728	Dialysate Solution,	Auth Required Pos 12 Only	No Auth Required
A4730	Fistula Cannulation	Auth Required Pos 12 Only	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A4736	Topical Anesthetic,	Auth Required Pos 12 Only	No Auth Required
A4737	Inj Anesthetic Per 1	Auth Required Pos 12 Only	No Auth Required
A4740	Shunt Accessories; D	Auth Required Pos 12 Only	No Auth Required
A4750	Blood Tubing; Arteri	Auth Required Pos 12 Only	No Auth Required
A4755	Blood Tubing; Arteri	Auth Required Pos 12 Only	No Auth Required
A4760	Dialysate Standard S	Auth Required Pos 12 Only	No Auth Required
A4765	Dialysate Concentrat	Auth Required Pos 12 Only	No Auth Required
A4766	Dialysate Conc Sol A	Auth Required Pos 12 Only	No Auth Required
A4770	Blood Testing Suppli	Auth Required Pos 12 Only	No Auth Required
A4771	Serum Clotting Time	Auth Required Pos 12 Only	No Auth Required
A4772	Dextrostick Or Gluco	Auth Required Pos 12 Only	No Auth Required
A4773	Hemostix; Per Bottle	Auth Required Pos 12 Only	No Auth Required
A4774	Ammonia Test Paper;	Auth Required Pos 12 Only	No Auth Required
A4802	Protamine Sulfate Pe	Auth Required Pos 12 Only	No Auth Required
A4860	Disposable Catheter	Auth Required Pos 12 Only	No Auth Required
A4870	Plumbing And/Or Elec	Auth Required Pos 12 Only	No Auth Required
A4890	Contracts; Repair An	Auth Required Pos 12 Only	No Auth Required
A4911	Drain Bag/Bottle	Auth Required Pos 12 Only	No Auth Required
A4913	Miscellaneous Dialys	Auth Required Pos 12 Only	No Auth Required
A4918	Venous Pressure Clam	Auth Required Pos 12 Only	No Auth Required
A4927	Gloves; Sterile Or N	Ineligible	Ineligible
A4928	Surgical Mask	Auth Required Pos 12 Only	No Auth Required
A4929	Tourniquet For Dialy	Auth Required Pos 12 Only	No Auth Required
A4930	Gloves Sterile Pe	Ineligible	Ineligible
A4931	Oral Thermomete	Ineligible	Ineligible
A4932	Rectal Thermometer,	Ineligible	Ineligible
A5051	Ostomy Pouch Closed	No Auth Required	No Auth Required
A5052	Ostomy Pouch Wo/Barr	No Auth Required	No Auth Required
A5053	Pouch; Closed; Use O	No Auth Required	No Auth Required
A5054	Ostomy Pouch Barrier	No Auth Required	No Auth Required
A5055	Stoma Cap	No Auth Required	No Auth Required
A5061	Pouch; Drainable; Wi	No Auth Required	No Auth Required
A5062	Pouch; Drainable; Wi	No Auth Required	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A5063	Ostomy Pouches,Drain	No Auth Required	No Auth Required
A5071	Pouch; Urinary; With	No Auth Required	No Auth Required
A5072	Pouch; Urinary; With	No Auth Required	No Auth Required
A5073	Pouch; Urinary; Use	No Auth Required	No Auth Required
A5081	Continent Device; PI	No Auth Required	No Auth Required
A5082	Catheter For Contine	No Auth Required	No Auth Required
A5083	Continent Device, Stoma	No Auth Required	No Auth Required
A5093	Ostomy Accessory-Con	No Auth Required	No Auth Required
A5102	Bedside Drainage Bot	No Auth Required	No Auth Required
A5105	Urinary Suspensory;	Auth Required Pos 12 Only	No Auth Required
A5112	Urinary Leg Bag-Late	Auth Required Pos 12 Only	No Auth Required
A5113	Leg Strap; Latex; Pe	Auth Required Pos 12 Only	No Auth Required
A5114	Leg Strap-Foam Or Fa	Auth Required Pos 12 Only	No Auth Required
A5119	Skin Barrier-Wipes-5	No Auth Required	No Auth Required
A5120	Skin Barrier, Wipes Or Swabs, Each	No Auth Required	No Auth Required
A5121	Skin Barrier; Solid;	No Auth Required	No Auth Required
A5122	Skin Barrier; Solid;	No Auth Required	No Auth Required
A5126	Adhesive Or Non-Adhe	No Auth Required	No Auth Required
A5131	Appliance Cleaner	No Auth Required	No Auth Required
A5200	Percutaneous Cath/Tu	Auth Required Pos 12 Only	No Auth Required
A5500	Fit/Follow Up Custom	No Auth Required	No Auth Required
A5501	Diabetics Only, Shoe	No Auth Required	No Auth Required
A5503	Diabetics Only,Off-T	No Auth Required	No Auth Required
A5504	Diabetics Only, Modi	No Auth Required	No Auth Required
A5505	Diabetics Only Modif	Orthotic Rule	Orthotic Rule
A5506	Diabetics Only, Off-	No Auth Required	No Auth Required
A5507	Diabetic Only, Not O	No Auth Required	No Auth Required
A5508	For Diabetics Only,	Auth Required	Auth Required
A5509	Direct Heat Form Sho	Orthotic Rule	Orthotic Rule
A5510	Compression Form Sho	No Auth Required	No Auth Required
A5511	Custom Fab Molded Sh	Orthotic Rule	Orthotic Rule
A5512	For Diabetics Only, Multiple Density Insert, Direct Formed, Molded To Foot	No Auth Required	No Auth Required
A5513	For Diabetics Only, Multiple Density Insert, Custom Molded From Model Of	No Auth Required	No Auth Required
A5550	Diabetics Only, Off	Orthotic Rule	Orthotic Rule
A6000	Wound Warming Wound	Ineligible	Ineligible
A6010	Collagen Based Wound	Ineligible	Ineligible
A6011	Collagen Based Wound	Ineligible	Ineligible
A6021	Collagen Dressing Pa	Ineligible	Ineligible
A6022	Collagen Dressing, P	Ineligible	Ineligible
A6023	Collagen Dressing: P	Ineligible	Ineligible
A6024	Collagen Dressing Wo	Ineligible	Ineligible
A6025	Silicone Gel Sheet,	Ineligible	Ineligible
A6154	Wound Pouch/Each	Ineligible	Ineligible
A6196	Alginate Dressing/Wo	Ineligible	Ineligible
A6197	Alginate Dressing, M	Ineligible	Ineligible

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A6198	Alginate Dresssing,	Ineligible	Ineligible
A6199	Alginate Dressing/Wo	Ineligible	Ineligible
A6203	Composite Dressing,	Ineligible	Ineligible
A6204	Composite Dressing,	Ineligible	Ineligible
A6205	Comp[Opsite Dressing	Ineligible	Ineligible
A6206	Contact Layer, 16 Sq	Ineligible	Ineligible
A6207	Contact Layer, More	Ineligible	Ineligible
A6208	Contact Layer, Nore	Ineligible	Ineligible
A6209	Foam Dressing, Pad S	Ineligible	Ineligible
A6210	Foam Dressing, More	Ineligible	Ineligible
A6211	Foam Dressing, More	Ineligible	Ineligible
A6212	Faom Dressing, Pad S	Ineligible	Ineligible
A6213	Foam Dressing-More T	Ineligible	Ineligible
A6214	Foam Dressing, Pad S	Ineligible	Ineligible
A6215	Foam Dressing - Woun	Ineligible	Ineligible
A6216	Gauze, Nonimpreg/Non	Ineligible	Ineligible
A6217	Gauze, Nonimpreg/Non	Ineligible	Ineligible
A6218	Gauze, Nonimpreg/Non	Ineligible	Ineligible
A6219	Gauze, Nonimpreg, 16	Ineligible	Ineligible
A6220	Gauze, Impregnated,	Ineligible	Ineligible
A6221	Gauze, Nonimpregnate	Ineligible	Ineligible
A6222	Gauze Impregnated, O	Ineligible	Ineligible
A6223	Gauze/Impreg/Other T	Ineligible	Ineligible
A6224	Gauze, Imprenated, O	Ineligible	Ineligible
A6228	Gauze, Impregnated,	Ineligible	Ineligible
A6229	Gauze, Impregnated,	Ineligible	Ineligible
A6230	Gauze Impreganted Wa	Ineligible	Ineligible
A6231	Gauze:Impregnated, H	Auth Required Pos 12 Only	No Auth Required
A6232	Gauze Impregnated, H	Auth Required Pos 12 Only	No Auth Required
A6233	Gauze Impregnated,	Auth Required Pos 12 Only	No Auth Required
A6234	Hydrocolloid Dressin	Ineligible	Ineligible
A6235	Hydrocolloid Dressin	Ineligible	Ineligible
A6236	Hydrocolloid Dressin	Ineligible	Ineligible
A6237	Hydrocolloid Dressin	Ineligible	Ineligible
A6238	Hydrocolloid Wound C	Ineligible	Ineligible
A6239	Hydrocolloid Dressin	Ineligible	Ineligible
A6240	Hydrocolloid Dressin	Ineligible	Ineligible
A6241	Hydrocolloid Dressin	Ineligible	Ineligible
A6242	Hydrogel Dressing, 1	Ineligible	Ineligible
A6243	Hydrogel Dressing Mo	Ineligible	Ineligible
A6244	Hydrogel Dressing, M	Ineligible	Ineligible
A6245	Hydrogel Dressing, W	Ineligible	Ineligible
A6246	Hydrogel Dressing Mo	Ineligible	Ineligible
A6247	Hydrogel Dressing Mo	Ineligible	Ineligible
A6248	Hydrogel Dressing -	Ineligible	Ineligible
A6250	Skin Sealants/Protec	Ineligible	Ineligible
A6251	Specialty Absorptive	Ineligible	Ineligible
A6252	Special Absorptive D	Ineligible	Ineligible
A6253	Special Absorptive D	Ineligible	Ineligible
A6254	Special Absorp Dress	Ineligible	Ineligible
A6255	Spec Absor Dressing,	Ineligible	Ineligible
A6256	Spec Abs Dressing, W	Ineligible	Ineligible

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A6257	Transparnt Film, 16	Ineligible	Ineligible	
A6258	Trans Film, More Tha	Ineligible	Ineligible	
A6259	Trnsparent Film, Mor	Ineligible	Ineligible	
A6260	Wound Cleanser, Any	Ineligible	Ineligible	
A6261	Wound Filler, Not El	Ineligible	Ineligible	
A6262	Wound Fillr, Not Els	Ineligible	Ineligible	
A6266	Gauze,Impregnated, O	Ineligible	Ineligible	
A6402	Gauze, Nonimpregnate	Ineligible	Ineligible	
A6403	Gauze,Nonimpregnated	Ineligible	Ineligible	
A6404	Gauze, Nonimpreg, St	Ineligible	Ineligible	
A6407	Packing Strips, Non	Ineligible	Ineligible	
A6410	Eye Pad, Sterile, E	Ineligible	Ineligible	
A6411	Eye Pad, Non-Sterile	Ineligible	Ineligible	
A6412	Eye Patch, Occlusi	Ineligible	Ineligible	
A6413	Adhesive Bandage	No Auth Req- Commercial Not Covered Medicare	No Auth Req- Commercial Not Covered Medicare	
A6421	Pad Bandage,Non Elas	Ineligible	Ineligible	
A6422	Conform Bandage, Non	Ineligible	Ineligible	
A6424	Conform Bandag, Non	Ineligible	Ineligible	
A6426	Conf Bandage,Non Ela	Ineligible	Ineligible	
A6428	Conform Bandage Non	Ineligible	Ineligible	
A6430	Light Comp Bandage,E	Ineligible	Ineligible	
A6432	Light Compress Band,E	Ineligible	Ineligible	
A6434	Mod Compress Bandage	Ineligible	Ineligible	
A6436	High Compress Ban	Ineligible	Ineligible	
A6438	Self Adherent Band,	Ineligible	Ineligible	
A6440	Zinc Past Impreg Ba	Ineligible	Ineligible	
A6441	Padding Bandage, No	Ineligible	Ineligible	
A6442	Confrming Bandage, N	Ineligible	Ineligible	
A6443	Conformng Bandage,	Ineligible	Ineligible	
A6444	Conforming Bandage,	Ineligible	Ineligible	
A6445	Conforming Bandage,	Ineligible	Ineligible	
A6446	Conforming Bandage,	Ineligible	Ineligible	
A6447	Conforming Bandage	Ineligible	Ineligible	
A6448	Light Compression	Ineligible	Ineligible	
A6449	Light Compression	Ineligible	Ineligible	
A6450	Light Compression	Ineligible	Ineligible	
A6451	Moderate Compress B	Ineligible	Ineligible	
A6452	High Compression Ba	Ineligible	Ineligible	
A6453	Self-Adherent Ban	Ineligible	Ineligible	
A6454	Self-Adherent Banda	Ineligible	Ineligible	
A6455	Self-Adherent Band	Ineligible	Ineligible	
A6456	Zinc Paste Impreg B	Ineligible	Ineligible	
A6457	Tubular Dressing With Or Without Elastic, Any Width, Per Linear Yard	No Auth Required	No Auth Required	
A6501	Compress Burn Garmen	Auth Required Pos 12 Only	Auth Required	
A6502	Compression Brn Garm	Auth Required Pos 12 Only	Auth Required	
A6503	Compress Brn Garne	Auth Required Pos 12 Only	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A6504	Compresson Burn Gar	Auth Required Pos 12 Only	Auth Required	
A6505	Compression Burn	Auth Required Pos 12 Only	Auth Required	
A6506	Comprssion Burn Garm	Auth Required Pos 12 Only	Auth Required	
A6507	Compress Burn Ga	Auth Required Pos 12 Only	Auth Required	
A6508	Compress Burn Garm	Auth Required Pos 12 Only	Auth Required	
A6509	Compres Burn Garmen	Auth Required Pos 12 Only	Auth Required	
A6510	Compress Brn Garm,T	Auth Required Pos 12 Only	Auth Required	
A6511	Compress Brn Gar,	Auth Required Pos 12 Only	Auth Required	
A6512	Compression Burn	Auth Required Pos 12 Only	Auth Required	
A6513	Compression Burn Mask, Face And/Or Neck, Plastic Or Equal, Custom Fabricated	Auth Required	Auth Required	
A6530	Gradient Compression Stocking, Below Knee, 18-30 MmHg, Each	Auth Required	Auth Required	
A6531	Gradient Compression Stocking, Below Knee, 30-40 MmHg, Each	Auth Required	Auth Required	
A6532	Gradient Compression Stocking, Below Knee, 40-50 MmHg, Each	Auth Required	Auth Required	
A6533	Gradient Compression Stocking, Thigh Length, 18-30 MmHg, Each	Auth Required	Auth Required	
A6534	Gradient Compression Stocking, Thigh Length, 30-40 MmHg, Each	Auth Required	Auth Required	
A6535	Gradient Compression Stocking, Thigh Length, 40-50 MmHg, Each	Auth Required	Auth Required	
A6536	Gradient Compression Stocking, Full Length/Chap Style, 18-30 MmHg, Each	Auth Required	Auth Required	
A6537	Gradient Compression Stocking, Full Length/Chap Style, 30-40 MmHg, Each	Auth Required	Auth Required	
A6538	Gradient Compression Stocking, Full Length/Chap Style, 40-50 MmHg, Each	Auth Required	Auth Required	
A6539	Gradient Compression Stocking, Waist Length, 18-30 MmHg, Each	Auth Required	Auth Required	
A6540	Gradient Compression Stocking, Waist Length, 30-40 MmHg, Each	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A6541	Gradient Compression Stocking, Waist Length, 40-50 MmHg, Each	Auth Required	Auth Required	
A6544	Gradient Compression Stocking, Garter Belt	Auth Required	Auth Required	
A6545	Gradient Compression Wrap	No Auth Required	No Auth Required	
A6549	Gradient Compression Stocking, Not Otherwise Specified	Auth Required	Auth Required	
A6550	Dressing Set For Ne	Auth Required Pos 12 Only	No Auth Required	
A6551	Canister Set For Ne	Dme Rule	Dme Rule	
A7000	Canister Disposable	Auth Required Pos 12 Only	No Auth Required	
A7001	Canister, Non-Dispos	Dme Rule	Dme Rule	
A7002	Tubing Used With Suc	Dme Rule	Dme Rule	
A7003	Administration Set W	Auth Required Pos 12 Only	No Auth Required	
A7004	Sm Volume Nonfiltere	Auth Required Pos 12 Only	No Auth Required	
A7005	Small Volume, Admini	Dme Rule	Dme Rule	
A7006	Admin Set With Small	Dme Rule	Dme Rule	
A7007	Large Volume Nebuliz	Auth Required Pos 12 Only	No Auth Required	
A7008	Prefilled Large Volu	Auth Required Pos 12 Only	No Auth Required	
A7009	Reservoir Bottle Non	Dme Rule	Dme Rule	
A7010	Corrugated Tubing Di	Auth Required Pos 12 Only	No Auth Required	
A7011	10Ft Corrugated Tubi	Dme Rule	Dme Rule	
A7012	Water Collection Dev	Dme Rule	Dme Rule	
A7013	Filter Disposable Us	Auth Required Pos 12 Only	No Auth Required	
A7014	Filter Nondisposable	Dme Rule	Dme Rule	
A7015	Aerosol Mask Used Wi	Auth Required Pos 12 Only	No Auth Required	
A7016	Dome And Mouthpiece	Auth Required Pos 12 Only	No Auth Required	
A7017	Nebulizer Surable Gl	Dme Rule	Dme Rule	
A7018	Water, Distilled, Us	Ineligible	Ineligible	
A7019	Saline Solution, Per	Ineligible	Ineligible	
A7020	Interface For Cough Stimulating Device, Includes All Components, Replacement	No Auth Required	No Auth Required	
A7025	High Freq Chest Wall	Auth Required Pos 12 Only	Dme Rule	
A7026	High Frequ Chest Wal	Auth Required Pos 12 Only	Dme Rule	
A7027	Oral/Nasal Mask For Cpap	No Auth Required	No Auth Required	
A7028	Oral Cushion For Nasal/Oral Mask Replacement	No Auth Required	No Auth Required	
A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair	No Auth Required	No Auth Required	
A7030	Full Face Mask Used	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
A7031	Face Mask Interfac	Auth Required Pos 12 Only	No Auth Required
A7032	Replacement Cushion	No Auth Required	No Auth Required
A7033	Replacement Pillows	No Auth Required	No Auth Required
A7034	Nasal Interfac Mask	No Auth Required	No Auth Required
A7035	Headgear Used With P	No Auth Required	No Auth Required
A7036	Chinstrap Used With	No Auth Required	No Auth Required
A7037	Tubing Used With	No Auth Required	No Auth Required
A7038	Filter, Disposabl,	No Auth Required	No Auth Required
A7039	Filter, Non Dispos	No Auth Required	No Auth Required
A7040	One Way Chest Drain	Auth Required Pos 12 Only	No Auth Required
A7041	Water Seal Drainage	Auth Required Pos 12 Only	No Auth Required
A7042	Implanted Pleural	Auth Required Pos 12 Only	No Auth Required
A7043	Vacum Drainage Bott	Auth Required Pos 12 Only	No Auth Required
A7044	Oral Interface Use	No Auth Required	No Auth Required
A7045	Exhalation Port With	Auth Required Pos 12 Only	No Auth Required
A7046	Water Chamber For H	No Auth Required	No Auth Required
A7501	Tracheostoma Valve,	Auth Required Pos 12 Only	No Auth Required
A7502	Replacement Diaphrag	Auth Required Pos 12 Only	No Auth Required
A7503	Filter Holder Or Fil	Auth Required Pos 12 Only	No Auth Required
A7504	Filter For Use In A	Auth Required Pos 12 Only	No Auth Required
A7505	Housing, Reusable Wi	Auth Required Pos 12 Only	No Auth Required
A7506	Adhesive Disc For Us	Ineligible	Ineligible
A7507	Filter Holder And In	Auth Required Pos 12 Only	No Auth Required
A7508	Housing And Integrat	Auth Required Pos 12 Only	No Auth Required
A7509	Filter Holder-Integr	Auth Required Pos 12 Only	No Auth Required
A7520	Tracheostomy/Larynge	Auth Required Pos 12 Only	No Auth Required
A7521	Tracheo Stomy/Laryng	Auth Required Pos 12 Only	No Auth Required
A7522	Tracheostomy/ Laryng	Auth Required Pos 12 Only	No Auth Required
A7523	Tracheostomy Shower	Auth Required Pos 12 Only	No Auth Required
A7524	Tracheostoma Stent/	Auth Required Pos 12 Only	No Auth Required
A7525	Tracheostomy Mask,	Auth Required Pos 12 Only	No Auth Required
A7526	Tracheostomy Tube C	Auth Required Pos 12 Only	No Auth Required
A7527	Tracheostomy/Larynge	Auth Required Pos 12 Only	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A8000	Helmet, Protective, Soft, Prefabricated, Includes All Components And Accessories	Ineligible	Ineligible	
A8001	Helmet, Protective, Hard, Prefabricated, Includes All Components And Accessories	Ineligible	Ineligible	
A8002	Helmet, Protective, Soft, Custom Fabricated, Includes All Components And Accessories	Ineligible	Ineligible	
A8003	Helmet, Protective, Hard, Custom Fabricated, Includes All Components And Accessories	Ineligible	Ineligible	
A8004	Soft Interface For Helmet, Replacement Only	Ineligible	Ineligible	
A9150	Non-Prescription Dru	Ineligible	Ineligible	
A9152	Single Vitamin/Miner	Ineligible	Ineligible	
A9153	Multiple Vitamins, W	Ineligible	Ineligible	
A9155	Atrifical Saliva	Not Covered	Not Covered	
A9180	Pediculous Lice Infe	Ineligible	Ineligible	
A9270	Non-Covered Item Or	Ineligible	Ineligible	
A9273	Hot Water Bottle, Ice Cap Or Collar, Heat And/Or Cold Wrap, Any Type	Ineligible	Ineligible	
A9275	Home Glucose Disposable Monitor, Includes Test Strips	Ineligible	Ineligible	
A9276	Sensor, Invasive Disposable For Use W/ Interstitial Coutinuous Glucose Monitoring	Auth Required	Auth Required	
A9277	Transmitter, External Use W/ Interstitial Cont. Glucose Monitoring	Auth Required	Auth Required	
A9278	Receiver, External Use W/ Interstitial Cont Glucose Monitor	Auth Required	Auth Required	
A9279	Monitoring Feature/Device, Stand Alone Or Integrated, Any Type, Includes Allaccessories, Components And Electronics, Not Otherwise Classified	Auth Required	Auth Required	
A9280	Alert Or Alarm Devic	Dme Rule	Dme Rule	
A9281	Reaching/Grabbing Device, Any Type, Any Length, Each	Ineligible	Ineligible	
A9282	Wig, Any Type, Each	Ineligible	Ineligible	
A9283	Foot Pressure Off Loading Support	Orthotic Rule	Orthotic Rule	
A9284	Spirometer Non Elect	Dme Rule	Dme Rule	
A9300	Excercise Equipment	Ineligible	Ineligible	
A9500	Supply Of Radiopharm	Cmr/Aso Auth Required	Cmr/Aso Auth Required	
A9501	Supply Of Technetium	No Auth Required	No Auth Required	
A9502	Supply Radiopharm Di	Cmr/Aso Auth Required	Cmr/Aso Auth Required	
A9503	Suply Of Radiopharm	No Auth Required	No Auth Required	
A9504	Radiopharmaceutical	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A9505	Supply Of Radiopharm	Cmr/Aso Auth Required	Cmr/Aso Auth Required	
A9507	Sply Of Radiopharma	No Auth Required	No Auth Required	
A9508	Supply Of Radiophar	No Auth Required	No Auth Required	
A9509	Supply Of Iodine I-123	No Auth Required	No Auth Required	
A9510	Supply Of Radiopha	No Auth Required	No Auth Required	
A9511	Technetium Tc 99M De	No Auth Required	No Auth Required	
A9512	Supply Of Radio Ph	No Auth Required	No Auth Required	
A9513	Supply Radio Ph	No Auth Required	No Auth Required	
A9514	Supp Of Radio Phar	No Auth Required	No Auth Required	
A9515	Supp Of Radiopharma	No Auth Required	No Auth Required	
A9516	Supp Of Radio Pharm	No Auth Required	No Auth Required	
A9517	Supp Of Radiopha	No Auth Required	No Auth Required	
A9518	Supply Of Radio	No Auth Required	No Auth Required	
A9519	Supply Radiophar	No Auth Required	No Auth Required	
A9520	Supp Of Radiopharm	No Auth Required	No Auth Required	
A9521	Supp Of Radiophar	No Auth Required	No Auth Required	
A9522	Supply Of Radioph	No Auth Required	No Auth Required	
A9523	Sup Of Radiopharm T	No Auth Required	No Auth Required	
A9524	Supp Of Radiophar	No Auth Required	No Auth Required	
A9525	Supply Of Low Or Is	No Auth Required	No Auth Required	
A9526	Supply. Of Radiopha	No Auth Required	No Auth Required	
A9527	Iodine I-125, Sodium Iodide Solution, Therapeutic, Per Millicurie	No Auth Required	No Auth Required	
A9528	Supply. Of Radiop	No Auth Required	No Auth Required	
A9529	Supply. Of Radiopha	No Auth Required	No Auth Required	
A9530	Supply. Of Radio	No Auth Required	No Auth Required	
A9531	Supply. Of Radioph	No Auth Required	No Auth Required	
A9532	Supply. Of Radiopha	No Auth Required	No Auth Required	
A9533	Supply. Of Radioph	No Auth Required	No Auth Required	
A9534	Supply. Of Radioph	No Auth Required	No Auth Required	
A9536	Technetium Tc-99M Depreotide, Diagnostic, Per Study Dose, Up To 35 Millicuries	No Auth Required	No Auth Required	
A9537	Technetium Tc-99M Mebrofenin, Diagnostic, Per Study Dose, Up To 15 Millicuries	No Auth Required	No Auth Required	
A9538	Technetium Tc-99M Pyrophosphate, Diagnostic, Per Study Dose, Up To 25	No Auth Required	No Auth Required	
A9539	Technetium Tc-99M Pentetate, Diagnostic, Per Study Dose, Up To 25 Millicuries	No Auth Required	No Auth Required	
A9540	Technetium Tc-99M Macroaggregated Albumin, Diagnostic, Per Study Dose, Up To 10	No Auth Required	No Auth Required	
A9541	Technetium Tc-99M Sulfur Colloid, Diagnostic, Per Study Dose, Up To 20	No Auth Required	No Auth Required	
A9542	Indium In-111 Ibritumomab Tiuxetan, Diagnostic, Per Study Dose, Up To 5	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A9543	Yttrium Y-90 Ibritumomab Tiuxetan, Therapeutic, Per Treatment Dose, Up To 40	No Auth Required	No Auth Required	
A9544	Iodine I-131 Tositumomab, Diagnostic, Per Study Dose	No Auth Required	No Auth Required	
A9545	Iodine I-131 Tositumomab, Therapeutic, Per Treatment Dose	No Auth Required	No Auth Required	
A9546	Cobalt Co-57/58, Cyanocobalamin, Diagnostic, Per Study Dose, Up To 1 Microcurie	No Auth Required	No Auth Required	
A9547	Indium In-111 Oxyquinoline, Diagnostic, Per 0.5 Millicurie	No Auth Required	No Auth Required	
A9548	Indium In-111 Pentetate, Diagnostic, Per 0.5 Millicurie	No Auth Required	No Auth Required	
A9550	Technetium Tc-99M Sodium Gluceptate, Diagnostic, Per Study Dose, Up To 25	No Auth Required	No Auth Required	
A9551	Technetium Tc-99M Succimer, Diagnostic, Per Study Dose, Up To 10 Millicuries	No Auth Required	No Auth Required	
A9552	Fluorodeoxyglucose F-18 Fdg, Diagnostic, Per Study Dose, Up To 45 Millicuries	No Auth Required	No Auth Required	
A9553	Chromium Cr-51 Sodium Chromate, Diagnostic, Per Study Dose, Up To 250	No Auth Required	No Auth Required	
A9554	Iodine I-125 Sodium Iothalamate, Diagnostic, Per Study Dose, Up To 10	No Auth Required	No Auth Required	
A9555	Rubidium Rb-82, Diagnostic, Per Study Dose, Up To 60 Millicuries	No Auth Required	No Auth Required	
A9556	Gallium Ga-67 Citrate, Diagnostic, Per Millicurie	No Auth Required	No Auth Required	
A9557	Technetium Tc-99M Biscate, Diagnostic, Per Study Dose, Up To 25 Millicuries	No Auth Required	No Auth Required	
A9558	Xenon Xe-133 Gas, Diagnostic, Per 10 Millicuries	No Auth Required	No Auth Required	
A9559	Cobalt Co-57 Cyanocobalamin, Oral, Diagnostic, Per Study Dose, Up To 1	No Auth Required	No Auth Required	
A9560	Technetium Tc-99M Labeled Red Blood Cells, Diagnostic, Per Study Dose, Up To 30	No Auth Required	No Auth Required	
A9561	Technetium Tc-99M Oxidronate, Diagnostic, Per Study Dose, Up To 30 Millicuries	No Auth Required	No Auth Required	
A9562	Technetium Tc-99M Mertiatide, Diagnostic, Per Study Dose, Up To 15 Millicuries	No Auth Required	No Auth Required	
A9563	Sodium Phosphate P-32, Therapeutic, Per Millicurie	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
A9564	Chromic Phosphate P-32 Suspension, Therapeutic, Per Millicurie	No Auth Required	No Auth Required	
A9566	Technetium Tc-99M Fanolesomab, Diagnostic, Per Study Dose, Up To 25 Millicuries	No Auth Required	No Auth Required	
A9567	Technetium Tc-99M Pentetate, Diagnostic, Aerosol, Per Study Dose, Up To 75	No Auth Required	No Auth Required	
A9568	Technetium Tc-99M Arcitumomab, Diagnostic, Per Study Dose, Up To 45 Millicuries	No Auth Required	No Auth Required	
A9569	Technetium Tc-99M	No Auth Required	No Auth Required	
A9570	Indium In -111	No Auth Required	No Auth Required	
A9571	Indium In-111 Per Study	No Auth Required	No Auth Required	
A9572	Indium In-111 Pentetreotide, Diagnostic, Per Millicurie	Auth Required	Auth Required	
A9576	Injection Gadoteridol	No Auth Required	No Auth Required	
A9577	Injection Gadobenate Dimeglumine	No Auth Required	No Auth Required	
A9578	Injection Gadobenate Dimeglumine Multipack	No Auth Required	No Auth Required	
A9579	Injection Gadolinium Mri Agent	No Auth Required	No Auth Required	
A9580	Sodium Flouride F-18	No Auth Required	No Auth Required	
A9581	Injection, Gadoxetate Disodium, 1 MI	No Auth Required	No Auth Required	
A9582	Iodine I-123 Iobenguane, Diagnostic, Per Study Dose, Up To 15 Millicuries (Replaces C9247)	No Auth Required	No Auth Required	
A9583	Injection, Gadofosveset Trisodium, 1 MI	No Auth Required	No Auth Required	
A9600	Supply Of Therapeuti	No Auth Required	No Auth Required	
A9603	Supp Of Therap Rad	No Auth Required	No Auth Required	
A9698	Non-Radioactive Contrast Imaging Material, Not Otherwise Classified, Per Study	No Auth Required	No Auth Required	
A9699	Sup Of Radiopharm	No Auth Required	No Auth Required	
A9700	Supply Of Injectable	No Auth Required	No Auth Required	
A9900	Misc Supply/Accessor	Auth Required	Auth Required	
A9901	Delivery.Setup And/O	Dme Rule	Dme Rule	
A9999	Miscellaneous Dme S	Dme Rule	Dme Rule	
B4034	Ent Feeding Supply K	No Auth Required	No Auth Required	
B4035	Ent Feeding Supply K	No Auth Required	No Auth Required	
B4036	Ent Feeding Supply K	No Auth Required	No Auth Required	
B4081	Nasogastric Tubing W	No Auth Required	No Auth Required	
B4082	Nasogastric Tubing W	No Auth Required	No Auth Required	
B4083	Stomach Tube - Levin	No Auth Required	No Auth Required	
B4087	Gastrostomy / Jejun	Auth Required	Auth Required	
B4088	Gastrostomy / Jejun	Auth Required	Auth Required	
B4100	Food Thickener, Admi	Auth Required	Auth Required	
B4102	Enteral Formula, For	Auth Required	Auth Required	
B4103	Enteral Formula, For	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
B4104	Additive For Enteral	Auth Required	Auth Required	
B4149	Enteral Formula, Ble	Auth Required	Auth Required	
B4150	Ent Formulae; Cat I;	Ineligible	Ineligible	
B4151	Ent Formulae; Cat I:	Ineligible	Ineligible	
B4152	Ent Formulae; Cat li	Ineligible	Ineligible	
B4153	Ent Formulae; Cat li	Ineligible	Ineligible	
B4154	Ent Formulae; Cat Iv	Ineligible	Ineligible	
B4155	Ent Formulae; Cat V:	Ineligible	Ineligible	
B4156	Ent Formulae; Cat Vi	Ineligible	Ineligible	
B4157	Enteral Formula, Nut	Auth Required	Auth Required	
B4158	Enteral Formula, For	Auth Required	Auth Required	
B4159	Enteral Formula, For	Auth Required	Auth Required	
B4160	Enteral Formula, For	Auth Required	Auth Required	
B4161	Enteral Formula, For	Auth Required	Auth Required	
B4162	Enteral Formula, For	Auth Required	Auth Required	
B4164	Parent Nutr Sol: Car	No Auth Required	No Auth Required	
B4168	Parent Nutr Sol; Ami	No Auth Required	No Auth Required	
B4172	Parent Nutr Sol; Ami	No Auth Required	No Auth Required	
B4176	Parent Nutr Sol; Ami	No Auth Required	No Auth Required	
B4178	Parent Nutr Sol: Ami	No Auth Required	No Auth Required	
B4180	Parent Nutr Sol; Car	No Auth Required	No Auth Required	
B4184	Parent Nutr Sol; Lip	No Auth Required	No Auth Required	
B4185	Parenteral Nutrition Solution, Per 10 Grams Lipids	No Auth Required	No Auth Required	
B4186	Lipids 20% W Adm (50	No Auth Required	No Auth Required	
B4189	Parent Nutr; Amino A	No Auth Required	No Auth Required	
B4193	Parent Nutr; Amino A	No Auth Required	No Auth Required	
B4197	Parent Nutr Sol; Ami	No Auth Required	No Auth Required	
B4199	Parent Nutr; Amino A	No Auth Required	No Auth Required	
B4216	Parent Nutr; Additiv	No Auth Required	No Auth Required	
B4220	Parent Nutr Supply K	No Auth Required	No Auth Required	
B4222	Parent Nutr Supply K	No Auth Required	No Auth Required	
B4224	Parent Nutr Administ	No Auth Required	No Auth Required	
B5000	Parent Nutr Sol:Amin	No Auth Required	No Auth Required	
B5100	Parent Nutr: Amino A	No Auth Required	No Auth Required	
B5200	Parent Nutr Sol: Ami	No Auth Required	No Auth Required	
B9000	Ent Nutr Infusion Pu	Auth Required	Auth Required	
B9002	Ent Nutr Infusion Pu	Auth Required	Auth Required	
B9004	Parent Nutr Infus Pu	Auth Required	Auth Required	
B9006	Parent Nutr Infus Pu	Auth Required	Auth Required	
B9998	Noc Ent Supplies	Auth Required	Auth Required	
B9999	Noc Parent Supplies	Auth Required	Auth Required	
C1762	Connective Tissue Human	Auth Required	Auth Required	
C1763	Connective Tissue Non-Human	Auth Required	Auth Required	
C1765	Adhesion Barrier	No Auth Required	No Auth Required	
C1821	Interspinous process distraction device (implantable)	Auth Required	Auth Required	
C2638	Brachytherapy Source, Stranded, Iodine-125, Per Source	No Auth Required	No Auth Required	
C2639	Brachytherapy Source, Non-Stranded, Iodine-125, Per Source	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
C2640	Brachytherapy Source, Stranded, Palladium-103, Per Source	No Auth Required	No Auth Required	
C2641	Brachytherapy Source, Non-Stranded, Palladium-103, Per Source	No Auth Required	No Auth Required	
C2642	Brachytherapy Source, Stranded, Cesium-131, Per Source	No Auth Required	No Auth Required	
C2643	Brachytherapy Source, Non-Stranded, Cesium-131, Per Source	No Auth Required	No Auth Required	
C2698	Brachytherapy Source-Iodine	No Auth Required	No Auth Required	
C2699	Brachytherapy Source-Iodine	No Auth Required	No Auth Required	
C8921	Transthoracic Echo W/ Contrast	No Auth Required	No Auth Required	
C8922	Transthoracic Echo W/ Contrast	No Auth Required	No Auth Required	
C8923	Transthoracic Echo W/ Contrast	No Auth Required	No Auth Required	
C8924	Transthoracic Echo W/ Contrast	No Auth Required	No Auth Required	
C8925	Tee W/ Contrast	No Auth Required	No Auth Required	
C8926	Tee W/ Contrast	No Auth Required	No Auth Required	
C8927	Tee W/ Contrast	No Auth Required	No Auth Required	
C8928	Transthoracic Echo W/Contracst	No Auth Required	No Auth Required	
C8929	Transthoracic Echocardiography With Contrast, Or Without Contrast	No Auth Required	No Auth Required	
C8930	Transthoracic Echocardiography, With Contrast, Or Without Contrast	No Auth Required	No Auth Required	
C8957	Intravenous Infusion Of Prolonged Infusion (More Than 8 Hrs) Req Pump	No Auth Required	No Auth Required	
C9247	Iobenguane, I-123, Diagnostic, Per Study Dose, Up To 10 Millicuries-Replaced By A9582 As Of 1/1/10	No Auth Required	No Auth Required	
C9248	Injection, Clevidipien Butyrate, 1 Mg-	No Auth Required	No Auth Required	
C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (ARTISS) 2 ml	No Auth Required	No Auth Required	
C9254	Injection, Lacosamide, 1 Mg	Auth Required	Auth Required	
C9257	Injection, Bevacizumab, 0.25 Mg (Avastin- Replaces Q2024)			
C9274	Crotalidae Polyvalent Immune Fab (Ovine), 1 Vial (Snake Antivenin)	No Auth Required	No Auth Required	
C9275	Injection, Hexaminolevulinat Hydrochloride, 100 Mg, Per Study Dose (Instilled During Blue Light Cysto)	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
C9276	Injection, Cabazitaxel, 1 Mg (Prostate Cancer)	Auth Required	Auth Required	
C9277	Injection, Alglucosidase Alfa (Lumizyme), 1 Mg (Pompe Disease- Only Available Through Special Program)	Auth Required	Auth Required	
C9278	Injection, Incobotulinumtoxin A, 1 Unit	Auth Required	Auth Required	
C9279	Injection, Ibuprofen, 100 Mg	No Auth Required	No Auth Required	
C9282	laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with ligamentous resection, discectomy, facetectomy and/or foraminotomy, when performed) any method under indirect image guidance, with the use of an endosc	Ineligible	Ineligible	
C9352	Microporous Collagen Implat	No Auth Required	No Auth Required	
C9353	Microporous Collage Implant	No Auth Required	No Auth Required	
C9354	Acellular Pericardial Tissue Matrix Of Non-Human Origin (Veritas), Per Square Centimeter	No Auth Required	No Auth Required	
C9355	Collagen Nerve Cuff (Neuromatrix), Per 0.5 Centimeter Length	No Auth Required	No Auth Required	
C9356	Tendon, Porous Matrix	No Auth Required	No Auth Required	
C9358	Dermal Substitute, Native	No Auth Required	No Auth Required	
C9359	Porous Purified Collagen Matrix Bone Void Filler	No Auth Required	No Auth Required	
C9360	Dermal Substitute	No Auth Required	No Auth Required	
C9361	Collagen Matrix Nerve Wrap	No Auth Required	No Auth Required	
C9362	'Porous Purified Collagen Matrix Bone Void Filler	No Auth Required	No Auth Required	
C9363	Skin Substitute, Integra Meshed Bilayer Wound Matrix, Per Square Centimeter	No Auth Required	No Auth Required	
C9364	Porcine Implant, Permacol, Per Square Centimeter	No Auth Required	No Auth Required	
C9716	Creation of therman anal lesions	Auth Required	Auth Required	
C9724	EPS	No Auth Required	No Auth Required	
C9728	Placement Of Interstitial Device(S) For Radiation Therapy	No Auth Required	No Auth Required	
C9898	Radiolabeled Product Provided During A Hosp. Stay	No Auth Required	No Auth Required	
C9899	Implanted Prosthetic Device, Payable Only For Inpatients Who Do Not Have Medicare Part A	No Auth Required-- Ineligible For Medicare	No Auth Required-- Ineligible For Medicare	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
E0227	Manual Wheelchair Acc, Gear Reduction	Dme Rule	Dme Rule	
E0228	Manual Wheelchair Acc, Braking System	Dme Rule	Dme Rule	
E0328	Hospital Bed,Pediatric Manual	Dme Rule	Dme Rule	
E0329	Hospital Bed, Pediatric Elect	Dme Rule	Dme Rule	
E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable	No Auth Required	No Auth Required	
E0446	Topical Oxygen Delivery System, Not Otherwise Specified, Includes All Supplies	Auth Required	Auth Required	
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or	Ineligible	Ineligible	
E0486	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or	Ineligible	Ineligible	
E0487	Spirometer, Electronic, Includes All Accessories	Dme Rule	Dme Rule	
E0550	Humidifier,Durable For Extensive S	No Auth Required	No Auth Required	
E0560	Humidifier,Durable For Supplemental	No Auth Required	No Auth Required	
E0561	Humidifier, Non- Heated, Used With	No Auth Required	No Auth Required	
E0562	Humidifier, Heated, Used With Posi	No Auth Required	No Auth Required	
E0641	Standing Frame System, Multi-Position (E.G. Three-Way Stander), Any Size	Ineligible	Ineligible	
E0642	Standing Frame System, Mobile (Dynamic Stander), Any Size Including Pediatric	Ineligible	Ineligible	
E0656	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Trunk	Dme Rule	Dme Rule	
E0657	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest	Dme Rule	Dme Rule	
E0705	Transfer Board Or Device, Any Type, Each	Dme Rule	Dme Rule	
E0720	Tens Device, 2 Leads, Localized Stimulation	No Auth Required	No Auth Required	
E0730	Tens Device 4 Or More Leads For Multiple Nerve Stimulation	No Auth Required	No Auth Required	
E0745	Neuromuscular Stimlulator, Electronic Shock Unit	No Auth Required	No Auth Required	
E0747	Osteogenesis Stimulator,Electrical	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
E0748	Osteogenesis Stimulator,Electrical	Auth Required	Auth Required	
E0769	Elect. Stimulation Not Otherwise Classified	Auth Required	Auth Required	
E0770	Functional Electrical Stimulator, Transcutaneous Stimulation Of Nerve And/Or	Dme Rule	Dme Rule	
E0856	Cervical Traction	Auth Required	Auth Required	
E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat,	Dme Rule	Dme Rule	
E1354	Oxygen Accessory, Wheeled Cart For Portable Cylinder Or Portable Concentrator,	Dme Rule	Dme Rule	
E1356	Oxygen Accessory, Battery Pack/Cartridge For Portable Concentrator, Any Type,	Dme Rule	Dme Rule	
E1357	Oxygen Accessory, Battery Charger For Portable Concentrator, Any Type,	Dme Rule	Dme Rule	
E1358	Oxygen Accessory, Dc Power Adapter For Portable Concentrator, Any Type,	Dme Rule	Dme Rule	
E1831	Static Progressive Stretch Toe Device, Extension And/Or Flexion, With Or	Auth Required	Auth Required	
E2207	Wheelchair Accessory, Crutch And Cane Holder, Each	Ineligible	Ineligible	
E2230	Manual Wheelchair Accessory, Manual Standing System	Dme Rule	Dme Rule	
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat),	Dme Rule	Dme Rule	
E2295	Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating	Dme Rule	Dme Rule	
E2312	Power Wheelchair Acc, Chin Control	Auth Required	Auth Required	
E2313	Power Wheelchair Acc, Harness	Auth Required	Auth Required	
E2397	Power Wheelchair Acc, Lithium Battery	Auth Required	Auth Required	
E2622	Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, (Replaces K0734-K0736)	No Auth Required	No Auth Required	
E2623	Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or , (Replaces K0734-K0736)	No Auth Required	No Auth Required	
E2624	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less , (Replaces K0734-K0736)	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
E2625	Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 , (Replaces K0734-K0736)	No Auth Required	No Auth Required	
G0001	Routine Venipuncture	No Auth Required	No Auth Required	
G0008	Administration Of In	No Auth Required	No Auth Required	
G0009	Administration Of Pn	No Auth Required	No Auth Required	
G0010	Administration Of He	No Auth Required	No Auth Required	
G0101	Cerv/Vag Cancer Scre	No Auth Required	No Auth Required	
G0104	Colorectal Cancer Sc	No Auth Required	No Auth Required	
G0105	Colorectal Cancer Sc	No Auth Required	No Auth Required	
G0106	Colorectal Cancer Sc	No Auth Required	No Auth Required	
G0108	Diabetes Outpatient	See Nutritional Counseling Notes	See Nutritional Counseling Notes	
G0109	Diabetes Self-Mgmt T	See Nutritional Counseling Notes	See Nutritional Counseling Notes	
G0110	Nett Pulm-Rehab;Educ	Auth Required	Auth Required	
G0111	Nett Pulm-Rehab;Educ	Auth Required	Auth Required	
G0112	Nett Pulm-Rehab;Nutr	Auth Required	Auth Required	
G0113	Nett Pulm-Rehab; Nut	Auth Required	Auth Required	
G0115	Nett Pulm-Rehab; Psy	Auth Required	Auth Required	
G0120	Colorectal Cancer Sc	No Auth Required	No Auth Required	
G0121	Colorectal Cancer Sc	No Auth Required	No Auth Required	
G0122	Colorectal Cancer Sc	No Auth Required	No Auth Required	
G0125	Lung Image (Pet)	Auth Required	Auth Required	
G0127	Trimming Dystrophic	Ineligible	Ineligible	
G0128	Direct Skill Nurse O	No Auth Required	No Auth Required	
G0129	Ot Requiring Skills	No Auth Required	No Auth Required	
G0130	Single Energy Xray A	Auth Required	Auth Required	
G0151	Services Of Physical	No Auth Required	No Auth Required	
G0152	Occupational Therapi	No Auth Required	No Auth Required	
G0153	Speech/Language Path	No Auth Required	No Auth Required	
G0154	Services Of Skilled	No Auth Required	No Auth Required	
G0155	Services Of Clinical	No Auth Required	No Auth Required	
G0156	Services Of Home Hea	Auth Required	Auth Required	
G0157	Services Performed By A Qualified Physical Therapist Assistant In The Home ,	No Auth Required	Noauth Required	
G0158	Services Performed By A Qualified Occupational Therapist Assistant In The Home	No Auth Required	No Auth Required	
G0159	Services Performed By A Qualified Physical Therapist, In The Home Health	No Auth Required	No Auth Required	
G0160	Services Performed By A Qualified Occupational Therapist, In The Home Health	No Auth Required	No Auth Required	
G0161	Services Performed By A Qualified Speech-Language Pathologist, In The Home	No Auth Required	No Auth Required	
G0162	Skilled Services By A Registered Nurse (Rn) In The Delivery Of Management &	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G0163	Skilled Services Of A Licensed Nurse (Lpn Or Rn) In The Delivery Of Observation	No Auth Required	No Auth Required	
G0164	Skilled Services Of A Licensed Nurse, In The Training And/OR Education Of A	No Auth Required	No Auth Required	
G0166	External Counterpuls	Auth Required	Auth Required	
G0167	Hyperbaric Oxygen Tr	Auth Required	Auth Required	
G0168	Wond Closure Utilizi	No Auth Required	No Auth Required	
G0173	Sterotactic Radiosur	Auth Required	Auth Required	
G0179	Phys Recertification	No Auth Required	No Auth Required	
G0180	Physician Certificat	No Auth Required	No Auth Required	
G0181	Physician Supervisio	No Auth Required	No Auth Required	
G0182	Physician Supervisio	No Auth Required	No Auth Required	
G0186	Destruction Of Local	No Auth Required	No Auth Required	
G0202	Screening Mammograph	No Auth Required	No Auth Required	
G0204	Diagnostic Mammograp	No Auth Required	No Auth Required	
G0206	Diagnostic Mammogram	No Auth Required	No Auth Required	
G0219	Pet Imaging Whole Bo	Auth Required	Auth Required	
G0232	Pet Whbd Lymphoma - Gamma Cam	No Auth Required	No Auth Required	
G0235	Pet Imaging, Any Site, Not Otherwise Specified	Auth Required	Auth Required	
G0237	Therapeutic Procd St	No Auth Required	No Auth Required	
G0238	Oth Resp Proc, Indiv	No Auth Required	No Auth Required	
G0239	Oth Resp Proc, Group	No Auth Required	No Auth Required	
G0242	Multisource Photon S	Auth Required	Auth Required	
G0244	Observ Care By Facil	Auth Required	Auth Required	
G0247	Routine Foot Care Pt	Ineligible	Ineligible	
G0248	Demonstrtn Init Home	No Auth Required	No Auth Required	
G0249	Test Materl Equip Of	Ineligible	Ineligible	
G0250	Phys Review Interp A	No Auth Required	No Auth Required	
G0251	Linear Accelerator B	Auth Required	Auth Required	
G0252	Pet Imaging Full And	Auth Required	Auth Required	
G0255	Current Percept Thre	No Auth Required	No Auth Required	
G0256	Prost Brachyther U	Auth Required	Auth Required	
G0257	Unschedul Or Emerg	Auth Required	Auth Required	
G0259	Injection Procedure	No Auth Required	No Auth Required	
G0261	Prost Brachytherap	Auth Required	Auth Required	
G0262	Sm Intest Imag Intr	Ineligible	Ineligible	
G0263	Direct Admiss Of Pat	Ineligible	Ineligible	
G0264	Initial Nurs Asse	Ineligible	Ineligible	
G0267	Bone Marrow Or Peri	Auth Required	Auth Required	
G0269	Place Of Occlusive	No Auth Required	No Auth Required	
G0270	Medical Nutri Therap	See Nutritional Counseling Notes	See Nutritional Counseling Notes	
G0271	Med Nutrition Ther,	Auth Required	Auth Required	
G0275	Renal Artery Angio	No Auth Required	No Auth Required	
G0278	Iliac Artery Ang	No Auth Required	No Auth Required	
G0279	Extracorp Shock Wv T	Ineligible	Ineligible	
S2080	LAUP	Auth Required	Auth Required	
G0283	Electric Stim Unatte	No Auth Required	No Auth Required	
G0288	Reconstr,Computed To	Auth Required	Auth Required	
G0289	Arthrosc,Knee,Surg,F	No Auth Required	No Auth Required	
G0290	Transcath Plc Of A D	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G0291	Transcath Plac Of A	No Auth Required	No Auth Required	
G0292	Admin Of Experimen	Ineligible	Ineligible	
G0293	Noncov Surg Proceeds	Ineligible	Ineligible	
G0294	Noncov Proceeds Usin	Ineligible	Ineligible	
G0295	Electromagnetic Stim	Auth Required	Auth Required	
G0296	Pet Imaging Full	Auth Required	Auth Required	
G0297	Insertion Of Single	No Auth Required	No Auth Required	
G0298	Insertion Of Dual Ch	No Auth Required	No Auth Required	
G0299	Insertion Or Reposit	No Auth Required	No Auth Required	
G0300	Insertion Or Reposit	No Auth Required	No Auth Required	
G0302	Pre-Operative Pulm	Auth Required	Auth Required	
G0303	Pre-Operative Pulmo	Auth Required	Auth Required	
G0304	Pre-Operative Pul	Auth Required	Auth Required	
G0305	Post-Discharge Pulm	Auth Required	Auth Required	
G0329	Electromagnetic Ther	Auth Required	Auth Required	
G0337	Hospice Evaluation A	Auth Required	Auth Required	
G0338	Linear-Accel-Based S	Ineligible	Ineligible	
G0339	Image-Guided Robotic	Auth Required	Auth Required	
G0340	Image-Guided Roboti	Auth Required	Auth Required	
G0341	Percutaneous Islet C	Auth Required	Auth Required	
G0342	Laparoscopy For Isle	Auth Required	Auth Required	
G0343	Laparotomy For Islet	Auth Required	Auth Required	
G0364	Bone Marrow Aspirati	No Auth Required	No Auth Required	
G0365	Vessel Mapping Of Ve	No Auth Required	No Auth Required	
G0378	Hospital Observation Service, Per Hour	Auth Required	Auth Required	
G0379	Direct Admission Of Patient For Hospital Observation Care	Auth Required	Auth Required	
G0380	Level 1 Hospital Emergency Visit Provided In A Type B Department Or Facility Ofthe Hospital: (The Department Or Facility Must Meet At Least One Of Thefollowing Requirements: (1) It Is Licensed By The State In Which It Is Locatedunder Applicable State Law	No Auth Required	No Auth Required	
G0381	Level 2 Hospital Emergency Visit Provided In A Type B Department Or Facility Ofthe Hospital: (The Department Or Facility Must Meet At Least One Of Thefollowing Requirements: (1) It Is Licensed By The State In Which It Is Locatedunder Applicable State Law	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G0382	Level 3 Hospital Emergency Visit Provided In A Type B Department Or Facility Ofthe Hospital: (The Department Or Facility Must Meet At Least One Of Thefollowing Requirements: (1) It Is Licensed By The State In Which It Is Locatedunder Applicable State Law	No Auth Required	No Auth Required	
G0383	Level 4 Hospital Emergency Visit Provided In A Type B Department Or Facility Ofthe Hospital: (The Department Or Facility Must Meet At Least One Of Thefollowing Requirements: (1) It Is Licensed By The State In Which It Is Locatedunder Applicable State Law	No Auth Required	No Auth Required	
G0384	Level 5 Hospital Emergency Visit Provided In A Type B Department Or Facility Ofthe Hospital: (The Department Or Facility Must Meet At Least One Of Thefollowing Requirements: (1) It Is Licensed By The State In Which It Is Locatedunder Applicable State Law	No Auth Required	No Auth Required	
G0389	Ultrasound B-Scan And/Or Real Time With Image Documentation; For Abdominalaortic Aneurysm (Aaa) Screening	No Auth Required	No Auth Required	
G0390	Trauma Response Team Associated With Hospital Critical Care Service	No Auth Required	No Auth Required	
G0396	Alcohol/Substance Abuse Assessment 15-30Min	No Auth Required	No Auth Required	
G0397	Alcohol/Substance Assessment Greater 30Min	No Auth Required	No Auth Required	
G0398	Home Sleep Study	Auth Required	Auth Required	
G0399	Home Sleep Study	Auth Required	Auth Required	
G0400	Home Sleep Study	Auth Required	Auth Required	
G0402	Initial Preventive Physical Examination; Face-To-Face Visit, Services Limited	No Auth Required	No Auth Required	
G0403	Electrocardiogram, Routine Ecg With 12 Leads; Performed As A Screening For The	No Auth Required	No Auth Required	
G0404	Electrocardiogram, Routine Ecg With 12 Leads; Tracing Only, Without	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G0405	Electrocardiogram, Routine Ecg With 12 Leads; Interpretation And Report Only,	No Auth Required	No Auth Required	
G0406	Follow-Up Inpatient Telehealth Consultation, Limited, Physicians Typically	No Auth Required	No Auth Required	
G0407	Follow-Up Inpatient Telehealth Consultation, Intermediate, Physicians Typically	No Auth Required	No Auth Required	
G0408	Follow-Up Inpatient Telehealth Consultation, Complex, Physicians Typically	No Auth Required	No Auth Required	
G0409	Social Work And Psychological Services, Directly Relating To And/Or Furthering The Patients Rehabilitation Goals, Each 15 Minutes, Face-To Face; Individual (Services Provided By A Corf-Qualified Social Worker Or Psychologist In A Corf	No Auth Required	No Auth Required	
G0412	Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing	Auth Required	Auth Required	
G0413	Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or	Auth Required	Auth Required	
G0414	Open Treatment Of Anterior Pelvic Bone Fracture And/Or Dislocation For Fracture	Auth Required	Auth Required	
G0415	Open Treatment Of Posterior Pelvic Bone Fracture And/Or Dislocation, For	Auth Required	Auth Required	
G0416	Surgical Pathology, Gross And Microscopic Examination For Prostate Needle	No Auth Required	No Auth Required	
G0417	Surgical Pathology, Gross And Microscopic Examination For Prostate Needle	No Auth Required	No Auth Required	
G0418	Surgical Pathology, Gross And Microscopic Examination For Prostate Needle	No Auth Required	No Auth Required	
G0419	Surgical Pathology, Gross And Microscopic Examination For Prostate Needle	No Auth Required	No Auth Required	
G0420	Face-To-Face Educational Services Related To The Care Of Chronic Kidney	No Auth Required	No Auth Required	
G0421	Face-To-Face Educational Services Related To The Care Of Chronic Kidney	No Auth Required	No Auth Required	
G0422	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G0423	Intensive Cardiac Rehabilitation; With Or Without Continuous Ecg Monitoring;	Auth Required	Auth Required	
G0424	Pulmonary Rehabilitation, Including Exercise (Includes Monitoring), One Hour,	No Auth Required	No Auth Required	
G0425	Initial Inpatient Telehealth Consultation, Typically 30 Minutes Communicating	No Auth Required	No Auth Required	
G0426	Initial Inpatient Telehealth Consultation, Typically 50 Minutes Communicating	No Auth Required	No Auth Required	
G0427	Initial Inpatient Telehealth Consultation, Typically 70 Minutes Or More	No Auth Required	No Auth Required	
G0430	Drug Screen, Qualitative; Multiple Drug Classes Other Than Chromatographic	No Auth Required	No Auth Required	
G0431	Drug Screen, Qualitative; Single Drug Class Method (E.G., Immunoassay, Enzyme	No Auth Required	No Auth Required	
G0434	Drug Screen, Other Than Chromatographic; Any Number Of Drug Classes, By Clia	No Auth Required	No Auth Required	
G0436	Smoking And Tobacco Cessation Counseling Visit For The Asymptomatic Patient;	No Auth Required	No Auth Required	
G0437	Smoking And Tobacco Cessation Counseling Visit For The Asymptomatic Patient;	No Auth Required	No Auth Required	
G0438	Annual Wellness Visit; Includes A Personalized Prevention Plan Of Service	No Auth Required	No Auth Required	
G0439	Annual Wellness Visit, Includes A Personalized Prevention Plan Of Service	No Auth Required	No Auth Required	
G0440	Application Of Tissue Cultured Allogeneic Skin Substitute Or Dermal Substitute;	No Auth Required	No Auth Required	
G0441	Application Of Tissue Cultured Allogeneic Skin Substitute Or Dermal Substitute;	No Auth Required	No Auth Required	
G3001	Administration And S	No Auth Required	No Auth Required	
G8629	Documentation Of Order For Prophylactic Parenteral Antibiotic To Be Given	Performance Measure Only	Performance Measure Only	
G8630	Documentation That Administration Of Prophylactic Parenteral Antibiotics Was	Performance Measure Only	Performance Measure Only	
G8631	Clinician Documented That Patient Was Not An Eligible Candidate For Ordering	Performance Measure Only	Performance Measure Only	
G8632	Prophylactic Parenteral Antibiotics Were Not Ordered To Be Given Or Given	Performance Measure Only	Performance Measure Only	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G8633	Pharmacologic Therapy (Other Than Minierals/Vitamins) For Osteoporosis	Performance Measure Only	Performance Measure Only	
G8634	Clinician Documented Patient Not An Eligible Candidate To Receive Pharmacologic	Performance Measure Only	Performance Measure Only	
G8635	Pharmacologic Therapy For Osteoporosis Was Not Prescribed, Reason Not Otherwise	Performance Measure Only	Performance Measure Only	
G8636	Influenza Immunization Administered Or Previously Received	Performance Measure Only	Performance Measure Only	
G8637	Clinician Documented That Patient Is Not Eligible To Receive The Influenza	Performance Measure Only	Performance Measure Only	
G8638	Influenza Immunization Not Administered Or Previously Received, Reason Not	Performance Measure Only	Performance Measure Only	
G8639	Influenza Immunization Was Administered Or Previously Received	Performance Measure Only	Performance Measure Only	
G8640	Clinician Has Documented That Patient Is Not Eligible To Receive The Influenza	Performance Measure Only	Performance Measure Only	
G8641	Influenza Immunization Was Not Administered Or Previously Received, Reason Not	Performance Measure Only	Performance Measure Only	
G8642	The Eligible Professional Practices In A Rural Area Without Sufficient High	Performance Measure Only	Performance Measure Only	
G8643	The Eligible Professional Practices In An Area Without Sufficient Available	Performance Measure Only	Performance Measure Only	
G8644	Eligible Professional Does Not Have Prescribing Privileges	Performance Measure Only	Performance Measure Only	
G8645	I Intend To Report The Asthma Measures Group	Performance Measure Only	Performance Measure Only	
G8646	All Quality Actions For The Applicable Measures In The Asthma Measures Group	Performance Measure Only	Performance Measure Only	
G8647	Risk-Adjusted Functional Status Change Residual Score For The Knee Successfully	Performance Measure Only	Performance Measure Only	
G8648	Risk-Adjusted Functional Status Change Residual Score For The Knee Successfully	Performance Measure Only	Performance Measure Only	
G8649	Risk-Adjusted Functional Status Change Residual Scores For The Knee Not	Performance Measure Only	Performance Measure Only	
G8650	Risk-Adjusted Functional Status Change Residual Scores For The Knee Not	Performance Measure Only	Performance Measure Only	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G8651	Risk-Adjusted Functional Status Change Residual Score For The Hip Successfully	Performance Measure Only	Performance Measure Only	
G8652	Risk-Adjusted Functional Status Change Residual Score For The Hip Successfully	Performance Measure Only	Performance Measure Only	
G8653	Risk-Adjusted Functional Status Change Residual Scores For The Hip Not Measured	Performance Measure Only	Performance Measure Only	
G8654	Risk-Adjusted Functional Status Change Residual Scores For The Hip Not Measured	Performance Measure Only	Performance Measure Only	
G8655	Risk-Adjusted Functional Status Change Residual Score For The Lower Leg, Foot	Performance Measure Only	Performance Measure Only	
G8656	Risk-Adjusted Functional Status Change Residual Score For The Lower Leg, Foot	Performance Measure Only	Performance Measure Only	
G8657	Risk-Adjusted Functional Status Change Residual Scores For The Lower Leg, Foot	Performance Measure Only	Performance Measure Only	
G8658	Risk-Adjusted Functional Status Change Residual Scores For The Lower Leg, Foot	Performance Measure Only	Performance Measure Only	
G8659	Risk-Adjusted Functional Status Change Residual Score For The Lumbar Spine	Performance Measure Only	Performance Measure Only	
G8660	Risk-Adjusted Functional Status Change Residual Score For The Lumbar Spine	Performance Measure Only	Performance Measure Only	
G8661	Risk-Adjusted Functional Status Change Residual Scores For The Lumbar Spine Not	Performance Measure Only	Performance Measure Only	
G8662	Risk-Adjusted Functional Status Change Residual Scores For The Lumbar Spine Not	Performance Measure Only	Performance Measure Only	
G8663	Risk-Adjusted Functional Status Change Residual Score For The Shoulder	Performance Measure Only	Performance Measure Only	
G8664	Risk-Adjusted Functional Status Change Residual Score For The Shoulder	Performance Measure Only	Performance Measure Only	
G8665	Risk-Adjusted Functional Status Change Residual Scores For The Shoulder Not	Performance Measure Only	Performance Measure Only	
G8666	Risk-Adjusted Functional Status Change Residual Scores For The Shoulder Not	Performance Measure Only	Performance Measure Only	
G8667	Risk-Adjusted Functional Status Change Residual Score For The Elbow, Wrist Or	Performance Measure Only	Performance Measure Only	
G8668	Risk-Adjusted Functional Status Change Residual Score For The Elbow, Wrist Or	Performance Measure Only	Performance Measure Only	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G8669	Risk-Adjusted Functional Status Change Residual Scores For The Elbow, Wrist Or	Performance Measure Only	Performance Measure Only	
G8670	Risk-Adjusted Functional Status Change Residual Scores For The Elbow, Wrist Or	Performance Measure Only	Performance Measure Only	
G8671	Risk-Adjusted Functional Status Change Residual Score For The Neck, Cranium,	Performance Measure Only	Performance Measure Only	
G8672	Risk-Adjusted Functional Status Change Residual Score For The Neck, Cranium,	Performance Measure Only	Performance Measure Only	
G8673	Risk-Adjusted Functional Status Change Residual Scores For The Neck, Cranium,	Performance Measure Only	Performance Measure Only	
G8674	Risk-Adjusted Functional Status Change Residual Scores For The Neck, Cranium,	Performance Measure Only	Performance Measure Only	
G8675	Most Recent Systolic Blood Pressure \geq 140 Mm Hg	Performance Measure Only	Performance Measure Only	
G8676	Most Recent Diastolic Blood Pressure \geq 90 Mm Hg	Performance Measure Only	Performance Measure Only	
G8677	Most Recent Systolic Blood Pressure $<$ 130 Mm Hg	Performance Measure Only	Performance Measure Only	
G8678	Most Recent Systolic Blood Pressure 130 To 139 Mm Hg	Performance Measure Only	Performance Measure Only	
G8679	Most Recent Diastolic Blood Pressure $<$ 80 Mm Hg	Performance Measure Only	Performance Measure Only	
G8680	Most Recent Diastolic Blood Pressure 80 - 89 Mm Hg	Performance Measure Only	Performance Measure Only	
G8681	Patient Hospitalized With Principal Diagnosis Of Heart Failure During The	Performance Measure Only	Performance Measure Only	
G8682	Left Ventricular Function Testing Performed During The Measurement Period	Performance Measure Only	Performance Measure Only	
G8683	Clinician Documented That Patient Is Not An Eligible Candidate For Left	Performance Measure Only	Performance Measure Only	
G8684	Patient Not Hospitalized With Principal Diagnosis Of Heart Failure During The	Performance Measure Only	Performance Measure Only	
G8685	Left Ventricular Function Testing Not Performed During The Measurement Period,	Performance Measure Only	Performance Measure Only	
G8686	Currently A Tobacco Smoker Or Current Exposure To Secondhand Smoke	Performance Measure Only	Performance Measure Only	
G8687	Currently A Tobacco Non-User And No Exposure To Secondhand Smoke	Performance Measure Only	Performance Measure Only	
G8688	Currently A Smokeless Tobacco User (Eg, Chew, Snuff) And No Exposure To	Performance Measure Only	Performance Measure Only	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
G8689	Tobacco Use Not Assessed, Reason Not Otherwise Specified	Performance Measure Only	Performance Measure Only	
G8690	Current Tobacco Smoker Or Current Exposure To Secondhand Smoke	Performance Measure Only	Performance Measure Only	
G8691	Current Tobacco Non-User And No Exposure To Secondhand Smoke	Performance Measure Only	Performance Measure Only	
G8692	Current Smokeless Tobacco User (Eg, Chew, Snuff) And No Exposure To Secondhand	Performance Measure Only	Performance Measure Only	
G8693	Tobacco Use Not Assessed, Reason Not Specified	Performance Measure Only	Performance Measure Only	
H1000	Pre Natal Care, At-	No Auth Required	No Auth Required	
H1001	Antepartum Managemen	No Auth Required	No Auth Required	
H1002	Carecoordination Pre	No Auth Required	No Auth Required	
H1003	Prenatal At Risk Edu	No Auth Required	No Auth Required	
H1004	Follow Up Home Visit	No Auth Required	No Auth Required	
H1005	Prenatalcare Enhance	Auth Required	Auth Required	
H115A	Standard Hydration S	Auth Required	Auth Required	
H115B	Standard Hydration S	Auth Required	Auth Required	
H115C	Standard Hydration S	Auth Required	Auth Required	
H121A	Antibiotic Rx-1 Dose	Auth Required	Auth Required	
H1440	Neupogen Admin Per D	Auth Required	Auth Required	
H1441	Epogen Admin Per Die	Auth Required	Auth Required	
H1442	Procrit Admin Per Di	Auth Required	Auth Required	
H1443	Home Infusion Therap	Auth Required	Auth Required	
H1444	Dobutamin Admin Per	Auth Required	Auth Required	
H2015	Comprehensive Comm	Ineligible	Ineligible	
H2016	Comprehen Communit	Ineligible	Ineligible	
H2021	Community Based Wr	Ineligible	Ineligible	
H2022	Community Based Wra	Ineligible	Ineligible	
H2023	Supported Employm	Ineligible	Ineligible	
H2024	Supported Employme	Ineligible	Ineligible	
H2025	Ongoing Support To	Ineligible	Ineligible	
H2026	Ongoing Support To	Ineligible	Ineligible	
H2028	Sexual Offender Trea	Ineligible	Ineligible	
H2029	Sexual Offender Trea	Ineligible	Ineligible	
H2030	Mental Health Clubsh	Ineligible	Ineligible	
H2031	Mental Health Clubho	Ineligible	Ineligible	
H2037	Developmenta Delay P	Ineligible	Ineligible	
H5010	Indv Therapy/Soc Wkr	Auth Required	Auth Required	
H5020	Psychotherapy,Group	Auth Required	Auth Required	
H5025	Psychotherapy,Group	Auth Required	Auth Required	
H5030	Misc Svcs/Soc Wkr/Ps	Auth Required	Auth Required	
H5040	Residential Care In	Auth Required	Auth Required	
H5050	Residential Care/Pri	Auth Required	Auth Required	
H5060	Public Spec School/D	Auth Required	Auth Required	
H5090	Special Class Privat	Auth Required	Auth Required	
H5100	Special Class Privat	Auth Required	Auth Required	
H5110	Summer Treatment Cam	Auth Required	Auth Required	
H5120	Spec Care Nurs Home/	Auth Required	Auth Required	
H5130	Visiting Teacher Svc	Auth Required	Auth Required	
H5160	Reading Therapy	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
H5170	Other Spec Education	Auth Required	Auth Required	
H5180	Trans For Handicappe	Auth Required	Auth Required	
H5190	Nursing Care, Home	Auth Required	Auth Required	
H5200	Nursing Care,Other	Auth Required	Auth Required	
H5220	Rehab Evaluation,0-2	Auth Required	Auth Required	
H5230	Rehab Evaluation,21-	Auth Required	Auth Required	
H5240	Rehab Evaluation,41-	Auth Required	Auth Required	
H5299	Rehab Evaluation,Unc	Auth Required	Auth Required	
H900A	Initial Eval,Pat. Ed	Auth Required	Auth Required	
H920A	Follow Up Visits/Hol	Auth Required	Auth Required	
H930A	Telephone Consultati	Auth Required	Auth Required	
J0160	Injection,Testosterone Cyionate And Estradiol Cypionate,Up To 1 MI	No Auth Required	No Auth Required	
0171	Injection, Adrenalin, Epinephrine, 0.1 Mg	No Auth Required	No Auth Required	
J0180	Injection Agalsidase Beta 1 Mg	Auth Required	Auth Required	
J3315	Injection Triptorelin Pamoate, 3.75 Mg	Auth Required	Auth Required	
J0597	Injection, C-1 Esterase Inhibitor (Human), Berinert, 10 Units (Pharmacy Has Criteria)	Auth Required	Auth Required	
J0638	Injection, Canakinumab, 1 Mg (Sai- Pharmacy Has Criteria - Ilaris)	Auth Required	Auth Required	
J0725	Novarel	Auth Required	Auth Required	
J0775	Injection, Collagenase, Clostridium Histolyticum, 0.01 Mg (Xiaflex -Pharm Has Criteria) Replaces C9266)	Auth Required	Auth Required	
J1290	Injection, Ecallantide, 1 Mg (Kalbitor Pharmacy Has Criteria Replaces C9263)	Auth Required	Auth Required	
J1470	Injection, Gamma Globulin, Intramuscular, 2Cc	Auth Required	Auth Required	
J1559	Injection, Immune Globulin (Hizentra), 100 Mg (Pharm Has Criteria)	Auth Required	Auth Required	
J1559	Injection, Immune Globulin, Intravenous, Non-Lyophilized (E.G. Liquid), Not	Auth Required	Auth Required	
J1786	Injection, Imiglucerase, 10 Units (Cerezyme Cvty Has Criteria Replaces J1785)	Auth Required	Auth Required	
J1826	Injection, Interferon Beta-1A, 30 Mcg (Pharmacy Has Criteria Sai - Avonex)	Auth Required	Auth Required	
J1950	Lupron	Auth Required	Auth Required	
J2020	Injection Linezolid 200 Mg	Auth Required	Auth Required	
J2358	Injection, Olanzapine, Long-Acting, 1 Mg (Zyprexa)	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
J2426	Injection, Paliperidone Palmitate Extended Release, 1 Mg (Invega-Schizophrenia)	No Auth Required	No Auth Required	
J2503	Macugen	Auth Required	Auth Required	
J2778	Lucentis	Auth Required	Auth Required	
J3095	Injection, Televancin, 10 Mg (Abx)	No Auth Required	No Auth Required	
J3110	Forteo (Teriparatide)	Auth Required	Auth Required	
J3262	Injection, Tocilizumab, 1 Mg (Actemra Pharmacy Has Criteria)	Auth Required	Auth Required	
J3315	Injection Triptorelin Pamoate, 3.75 Mg	Auth Required	Auth Required	
J3150	Injection, Testosterone Propionate, Up To 100 Mg[Testex]	No Auth Required	No Auth Required	
J3357	Injection, Ustekinumab, 1 Mg (Stelara- Pharm Has Criteria Sai)	Auth Required	Auth Required	
J3385	Injection, Velaglucerase Alfa, 100 Units (Gaucher Disesase)	Auth Required	Auth Required	
J3396	Visudyne (Verteporfin)	Auth Required	Auth Required	
J7184	Injection, Von Willebrand Factor Complex (Human), Wilate, Per 100 Iu Vwf:Rco	Auth Required	Auth Required	
J7187	Humate-P	Auth Required	Auth Required	
J7196	Injection, Antithrombin Recombinant, 50 I.U.	No Auth Required	No Auth Required	
J7197	Thrombate Iii (Antithrombin Iii)	Auth Required	Auth Required	
J7199	Hemophilia Clotting Factor Not Otherwise Classified	Auth Required	Auth Required	
J9302	Injection, Ofatumumab, 10 Mg (Arzerra Pharm Has Criteria Replaces C9260)	Auth Required	Auth Required	
J9307	Injection, Pralatrexate, 1 Mg (Folotyn Pharm Has Criteria Replaces C9259)	Auth Required	Auth Required	
J7309	Methyl Aminolevulinate (Mal) For Topical Administration, 16.8%, 1 Gram	No Auth Required	No Auth Required	
J7312	Injection, Dexamethasone, Intravitreal Implant, 0.1 Mg	No Auth Required	No Auth Required	
J9315	Injection, Romidepsin, 1 Mg (Istodax Pharmacy Has Criteria Replaces C9265)	Auth Required	Auth Required	
J7307	Etonogestrel (Contraceptive) Implant System, Including Implants And Supplies	No Auth Required	No Auth Required	
J7310	Vitrasert (Ganciclovir)	Auth Required	Auth Required	
J7335	Capsaicin 8% Patch, Per 10 Square Centimeters (Reviewed By P&T Committee. No Pa Recommended-Application Requires Medical Supervision)	No Auth Required	No Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
J7686	Treprostinil, Inhalation Solution, Fda-Approved Final Product, Non-Compounded,	No Auth Required	No Auth Required	
J7199	Hemophilia Clotting Factor Not Otherwise Classified	Auth Required	Auth Required	
J8562	Fludarabine Phosphate, Oral, 10 Mg	No Auth Required	No Auth Required	
J9033	Treanda	No Auth Required	No Auth Required	
J9250	Methotrexate Sodium, 5 Mg	No Auth Required	No Auth Required	
J9351	Injection, Topotecan, 0.1 Mg (Hycamtin No Pharm Criteria Replaces J9350)	No Auth Required	No Auth Required	
K0553	Etonogestrel (Contraceptive) Implant System, Including Implants And Supplies	No Auth Required	No Auth Required	
K0733	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each	No Auth Required	No Auth Required	
K0734	Power Wheelchair Access-Lead Acid Battery	Auth Required	Auth Required	
K0735	Skin Protection Wheelchair Seat Cushion, Adj Width Less Than 22 Inches	Auth Required	Auth Required	
K0736	Skin Protection Wheelchair Seat Cushion, Adj Width 22 Inches Or Greater	Auth Required	Auth Required	
K0737	Skin Protection And Positioning Wheelchair Seat Cushion, Adj Width Less Than 22 Inches	Auth Required	Auth Required	
K0739	Skin Protection And Positioning Wheelchair Seat Cushion, Adj Width 22 Inches Or Greater	Auth Required	Auth Required	
K0740	Repair Or Nonroutine Service For Durable Medical Equipment Other Than Oxygen Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes	No Auth Required	No Auth Required	
L0112	Repair Or Nonroutine Service For Oxygen Equipment Requiring The Skill Of A Technician, Labor Component, Per 15 Minutes	No Auth Req- Commercial Not Covered Medicare	No Auth Req- Commercial Not Covered Medicare	
L0113	Cranial Cervical Ort	Ineligible	Ineligible	
L0120	Cranial Cervical Orthosis, Torticollis Type, With Or Without Joint, With Or	Orthotic Rule	Orthotic Rule	
L0130	Foam Collar Cerv/Fle	Orthotic Rule	Orthotic Rule	
L0140	Cerv, Flex, Thermopl	Orthotic Rule	Orthotic Rule	
L0150	Collar Cerv/Semi-Rig	Orthotic Rule	Orthotic Rule	
L0160	Cerv Semi-Rigid Adj	Orthotic Rule	Orthotic Rule	
L0170	Cerv Sup Semi-Rigid	Orthotic Rule	Orthotic Rule	
L0172	Cerv Collar Molded/P	Orthotic Rule	Orthotic Rule	
L0174	Cerv Collar Semi-Rig	Orthotic Rule	Orthotic Rule	
L0180	Collar/T.Plast 2 Pc/	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L0190	Collar-Cerv/Mult Pos	Orthotic Rule	Orthotic Rule	
L0200	Cerv Multiple Post C	Orthotic Rule	Orthotic Rule	
L0210	Four Poster Collar	Orthotic Rule	Orthotic Rule	
L0220	Thoracic, Rib Belt,	Orthotic Rule	Orthotic Rule	
L0239	Thoracic, Rib Belt,	Orthotic Rule	Orthotic Rule	
L0450	Kafo Full Plastic Si	Orthotic Rule	Orthotic Rule	
L0452	Tlso,Flexible,Provid	Orthotic Rule	Orthotic Rule	
L0454	TI So, Flexible,Prov	Orthotic Rule	Orthotic Rule	
L0456	T L S O Flex,Prov Tr	Orthotic Rule	Orthotic Rule	
L0458	T Lso, Flex, Prov Tr	Orthotic Rule	Orthotic Rule	
L0460	TI So,Triplanar Cont	Orthotic Rule	Orthotic Rule	
L0462	Tlso, Triplan Ct	Orthotic Rule	Orthotic Rule	
L0464	Tls O, Riplanar Cntr	Orthotic Rule	Orthotic Rule	
L0466	Tlso, Triplanar Con	Orthotic Rule	Orthotic Rule	
L0468	Tlso,Sagittal Contro	Orthotic Rule	Orthotic Rule	
L0470	TI S O, Sagittal Cor	Orthotic Rule	Orthotic Rule	
L0472	Tlso,Triplan Cntrl,R	Orthotic Rule	Orthotic Rule	
L0474	T L S O,Triplan Cont	Orthotic Rule	Orthotic Rule	
L0476	Tlso, Triplanr Contr	Orthotic Rule	Orthotic Rule	
L0478	Tlso,Sagital Coronal	Orthotic Rule	Orthotic Rule	
L0480	T L So, Sagittal Cor	Orthotic Rule	Orthotic Rule	
L0482	Tlso Triplan Cntr	Orthotic Rule	Orthotic Rule	
L0484	Tls O,Triplanar Cntr	Orthotic Rule	Orthotic Rule	
L0486	Tlso, Triplnar Contr	Orthotic Rule	Orthotic Rule	
L0488	TI S O,Triplan Contr	Orthotic Rule	Orthotic Rule	
L0490	Tlso, Triplanar Co	Orthotic Rule	Orthotic Rule	
L0491	Tlso Sagittal Coro	Orthotic Rule	Orthotic Rule	
L0492	Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Two Rigid	Orthotic Rule	Orthotic Rule	
L0500	Tlso, Sagittal-Coronal Control, Modular Segmented Spinal System, Three Rigid	Orthotic Rule	Orthotic Rule	
L0510	Lso, Flexible	Orthotic Rule	Orthotic Rule	
L0515	Lso, Flexible, Custo	Orthotic Rule	Orthotic Rule	
L0520	Lso, Flexible, L-S S	Orthotic Rule	Orthotic Rule	
L0530	Lso Ant/Post/Lat Con	Orthotic Rule	Orthotic Rule	
L0540	Lso A/P Control W/Ap	Orthotic Rule	Orthotic Rule	
L0550	Lso-Lumb.Flex,W/Apro	Orthotic Rule	Orthotic Rule	
L0560	Lso, A-P-L Control (Orthotic Rule	Orthotic Rule	
L0561	Lso, A-P L Control (Orthotic Rule	Orthotic Rule	
L0565	Lso, Anterior-Poster	Orthotic Rule	Orthotic Rule	
L0600	Lso A/P/L Bod Jckt C	Orthotic Rule	Orthotic Rule	
L0610	Sacroiliac, Flexible	Ineligible	Ineligible	
L0620	Sacroiliac Flex Cust	Ineligible	Ineligible	
L0621	Sacroiliac, Semi-Rig	Orthotic Rule	Orthotic Rule	
L0622	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion	Orthotic Rule	Orthotic Rule	
L0623	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sacral Support, Reduces Motion	Orthotic Rule	Orthotic Rule	
L0624	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L0625	Sacroiliac Orthosis, Provides Pelvic-Sacral Support, With Rigid Or Semi-Rigid	Orthotic Rule	Orthotic Rule	
L0626	Lumbar Orthosis, Flexible, Provides Lumbar Support, Posterior Extends From L-1	Orthotic Rule	Orthotic Rule	
L0627	Lumbar Orthosis, Sagittal Control, With Rigid Posterior Panel(S), Posterior	Orthotic Rule	Orthotic Rule	
L0628	Lumbar Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels,	Orthotic Rule	Orthotic Rule	
L0629	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior	Orthotic Rule	Orthotic Rule	
L0630	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-Sacral Support, Posterior	Orthotic Rule	Orthotic Rule	
L0631	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Posterior Panel(S),	Orthotic Rule	Orthotic Rule	
L0632	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior	Orthotic Rule	Orthotic Rule	
L0633	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior	Orthotic Rule	Orthotic Rule	
L0634	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior	Orthotic Rule	Orthotic Rule	
L0635	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Posterior	Orthotic Rule	Orthotic Rule	
L0636	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid	Orthotic Rule	Orthotic Rule	
L0637	Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid	Orthotic Rule	Orthotic Rule	
L0638	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And	Orthotic Rule	Orthotic Rule	
L0639	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And	Orthotic Rule	Orthotic Rule	
L0640	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S),	Orthotic Rule	Orthotic Rule	
L0700	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S),	Orthotic Rule	Orthotic Rule	
L0710	CtIso A/P/L Cont/Mol	Orthotic Rule	Orthotic Rule	
L0810	CtIso A/P/L Cont Mol	Orthotic Rule	Orthotic Rule	
L0820	Halo Proc, Cerv Halo	Orthotic Rule	Orthotic Rule	
L0830	Halo Proc-Cerv Incl	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L0859	Halo Proc, Cerv Halo	Orthotic Rule	Orthotic Rule
L0860	Addition To Halo Procedure, Magnetic Resonance Image Compatible Systems, Rings	Auth Required	Auth Required
L0861	Add To Halo Proc, Mr	Orthotic Rule	Orthotic Rule
L0960	Addition To Halo Pr	Orthotic Rule	Orthotic Rule
L0970	Torso/Post Surg Sup	Orthotic Rule	Orthotic Rule
L0972	Lso, Corset Front	Orthotic Rule	Orthotic Rule
L0974	Corset Front	Orthotic Rule	Orthotic Rule
L0976	Tlso, Full Corset	Orthotic Rule	Orthotic Rule
L0978	Lso Full Corset	Orthotic Rule	Orthotic Rule
L0980	Axillary Crutch Exte	Orthotic Rule	Orthotic Rule
L0982	Peroneal Straps, Pai	Orthotic Rule	Orthotic Rule
L0984	Stocking Supp Grips,	Orthotic Rule	Orthotic Rule
L0999	Protective Body Sock	Orthotic Rule	Orthotic Rule
L1000	Addition To Spinal O	Orthotic Rule	Orthotic Rule
L1001	Ctlso (Milwaukee), I	Orthotic Rule	Orthotic Rule
L1005	Cervical Thoracic Lumbar Sacral Orthosis, Immobilizer, Infant Size, Prefabricated, Includes Fitting And Adjustment	Orthotic Rule	Orthotic Rule
L1010	Tension Based Scolio	Orthotic Rule	Orthotic Rule
L1020	Add To Ctlso	Orthotic Rule	Orthotic Rule
L1025	Add To Ctlso, Kyphos	Orthotic Rule	Orthotic Rule
L1030	Add To Ctlso, Kyphos	Orthotic Rule	Orthotic Rule
L1040	Add/Ctlso Or Scol Or	Orthotic Rule	Orthotic Rule
L1050	Add/Ctlso Or Scol Lu	Orthotic Rule	Orthotic Rule
L1060	Add To Ctlso, Sterna	Orthotic Rule	Orthotic Rule
L1070	Add/Ctlso Or Scol Th	Orthotic Rule	Orthotic Rule
L1080	Add To Ctlso, Trapez	Orthotic Rule	Orthotic Rule
L1085	Add To Ctlso, Outrig	Orthotic Rule	Orthotic Rule
L1090	Add/Ctlso Scol Otrgr	Orthotic Rule	Orthotic Rule
L1100	Add/Ctlso Orth Lumba	Orthotic Rule	Orthotic Rule
L1110	Add/Ctlso Sco Ring F	Orthotic Rule	Orthotic Rule
L1120	Add To Ctlso, Ring F	Orthotic Rule	Orthotic Rule
L1200	Add/Ctlso Sco Orth C	Orthotic Rule	Orthotic Rule
L1210	Tlso, Inclusive Furn	Orthotic Rule	Orthotic Rule
L1220	Add To Tlso, Lat Tho	Orthotic Rule	Orthotic Rule
L1230	Add/Tlso Low Prof An	Orthotic Rule	Orthotic Rule
L1240	Add/Tlso Low Prof Mi	Orthotic Rule	Orthotic Rule
L1250	Add To Tlso, Lumb De	Orthotic Rule	Orthotic Rule
L1260	Add To Tlso, Ant Asi	Orthotic Rule	Orthotic Rule
L1270	Add/Tlso Low Prof An	Orthotic Rule	Orthotic Rule
L1280	Add/Tlso Low Prof Ab	Orthotic Rule	Orthotic Rule
L1290	Add To Tlso, Rib Gus	Orthotic Rule	Orthotic Rule
L1300	Add/Tlso Lw Prof Lat	Orthotic Rule	Orthotic Rule
L1310	Oth Scolio Proc, Bod	Orthotic Rule	Orthotic Rule
L1499	Scol. Post-Op Body J	Orthotic Rule	Orthotic Rule
L1500	Unlisted Proc Spinal	Orthotic Rule	Orthotic Rule
L1510	Thako, Mob.Frame/New	Orthotic Rule	Orthotic Rule
L1520	Thkao, Standing Fram	Orthotic Rule	Orthotic Rule
L1600	Thkao, Swivel Walker	Orthotic Rule	Orthotic Rule
L1610	Ho-Abd. Cont/Flex W	Orthotic Rule	Orthotic Rule
L1620	Ho Abdu.Ctrl Of Hip	Orthotic Rule	Orthotic Rule
L1630	Ho Abdu Ctrl Of Hip	Orthotic Rule	Orthotic Rule

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L1640	Ho, Abd Cont Hip Jnt	Orthotic Rule	Orthotic Rule
L1650	Ho, Abd Cont Hip Jnt	Orthotic Rule	Orthotic Rule
L1652	Ho-Abd Cont Stat Adj	Orthotic Rule	Orthotic Rule
L1660	Hip Orthosis,Bilat T	Orthotic Rule	Orthotic Rule
L1680	Ho, Abd Cont Hip Jnt	Orthotic Rule	Orthotic Rule
L1685	Ho, Abd Cont Hip Jnt	Orthotic Rule	Orthotic Rule
L1686	Ho Abdu Ctrl Of Hip	Orthotic Rule	Orthotic Rule
L1690	Ho, Abd Cont Hip Jnt	Orthotic Rule	Orthotic Rule
L1700	Combination,Bil Lumb	Orthotic Rule	Orthotic Rule
L1710	Perthes Orthosis Tor	Orthotic Rule	Orthotic Rule
L1720	Legg Perthes-Newingt	Orthotic Rule	Orthotic Rule
L1730	Legg Perthes Ortho,	Orthotic Rule	Orthotic Rule
L1750	Legg Perthes Orth Sc	Orthotic Rule	Orthotic Rule
L1755	Legg Perthes Ortho,	Orthotic Rule	Orthotic Rule
L1810	Legg Perthes Orthosi	Orthotic Rule	Orthotic Rule
L1820	Knee Orthosis Jointe	Orthotic Rule	Orthotic Rule
L1830	Ko, Elastic W/Condy	Orthotic Rule	Orthotic Rule
L1831	Ko Immobilizer, Canv	Orthotic Rule	Orthotic Rule
L1832	Knee Orthosis, Locki	Orthotic Rule	Orthotic Rule
L1834	Ko Adj Knee Jts Rigi	Orthotic Rule	Orthotic Rule
L1836	Ko, W/O Knee Joint,	Orthotic Rule	Orthotic Rule
L1840	Knee Orthsis,Rigid,	Orthotic Rule	Orthotic Rule
L1843	Ko, Derotation, M-L	Orthotic Rule	Orthotic Rule
L1844	Ko,Single Upright Th	Orthotic Rule	Orthotic Rule
L1845	Ko, Sngl Upright, Th	Orthotic Rule	Orthotic Rule
L1846	Ko, Double Upright	Orthotic Rule	Orthotic Rule
L1847	Ko Upright Thigh/Cal	Orthotic Rule	Orthotic Rule
L1850	Knee Orthosis,Double	Orthotic Rule	Orthotic Rule
L1855	Swedish Knee Cage	Orthotic Rule	Orthotic Rule
L1858	Ko Md Thigh/Calf W/K	Orthotic Rule	Orthotic Rule
L1860	Ko Md Plastic Pneu K	Orthotic Rule	Orthotic Rule
L1870	Ko-Modif Suprcon Pro	Orthotic Rule	Orthotic Rule
L1880	Ko, Dbl Upright, Thi	Orthotic Rule	Orthotic Rule
L1885	Ko, Dbl Upright, Non	Orthotic Rule	Orthotic Rule
L1900	Ko, Single Or Double	Orthotic Rule	Orthotic Rule
L1902	Afo, Spring Wire, Do	Orthotic Rule	Orthotic Rule
L1904	Afo, Ankle Gauntlet,	Orthotic Rule	Orthotic Rule
L1906	Afo Molded Leather	Orthotic Rule	Orthotic Rule
L1907	Mulitligament Ankle	Orthotic Rule	Orthotic Rule
L1910	Afo, Supramalleolar	Orthotic Rule	Orthotic Rule
L1920	Afo Post Sgl Bar Att	Orthotic Rule	Orthotic Rule
L1930	Afo Round Caliper	Orthotic Rule	Orthotic Rule
L1932	Plastic Night Splint	Orthotic Rule	Orthotic Rule
L1940	Afo, Rigid Anterior	Orthotic Rule	Orthotic Rule
L1945	Afo, Molded To Patie	Orthotic Rule	Orthotic Rule
L1950	Afo Mld PI Rigid Ant	Orthotic Rule	Orthotic Rule
L1951	Afo Spiral Mld Irm T	Orthotic Rule	Orthotic Rule
L1960	Ankle Foot Orthosis,	Orthotic Rule	Orthotic Rule
L1970	Afo Posterior Solid	Orthotic Rule	Orthotic Rule
L1971	Afo, Plastic Molded	Orthotic Rule	Orthotic Rule
L1980	Ankle Foot Orthosis	Orthotic Rule	Orthotic Rule
L1990	Afo, Single Upright	Orthotic Rule	Orthotic Rule
L2000	Afo, Double Upright	Orthotic Rule	Orthotic Rule
L2005	Knee-Ankle-Foot-Orth	Orthotic Rule	Orthotic Rule
L2010	Knee Ankle Foot Orth	Orthotic Rule	Orthotic Rule

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L2020	Knee Ankle Orthosis	Orthotic Rule	Orthotic Rule
L2030	Kafo, Double Upright	Orthotic Rule	Orthotic Rule
L2034	Kafo, Double Upright	Orthotic Rule	Orthotic Rule
L2035	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With Or Without Free	Orthotic Rule	Orthotic Rule
L2036	Kafo, Full Plastic,	Orthotic Rule	Orthotic Rule
L2037	Kafo, Full Plastic,	Orthotic Rule	Orthotic Rule
L2038	Kafo, Full Plastic,	Orthotic Rule	Orthotic Rule
L2039	Kafo-Plast, W/O Kn.J	Orthotic Rule	Orthotic Rule
L2040	Full Plastic, Single	Orthotic Rule	Orthotic Rule
L2050	Hip Kafo Tor Cont/Bi	Orthotic Rule	Orthotic Rule
L2060	Hkafo, Tor Ctrl Bila	Orthotic Rule	Orthotic Rule
L2070	Hkafo Tor Ctrl Beari	Orthotic Rule	Orthotic Rule
L2080	Hkafo Tor Ctrl Unila	Orthotic Rule	Orthotic Rule
L2090	Hkafo, Torsion Contr	Orthotic Rule	Orthotic Rule
L2102	Hkafo Tor Ctrl Unila	Orthotic Rule	Orthotic Rule
L2104	Afo Fx Orth Tibial F	Orthotic Rule	Orthotic Rule
L2106	Afo Fx Orth, Tibial	Orthotic Rule	Orthotic Rule
L2108	Afo Tibial Fx Cast T	Orthotic Rule	Orthotic Rule
L2112	Afo, Fx Ortho, Tib F	Orthotic Rule	Orthotic Rule
L2114	Afo Tibial Fx Orth S	Orthotic Rule	Orthotic Rule
L2116	Afo Tibial Fx Orth S	Orthotic Rule	Orthotic Rule
L2122	Afo, Fx Ortho, Tib F	Orthotic Rule	Orthotic Rule
L2124	Kafo Femoral Fx Orth	Orthotic Rule	Orthotic Rule
L2126	Kafo Femoral Fx Cast	Orthotic Rule	Orthotic Rule
L2128	Kafo Femoral Fx Cast	Orthotic Rule	Orthotic Rule
L2132	Kafo Femoral Fx Cas	Orthotic Rule	Orthotic Rule
L2134	Kafo Fracture Orthos	Orthotic Rule	Orthotic Rule
L2136	Kafo Fem Fx Cast Sem	Orthotic Rule	Orthotic Rule
L2180	Kafo Fem Fx Cast Rig	Orthotic Rule	Orthotic Rule
L2182	Add To L. Le Fx Orth	Orthotic Rule	Orthotic Rule
L2184	Add To L.E.Fx Orth D	Orthotic Rule	Orthotic Rule
L2186	Add L.E.Orth Ltd Mot	Orthotic Rule	Orthotic Rule
L2188	Add To L.E.Fx Orth	Orthotic Rule	Orthotic Rule
L2190	Add To Lwr Extrm Fx	Orthotic Rule	Orthotic Rule
L2192	Add To L.E. Fx Orth	Orthotic Rule	Orthotic Rule
L2200	Add To L.E.	Orthotic Rule	Orthotic Rule
L2210	Add To L.Ext./Lim.An	Orthotic Rule	Orthotic Rule
L2220	Add To Lwr Extrm, Do	Orthotic Rule	Orthotic Rule
L2230	Add/L.E. Dorsif. Pla	Orthotic Rule	Orthotic Rule
L2232	Add To Lwr Extrm, Sp	Orthotic Rule	Orthotic Rule
L2240	Addition To Lower E	Orthotic Rule	Orthotic Rule
L2250	Add To Lwr Extrm, Ro	Orthotic Rule	Orthotic Rule
L2260	Foot Plate Plastic O	Orthotic Rule	Orthotic Rule
L2265	Add To L.E. Reinf Sl	Orthotic Rule	Orthotic Rule
L2270	Add To L.E. Log Tong	Orthotic Rule	Orthotic Rule
L2275	Add To Lwr Extrm, Va	Orthotic Rule	Orthotic Rule
L2280	Add To Varus/Vulgus	Orthotic Rule	Orthotic Rule
L2300	Add To L.E. Mld Inne	Orthotic Rule	Orthotic Rule
L2310	Add To Lwr Extrm, Ab	Orthotic Rule	Orthotic Rule
L2320	Add/L Extre Abduct/B	Orthotic Rule	Orthotic Rule
L2330	Add To Lwr Extrm, No	Orthotic Rule	Orthotic Rule
L2335	Addition To Lower Ex	Orthotic Rule	Orthotic Rule
L2340	Add/L Ext Anterior S	Orthotic Rule	Orthotic Rule

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L2350	Tibial Cuff Molded	Orthotic Rule	Orthotic Rule
L2360	Add To Lwr Extrm, So	Orthotic Rule	Orthotic Rule
L2370	Add To Lwr Extrm, St	Orthotic Rule	Orthotic Rule
L2375	Add To Lwr Extrm, Pa	Orthotic Rule	Orthotic Rule
L2380	Add To Lwr Extrm, To	Orthotic Rule	Orthotic Rule
L2385	Add/L.E./Torsion Con	Orthotic Rule	Orthotic Rule
L2387	Add L.E./St.Knee Hea	Orthotic Rule	Orthotic Rule
L2390	Addition To Lower Extremity, Polycentric Knee Joint, For Custom Fabricated Knee	Auth Required	Auth Required
L2395	Add/L.E. Offset Knee	Orthotic Rule	Orthotic Rule
L2397	Add To Lwr Extrm, Kn	Orthotic Rule	Orthotic Rule
L2405	Orthosis, Suspension	Orthotic Rule	Orthotic Rule
L2415	Add To Kn. Joint/Dro	Orthotic Rule	Orthotic Rule
L2425	Add To Knee Joint, C	Orthotic Rule	Orthotic Rule
L2430	Dial Knee Joint	Orthotic Rule	Orthotic Rule
L2435	Addition To Knee Joi	Orthotic Rule	Orthotic Rule
L2492	Add To Knee Joint, P	Orthotic Rule	Orthotic Rule
L2500	Add To Knee Joint, D	Orthotic Rule	Orthotic Rule
L2510	Add/L Ext Thi/Glut/I	Orthotic Rule	Orthotic Rule
L2520	Quad Laminated Socke	Orthotic Rule	Orthotic Rule
L2525	Ischial Seat Ring	Orthotic Rule	Orthotic Rule
L2526	Add/L Ext Tigh/Wt Is	Orthotic Rule	Orthotic Rule
L2530	Add/L Ext Thi/Wt Isc	Orthotic Rule	Orthotic Rule
L2540	Add To Lwr Extrm, Th	Orthotic Rule	Orthotic Rule
L2550	Add/L Ex Th/Wt Lacer	Orthotic Rule	Orthotic Rule
L2570	Add To Lwr Extrm, Th	Orthotic Rule	Orthotic Rule
L2580	Add To Lwr Extrm, Hi	Orthotic Rule	Orthotic Rule
L2600	Add/L Ext Pelv Contr	Orthotic Rule	Orthotic Rule
L2610	Add/L Ext Pel/Ctr Hi	Orthotic Rule	Orthotic Rule
L2620	Add/L Ext Pel/Ctr Hi	Orthotic Rule	Orthotic Rule
L2622	Add/L Ext Pel/Ctr Hi	Orthotic Rule	Orthotic Rule
L2624	Add/L Ex Pe/Ctr Hi/J	Orthotic Rule	Orthotic Rule
L2627	Add/L Ext P/Ctr H/Jt	Orthotic Rule	Orthotic Rule
L2628	Add To Lwr Extrm, Pl	Orthotic Rule	Orthotic Rule
L2630	Add.L.E.,Recip.Hip.Jo	Orthotic Rule	Orthotic Rule
L2640	Add/L Ex Pel/Ctrl Ba	Orthotic Rule	Orthotic Rule
L2650	Add To Lwr Extrm, Ba	Orthotic Rule	Orthotic Rule
L2660	Add/L Wx Pel,Thor Ct	Orthotic Rule	Orthotic Rule
L2670	Add/L Ex Thoracic Co	Orthotic Rule	Orthotic Rule
L2680	Paraspinal Uprights	Orthotic Rule	Orthotic Rule
L2750	Add/L Ex Thor Ctrl L	Orthotic Rule	Orthotic Rule
L2755	Add/L Ex Orthosis,Ch	Orthotic Rule	Orthotic Rule
L2760	Addition To Lower Ex	Orthotic Rule	Orthotic Rule
L2768	Add To Lwr Extrm Ort	Orthotic Rule	Orthotic Rule
L2780	Orthotic Side Bar Di	Orthotic Rule	Orthotic Rule
L2785	Add To Lwr Extrm Ort	Orthotic Rule	Orthotic Rule
L2795	Add To Lwr Extrm Ort	Orthotic Rule	Orthotic Rule
L2800	Addition To Le Ortho	Orthotic Rule	Orthotic Rule
L2810	Knock Knee Cap	Orthotic Rule	Orthotic Rule
L2820	Knee Condyle Pad	Orthotic Rule	Orthotic Rule
L2830	Add/L Ext Orth Sft I	Orthotic Rule	Orthotic Rule
L2840	Add To Lwr Extrm Ort	Orthotic Rule	Orthotic Rule
L2850	Add/L Ext Ortho Tib	Ineligible	Ineligible
L2860	Add/L Ext Ortho Femo	Ineligible	Ineligible

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L2861	Addition Lower Extre	Orthotic Rule	Orthotic Rule
L2999	Addition To Lower Extremity Joint, Knee Or Ankle, Concentric Adjustable Torsion	Orthotic Rule Not Covered For Medicare	Orthotic Rule Not Covered For Medicare
L3000	Unlisted Proc Lwr Ex	Orthotic Rule	Orthotic Rule
L3001	Foot Insert Removabl	Auth Required	Auth Required
L3002	Foot Insert Spenco E	Auth Required	Auth Required
L3003	Foot, Insert, Plasta	Auth Required	Auth Required
L3010	Foot, Insert, Silico	Auth Required	Auth Required
L3020	Foot Insert Longitud	Auth Required	Auth Required
L3030	Foot Ins. Longitudin	Auth Required	Auth Required
L3031	Foot Insert Formed T	Auth Required	Auth Required
L3040	Foot, Insert/Plate,	Auth Required	Auth Required
L3050	Foot Arch Supp Premo	Auth Required	Auth Required
L3060	Foot, Arch Support,	Auth Required	Auth Required
L3070	Foot, Arch Support,	Auth Required	Auth Required
L3080	Foot, Arch Support,	Auth Required	Auth Required
L3090	Ft Arch/Supp Metarsa	Auth Required	Auth Required
L3100	Ft Arch/Supp Long/Me	Auth Required	Auth Required
L3140	Hallus-Valgus Night	Auth Required	Auth Required
L3150	Ft Abduction Rotatio	Orthotic Rule	Orthotic Rule
L3160	Ft Abd. Rotation Bar	Orthotic Rule	Orthotic Rule
L3170	Foot, Adjustable Sho	Orthotic Rule	Orthotic Rule
L3201	Foot, Plastic Heel S	Orthotic Rule	Orthotic Rule
L3202	Ortho Shoe, Oxford,	Auth Required	Auth Required
L3203	Orthopedic Shoe Chil	Auth Required	Auth Required
L3204	Ortho Shoe, Oxford,	Auth Required	Auth Required
L3206	Orthopedic Shoe High	Auth Required	Auth Required
L3207	Orthopedic Shoe High	Auth Required	Auth Required
L3208	Orthopedic Shoe High	Auth Required	Auth Required
L3209	Surgical Boot Each I	Auth Required	Auth Required
L3211	Surgical Boot Each C	Auth Required	Auth Required
L3212	Surgical Boot Each J	Auth Required	Auth Required
L3213	Benesch Boot, Pair,	Auth Required	Auth Required
L3214	Benesch Boot Pair Ch	Auth Required	Auth Required
L3215	Benesch Boot Pair Ju	Auth Required	Auth Required
L3216	Orthopedic Ft.Wear L	Auth Required	Auth Required
L3217	Ortho Shoes, Ladies,	Auth Required	Auth Required
L3219	Ladies High Top Dept	Auth Required	Auth Required
L3221	Ortho Shoes, Mens, O	Auth Required	Auth Required
L3222	Mens Orthopedic Shoe	Auth Required	Auth Required
L3224	Ortho Shoes, Mens, H	Auth Required	Auth Required
L3225	Orthopedic Footwear,	Auth Required	Auth Required
L3230	Orthopedic Footwear,	Auth Required	Auth Required
L3250	Ortho Shoes, Custom,	Auth Required	Auth Required
L3251	Ortho Shoes, Custom	Auth Required	Auth Required
L3252	Silicone Shoe Each	Auth Required	Auth Required
L3253	Foot, Shoe Molded To	Auth Required	Auth Required
L3254	Foot, Molded Shoe Pl	Auth Required	Auth Required
L3255	Non-Std Size/Width	Auth Required	Auth Required
L3257	Non-Std Size/Length	Auth Required	Auth Required
L3260	Added Charge For Spl	Auth Required	Auth Required
L3265	Ambulatory Surgical	Orthotic Rule	Orthotic Rule
L3300	Plastazote Sandal Ea	Auth Required	Auth Required
L3310	Lift, Elevation, Hee	Auth Required	Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L3320	Shoe Lifts 3/8 To 1/	Auth Required	Auth Required	
L3330	Lift, Elevation, Hee	Auth Required	Auth Required	
L3332	Lift Elevation Metal	Auth Required	Auth Required	
L3334	Lift, Elevation, Ins	Auth Required	Auth Required	
L3340	Lift, Elevation, Hee	Auth Required	Auth Required	
L3350	Heel Wedge Each	Auth Required	Auth Required	
L3360	Heel Wedge	Auth Required	Auth Required	
L3370	Sole Wedge-Outside S	Auth Required	Auth Required	
L3380	Sole Wedge, Between	Auth Required	Auth Required	
L3390	Clubfoot Wedge	Auth Required	Auth Required	
L3400	Outflare Wedge	Auth Required	Auth Required	
L3410	Metatarsal Bar Wedge	Auth Required	Auth Required	
L3420	Metatarsal Bar Wedge	Auth Required	Auth Required	
L3430	Full Sole & Heel Wed	Auth Required	Auth Required	
L3440	Heel Counter Plastic	Auth Required	Auth Required	
L3450	Heel, Counter, Leath	Auth Required	Auth Required	
L3455	Heel, Sach Cushion T	Auth Required	Auth Required	
L3460	Heel, New Leather, S	Auth Required	Auth Required	
L3465	Heel, New Rubber, St	Auth Required	Auth Required	
L3470	Heel, Thomas W/Wedge	Auth Required	Auth Required	
L3480	Heel Thomas Extended	Auth Required	Auth Required	
L3485	Heel Pad/Depression	Auth Required	Auth Required	
L3500	Heel, Pad, Removable	Auth Required	Auth Required	
L3510	Misc Shoe Add, Insol	Auth Required	Auth Required	
L3520	Misc Insole Rubber S	Auth Required	Auth Required	
L3530	Misc Shoe Add, Insol	Auth Required	Auth Required	
L3540	Misc Shoe Add, Sole,	Auth Required	Auth Required	
L3550	Misc Shoe Add, Sole,	Auth Required	Auth Required	
L3560	Shoe Top Tap Standa	Auth Required	Auth Required	
L3570	Shoe Toe Tap Horsesh	Auth Required	Auth Required	
L3580	Special Ext Instep D	Auth Required	Auth Required	
L3590	Velcro Closure On Sh	Auth Required	Auth Required	
L3595	Convert Firm To Soft	Auth Required	Auth Required	
L3600	Misc Shoe Add, March	Auth Required	Auth Required	
L3610	Trans Ortho One To A	Auth Required	Auth Required	
L3620	Trans Ortho From One	Auth Required	Auth Required	
L3630	Trans Ortho One To A	Auth Required	Auth Required	
L3640	Solid Stirrup	Auth Required	Auth Required	
L3649	Trans Ortho One To A	Auth Required	Auth Required	
L3650	Orthopedic Shoes	Auth Required	Auth Required	
L3660	Shoulder Orthosis (S	Orthotic Rule	Orthotic Rule	
L3670	So, Acromio/Clavicul	Orthotic Rule	Orthotic Rule	
L3671	So,Acromio/Clav Canv	Orthotic Rule	Orthotic Rule	
L3672	Shoulder Orthosis, Shoulder Cap Design, Without Joints, May Include Soft	Orthotic Rule	Orthotic Rule	
L3673	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component	Orthotic Rule	Orthotic Rule	
L3674	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component	No Auth Required	No Auth Required	
L3675	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L3677	Shoulder Orthosis, Ve	Orthotic Rule	Orthotic Rule	
L3702	Shoulder Orthosis, H	Orthotic Rule	Orthotic Rule	
L3710	Elbow Orthosis, Without Joints, May Include Soft Interface, Straps, Custom	Orthotic Rule	Orthotic Rule	
L3720	Eo, Elastic W/Metal	Orthotic Rule	Orthotic Rule	
L3730	Eo, Dbl Uppt Forearm	Orthotic Rule	Orthotic Rule	
L3740	Eo, Dbl Uppt Forearm/	Orthotic Rule	Orthotic Rule	
L3760	Eo, Dbl Uppt/Forearm/	Orthotic Rule	Orthotic Rule	
L3762	Elbow Orthosis, With	Orthotic Rule	Orthotic Rule	
L3763	Elbow Orthosis Rigi	Orthotic Rule	Orthotic Rule	
L3764	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface,	Orthotic Rule	Orthotic Rule	
L3765	Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic	Orthotic Rule	Orthotic Rule	
L3766	Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft	Orthotic Rule	Orthotic Rule	
L3800	Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints,	Orthotic Rule	Orthotic Rule	
L3805	Short Opponens	Orthotic Rule	Orthotic Rule	
L3806	Whfo, Long Opponens,	Orthotic Rule	Orthotic Rule	
L3807	Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joint(S), Elasticbands, Turnbuckles, May Include Soft Interface Material, Straps, Customfabricated, Includes Fitting And Adjustment	Orthotic Rule	Orthotic Rule	
L3808	Whfo, Wrist Gauntlet	Orthotic Rule	Orthotic Rule	
L3810	Wrist Hand Finger Orthosis, Rigid Without Joints, May Include Soft Interfacematerial; Straps, Custom Fabricated, Includes Fitting And Adjustment	Orthotic Rule	Orthotic Rule	
L3815	Whfo, Add To S/L Opp	Orthotic Rule	Orthotic Rule	
L3820	Whfo, Add To S/L Opp	Orthotic Rule	Orthotic Rule	
L3825	Whfo Ip Ext Assist W	Orthotic Rule	Orthotic Rule	
L3830	Whfo Add/Sht/Lng/Mp	Orthotic Rule	Orthotic Rule	
L3835	Whfo Add To Shor/Lon	Orthotic Rule	Orthotic Rule	
L3840	Whfo/Add To Sh./Lng.	Orthotic Rule	Orthotic Rule	
L3845	Whfo, Add To S/L Opp	Orthotic Rule	Orthotic Rule	
L3850	Whfo/Add/Thumb Ip Ex	Orthotic Rule	Orthotic Rule	
L3855	Whfo Add Act/Wrist W	Orthotic Rule	Orthotic Rule	
L3860	Whfo Adjust M.P. Fle	Orthotic Rule	Orthotic Rule	
L3891	Whfo Adjust M.P. Fle	Orthotic Rule	Orthotic Rule	
L3900	Addition To Upper Extremity Joint, Wrist Or Elbow, Concentric Adjustable	Orthotic Rule	Orthotic Rule	
L3901	Whfo, Dyn Flex Hige.W	Orthotic Rule	Orthotic Rule	
L3904	Whfo/Dyx Flex Wris/E	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L3905	Whfo, Ext Powered, E	Orthotic Rule	Orthotic Rule	
L3906	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands,	Orthotic Rule	Orthotic Rule	
L3907	Whfo,Wrist Gauntlet	Orthotic Rule	Orthotic Rule	
L3908	Whfo Wrist Gau/W Thu	Orthotic Rule	Orthotic Rule	
L3910	Whfo,Wrist Exten Ctr	Orthotic Rule	Orthotic Rule	
L3912	Whfo, Swanson Design	Orthotic Rule	Orthotic Rule	
L3913	Whfo, Flex Glove W/F	Orthotic Rule	Orthotic Rule	
L3915	Hand Finger Orthosis, Without Joints, May Include Soft Interface, Straps,	Orthotic Rule	Orthotic Rule	
L3916	Wrist Hand Orthosis, Includes One Or More Nontorsion Joint(S), Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Prefabricated, Includes fitting And Adjustment	Orthotic Rule	Orthotic Rule	
L3917	Whfo, Wrist Extensio	Orthotic Rule	Orthotic Rule	
L3918	Hand Orth, Metacarp	Orthotic Rule	Orthotic Rule	
L3919	Whfo, Knuckle Bender	Orthotic Rule	Orthotic Rule	
L3920	Hand Orthosis, Without Joints, May Include Soft Interface, Straps, Custom	Orthotic Rule	Orthotic Rule	
L3921	Whfo, Knuckle Bender	Orthotic Rule	Orthotic Rule	
L3922	Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands,	Orthotic Rule	Orthotic Rule	
L3923	Whfo Knuckle Bender	Orthotic Rule	Orthotic Rule	
L3924	Hand Finger Orthosis	Orthotic Rule	Orthotic Rule	
L3925	Whfo, Oppenheimer	Orthotic Rule	Orthotic Rule	
L3926	Fo,Dip	Orthotic Rule	Orthotic Rule	
L3927	Whfo, Thomas Suspens	Orthotic Rule	Orthotic Rule	
L3928	Fo, Pip-Dip	Orthotic Rule	Orthotic Rule	
L3929	Whfo, Finger Exten W	Orthotic Rule	Orthotic Rule	
L3930	Hfo	Orthotic Rule	Orthotic Rule	
L3931	Whfo, Finger Extensi	Orthotic Rule	Orthotic Rule	
L3932	Whfo	Orthotic Rule	Orthotic Rule	
L3933	Whfo, Safety Pin, Sp	Orthotic Rule	Orthotic Rule	
L3934	Finger Orthosis, Without Joints, May Include Soft Interface, Custom Fabricated,	Orthotic Rule	Orthotic Rule	
L3935	Whfo, Safety Pin, Mo	Orthotic Rule	Orthotic Rule	
L3936	Finger Orthosis, Nontorsion Joint, May Include Soft Interface, Custom	Orthotic Rule	Orthotic Rule	
L3938	Whfo, Palmer	Orthotic Rule	Orthotic Rule	
L3940	Whfo, Dorsal Wrist	Orthotic Rule	Orthotic Rule	
L3942	Whfo, Dorsal Wrist,	Orthotic Rule	Orthotic Rule	
L3944	Whfo,Reverse Knuckle	Orthotic Rule	Orthotic Rule	
L3946	Whfo, Reverse Knuc/B	Orthotic Rule	Orthotic Rule	
L3948	Whfo, Composite Elas	Orthotic Rule	Orthotic Rule	
L3950	Whfo, Finger Knuckle	Orthotic Rule	Orthotic Rule	
L3952	Whfo, Comb Oppenheim	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L3954	Whfo, Comb/Opp/W Rev	Orthotic Rule	Orthotic Rule	
L3956	Whfo, Spreading Hand	Orthotic Rule	Orthotic Rule	
L3960	Addition To Joint Up	Orthotic Rule	Orthotic Rule	
L3961	Sewho, Abduction	Orthotic Rule	Orthotic Rule	
L3962	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May	Orthotic Rule	Orthotic Rule	
L3963	Sewho, Abduction Pos	Orthotic Rule	Orthotic Rule	
L3964	Sewho, Mold Shldr, A	Orthotic Rule	Orthotic Rule	
L3965	Sewho, Mobile Arm Sup	Orthotic Rule	Orthotic Rule	
L3966	Sewho, Radial Arm Sup	Orthotic Rule	Orthotic Rule	
L3967	Sewho, Mob Arm Sup A	Orthotic Rule	Orthotic Rule	
L3968	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design),	Orthotic Rule	Orthotic Rule	
L3969	Sewho, Mobile Arm Bal	Orthotic Rule	Orthotic Rule	
L3970	Sewho, Mobile Arm Mon	Orthotic Rule	Orthotic Rule	
L3971	Sewho, Add To Mob Ar	Orthotic Rule	Orthotic Rule	
L3972	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More	Orthotic Rule	Orthotic Rule	
L3973	Sewho, Mobile Arm Sup	Orthotic Rule	Orthotic Rule	
L3974	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design),	Orthotic Rule	Orthotic Rule	
L3975	Sewho, Add/Mobile Arm	Orthotic Rule	Orthotic Rule	
L3976	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints,	Orthotic Rule	Orthotic Rule	
L3977	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane	Orthotic Rule	Orthotic Rule	
L3978	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or	Orthotic Rule	Orthotic Rule	
L3980	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane	Orthotic Rule	Orthotic Rule	
L3982	Upper Extremity Frac	Orthotic Rule	Orthotic Rule	
L3984	Upper Extremity Frac	Orthotic Rule	Orthotic Rule	
L3985	Upper Extremity Frac	Orthotic Rule	Orthotic Rule	
L3986	Upr Extrm Fx Ortho,	Orthotic Rule	Orthotic Rule	
L3995	Up/Extr Frac, Ortho C	Orthotic Rule	Orthotic Rule	
L3999	Addition To Upper Ex	Orthotic Rule	Orthotic Rule	
L4000	Unlisted Proc Upr Li	Orthotic Rule	Orthotic Rule	
L4002	Repl Girdle Milwaukee	Orthotic Rule	Orthotic Rule	
L4010	Replacement Strap, A	Orthotic Rule	Orthotic Rule	
L4020	Repl Trilateral Sock	Orthotic Rule	Orthotic Rule	
L4030	Repl Quad Socket Bri	Orthotic Rule	Orthotic Rule	
L4040	Repl Quad Socket Bri	Orthotic Rule	Orthotic Rule	
L4045	Repl Molded Thigh La	Orthotic Rule	Orthotic Rule	
L4050	Repl Non-Molded Thig	Orthotic Rule	Orthotic Rule	
L4055	Replace Molded Calf	Orthotic Rule	Orthotic Rule	
L4060	Repl Non-Molded Calf	Orthotic Rule	Orthotic Rule	
L4070	Replace High Roll Cu	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L4080	Repl Prox & Dist Upr	Orthotic Rule	Orthotic Rule
L4090	Repl Met Bands Kafo,	Orthotic Rule	Orthotic Rule
L4100	Repl Met Bands Kafo-	Orthotic Rule	Orthotic Rule
L4110	Rep. Leath. Cuff Kaf	Orthotic Rule	Orthotic Rule
L4130	Repl Leath Cuff Kafo	Orthotic Rule	Orthotic Rule
L4205	Repl Pretibial Shell	Orthotic Rule	Orthotic Rule
L4210	Repair Orthotic Devi	Orthotic Rule	Orthotic Rule
L4350	Ortho Rep (Incl Part	Orthotic Rule	Orthotic Rule
L4360	Air Cast Splint	Orthotic Rule	Orthotic Rule
L4370	Pneumatic Walking Sp	Orthotic Rule	Orthotic Rule
L4380	Pneumatic Full Leg S	Orthotic Rule	Orthotic Rule
L4386	Pneumatic Knee Splin	Orthotic Rule	Orthotic Rule
L4392	Non Pneumatic Wal	Orthotic Rule	Orthotic Rule
L4394	Replace Soft Interfa	Orthotic Rule	Orthotic Rule
L4396	Replace Soft Interfa	Orthotic Rule	Orthotic Rule
L4398	Ankle Contracture Sp	Orthotic Rule	Orthotic Rule
L4631	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom,	Orthotic Rule	Orthotic Rule
L5000	Foot Drop Splint, Re	Orthotic Rule	Orthotic Rule
L5010	Part Foot, Shoe Insr	Auth Required	Auth Required
L5020	Part Foot, Mold Sock	Auth Required	Auth Required
L5050	Part Foot, Mold Sock	Auth Required	Auth Required
L5060	Ankle, Symes, Mold S	Auth Required	Auth Required
L5100	Ankle, Symes, Metal	Auth Required	Auth Required
L5105	Below Knee, Molded S	Auth Required	Auth Required
L5150	Below Knee, Plastic	Auth Required	Auth Required
L5160	Knee Disa Ext Jt Sac	Auth Required	Auth Required
L5200	Knee Disa Ext Jt Ben	Auth Required	Auth Required
L5210	Above Knee, Mold Soc	Auth Required	Auth Required
L5220	Short Prosthesis Wo/	Auth Required	Auth Required
L5230	Short Prosthesis Wo/	Auth Required	Auth Required
L5250	Above Knee, Prox Fem	Auth Required	Auth Required
L5270	Hip Dis Cana Cons Fr	Auth Required	Auth Required
L5280	Hip Disarticulatio C	Auth Required	Auth Required
L5301	Hemipelvectomy, Cana	Auth Required	Auth Required
L5311	Below Knee, Mold	Orthotic Rule	Orthotic Rule
L5321	Knee Disarticulati	Orthotic Rule	Orthotic Rule
L5331	Above Knee, Mold	Orthotic Rule	Orthotic Rule
L5341	Hip Disarticulatio	Orthotic Rule	Orthotic Rule
L5400	Hemi Pelvectomy, Can	Orthotic Rule	Orthotic Rule
L5410	Immed Postop/Early F	Auth Required	Auth Required
L5420	Ipsf Below Knee Cast	Auth Required	Auth Required
L5430	Ipsf Above Knee	Auth Required	Auth Required
L5450	Ipsf Above Knee Cast	Auth Required	Auth Required
L5460	P.S. Ftg/N.Wgt Bng R	Auth Required	Auth Required
L5500	Imm Post Surg/Early	Auth Required	Auth Required
L5505	Below Knee Ptb Type	Auth Required	Auth Required
L5510	Initial Above Knee	Auth Required	Auth Required
L5520	Below Knee Preparatory	Auth Required	Auth Required
L5530	Prep, Below Knee Ptb	Auth Required	Auth Required
L5535	Bk Ptb Type Socket U	Auth Required	Auth Required
L5540	Prep Pros Bk Socket-	Auth Required	Auth Required
L5560	Bk Prep Pros Lam Pyl	Auth Required	Auth Required
L5570	Ak Prep Plaster Pylo	Auth Required	Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L5580	Ischial Level Socket	Auth Required	Auth Required
L5585	Ak Prep Thermoplast	Auth Required	Auth Required
L5590	Ea Foot Pre-Fab Adj	Auth Required	Auth Required
L5595	Ak Prep Laminated Py	Auth Required	Auth Required
L5600	Hip Pylon No Cover E	Auth Required	Auth Required
L5610	Prep Hip Disartic-He	Auth Required	Auth Required
L5611	Add To Lwr Extrm, Ab	Auth Required	Auth Required
L5613	Knee Disartic Ohc 4-	Auth Required	Auth Required
L5614	Add To Lwr Extrm, Ab	Auth Required	Auth Required
L5616	Abv Knee-Knee Disart	Auth Required	Auth Required
L5617	Add To Lwr Extrm, Ab	Auth Required	Auth Required
L5618	Addition To Lower Ex	Auth Required	Auth Required
L5620	Symes Ant. Opening	Auth Required	Auth Required
L5622	Test Socket Below Kn	Auth Required	Auth Required
L5624	Add To Lwr Extrm, Te	Auth Required	Auth Required
L5626	Test Socket Above Kn	Auth Required	Auth Required
L5628	Test Socket Hip Disa	Auth Required	Auth Required
L5629	Test Socket Hemi	Auth Required	Auth Required
L5630	Add To Lwr Extrm, Be	Auth Required	Auth Required
L5631	Add To Lwr Extrm, Sy	Auth Required	Auth Required
L5632	Above Kn Or Kn Dis.	Auth Required	Auth Required
L5634	Symes Ptb Prox Brim	Auth Required	Auth Required
L5636	Add To Lwr Extrm, Sy	Auth Required	Auth Required
L5637	Add To Lwr Extrm, Sy	Auth Required	Auth Required
L5638	Add To Lwr Extrm, Be	Auth Required	Auth Required
L5639	Add To Lwr Extrm, Be	Auth Required	Auth Required
L5640	Add To Le Below Knee	Auth Required	Auth Required
L5642	Knee Dis Leather Soc	Auth Required	Auth Required
L5643	Add To Le Ak Leather	Auth Required	Auth Required
L5644	Add To Lwr Extrm, Hi	Auth Required	Auth Required
L5645	Above Knee Wood Sock	Auth Required	Auth Required
L5646	Add To Lwr Extrm, Be	Auth Required	Auth Required
L5647	Addition To Lower Ex	Auth Required	Auth Required
L5648	Addition To Lower Ex	Auth Required	Auth Required
L5649	Le Ak Air Cushion So	Auth Required	Auth Required
L5650	Clear Ck Socket Proc	Auth Required	Auth Required
L5651	Adds To Lwr Extrm, T	Auth Required	Auth Required
L5652	Add L.E. A/K Flex In	Auth Required	Auth Required
L5653	Add To Lwr Extrm, Su	Auth Required	Auth Required
L5654	Add To Lwr Extrm, Kn	Auth Required	Auth Required
L5655	Le Socket Insert Sym	Auth Required	Auth Required
L5656	Bk Socket Insert	Auth Required	Auth Required
L5658	Knee Dis Socket Inse	Auth Required	Auth Required
L5661	Add To Lwr Extrm, So	Auth Required	Auth Required
L5665	Multi-Durometer Syme	Auth Required	Auth Required
L5666	Addition To Lower Ex	Auth Required	Auth Required
L5668	Addition To Lower Ex	Auth Required	Auth Required
L5670	Bk Distal Cushion	Auth Required	Auth Required
L5671	Bk Pts Suspension	Auth Required	Auth Required
L5672	Addition To Lo	Orthotic Rule	Orthotic Rule
L5673	Bk Remove Med Brim S	Auth Required	Auth Required
L5674	Addition, To Lower	Orthotic Rule	Orthotic Rule
L5675	Bk Latex Sleeve Susp	Auth Required	Auth Required
L5676	Add Le, Latex Sleeve	Auth Required	Auth Required
L5677	Bk Knee Jt. Single A	Auth Required	Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L5678	Knee Joint Complete	Auth Required	Auth Required
L5679	Adds To Lwr Extrm, B	Auth Required	Auth Required
L5680	Addition, To Low Ex	Orthotic Rule	Orthotic Rule
L5681	Addition To Lower Ex	Auth Required	Auth Required
L5682	Addition, To Low E	Orthotic Rule	Orthotic Rule
L5683	Addition To Lower Ex	Auth Required	Auth Required
L5684	Addition, To Lower	Orthotic Rule	Orthotic Rule
L5685	Add To Lwr Extrm, Be	Auth Required	Auth Required
L5686	Addition To Lower Ex	Orthotic Rule	Orthotic Rule
L5688	Bk Back Check Ext Co	Auth Required	Auth Required
L5690	Bk Waist Belt Webbin	Auth Required	Auth Required
L5692	Bk Waist Belt Padded	Auth Required	Auth Required
L5694	Add Le Ak Pelvic Bel	Auth Required	Auth Required
L5695	Ak Pelvic Control Be	Auth Required	Auth Required
L5696	Add Le, Ak, Pelv. Con	Auth Required	Auth Required
L5697	Ak Plevic Joint	Auth Required	Auth Required
L5698	Ak Pelvic Band	Auth Required	Auth Required
L5699	Ak Silesian Bandage	Auth Required	Auth Required
L5700	Ak Shoulder Harness	Auth Required	Auth Required
L5701	Repl, Socket, Blw Kn	Orthotic Rule	Orthotic Rule
L5702	Repl, Socket, Abv Kn	Auth Required	Auth Required
L5703	Repl, Socket, Hip Di	Auth Required	Auth Required
L5704	Ankle, Symes, Molded To Patient Model, Socket Without Solid Ankle Cushion Heel	Auth Required	Auth Required
L5705	Repl, Cust Prot Cove	Auth Required	Auth Required
L5706	Repl, Cust Prot Cove	Auth Required	Auth Required
L5707	Repl, Cust Prot Cove	Auth Required	Auth Required
L5710	Repl, Cust Prot Cove	Auth Required	Auth Required
L5711	Exoskeletal Knee-Shi	Auth Required	Auth Required
L5712	Safety Knee Modul Ti	Auth Required	Auth Required
L5714	Single Axis Safety K	Auth Required	Auth Required
L5716	Exoskel Knee-Shin Si	Auth Required	Auth Required
L5718	Add, Exo Knee-Shin S	Auth Required	Auth Required
L5722	Knee Friction Swing/	Auth Required	Auth Required
L5724	Add, Exo Knee-Shin S	Auth Required	Auth Required
L5726	Add Knee Fluid Swing	Auth Required	Auth Required
L5728	Exter Jt Fluid Swing	Auth Required	Auth Required
L5780	Fluid Swing Phase Du	Auth Required	Auth Required
L5781	Add, Exo Knee-Shin S	Auth Required	Auth Required
L5782	Add To Lower Limb	Orthotic Rule	Orthotic Rule
L5785	Addit To Lower Lim	Orthotic Rule	Orthotic Rule
L5790	Bel Kn Add/Ultraligh	Auth Required	Auth Required
L5795	Add, Exo Sys, Abv Kn	Auth Required	Auth Required
L5810	Add/Hip Disart/Ultra	Auth Required	Auth Required
L5811	Single Axis Manual L	Auth Required	Auth Required
L5812	Knee Joint Modul Tit	Auth Required	Auth Required
L5814	Endoskeletal Knee Sh	Auth Required	Auth Required
L5816	Add'L Endoskeletal K	Auth Required	Auth Required
L5818	Add, Endo Knee-Shin	Auth Required	Auth Required
L5822	Polycentric Safety K	Auth Required	Auth Required
L5824	Pnue Swing Friction	Auth Required	Auth Required
L5826	Fluid Swing Phase Co	Auth Required	Auth Required
L5828	Addtn,Endsktl Knee-	Orthotic Rule	Orthotic Rule
L5830	Swing Stance Control	Auth Required	Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L5840	Pneumatic Swing Knee	Auth Required	Auth Required	
L5845	Add, Endoskel Knee/S	Auth Required	Auth Required	
L5846	Addition, Endoskelet	Auth Required	Auth Required	
L5847	Addition, Endoskelet	Auth Required	Auth Required	
L5848	Addition, Endoske	Orthotic Rule	Orthotic Rule	
L5850	Addit To Endo Skele	Orthotic Rule	Orthotic Rule	
L5855	Add, Endo Sys, Abv K	Auth Required	Auth Required	
L5856	Add, Hip Disarticula	Auth Required	Auth Required	
L5857	Addition To Lower	Orthotic Rule	Orthotic Rule	
L5858	Addition To Lower Ex	Orthotic Rule	Orthotic Rule	
L5910	Addition To Lower Extremity Prosthesis, Endoskeletal Knee Shin System,	Auth Required	Auth Required	
L5920	Add, Endo Sys, Blw K	Auth Required	Auth Required	
L5925	Add Endo/Abv Kn/Hip	Auth Required	Auth Required	
L5930	Add, Abv Knee, Knee	Auth Required	Auth Required	
L5940	Addition, Endoskelet	Auth Required	Auth Required	
L5950	Add, Endo Sys, Blw K	Auth Required	Auth Required	
L5960	Add Above Kn/Ultra L	Auth Required	Auth Required	
L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic Or Hydraulic	Auth Required	Auth Required	
L5962	Add, Endo Sys, Hip D	Auth Required	Auth Required	
L5964	Add, Blw Knee, Flex	Auth Required	Auth Required	
L5966	Add, Abv Knee, Flex	Auth Required	Auth Required	
L5968	Add, Hip Disartic, F	Auth Required	Auth Required	
L5970	Lower Extremity Pros	Auth Required	Auth Required	
L5971	All Lwr Extr Pros, F	Auth Required	Auth Required	
L5972	All Lower Extremity Prosthesis, Solid Ankle Cushion Heel (Sach) Foot,	Auth Required	Auth Required	
L5973	All Le Pros-Safe,Ste	Auth Required	Auth Required	
L5974	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion	Auth Required	Auth Required	
L5975	Single Axis Ankle Fo	Auth Required	Auth Required	
L5976	All Low Extremity Pr	Orthotic Rule	Orthotic Rule	
L5978	Seattle Foot/Cc li	Auth Required	Auth Required	
L5979	Multiaxial Ankle Foo	Auth Required	Auth Required	
L5980	Multiaxial Ankle/Foo	Auth Required	Auth Required	
L5981	All Lwr Extr Pros, F	Auth Required	Auth Required	
L5982	Flex-Walk Sys/Equal	Auth Required	Auth Required	
L5984	All Exoskeletal Pro	Auth Required	Auth Required	
L5985	All Endo Lwr Extrm P	Auth Required	Auth Required	
L5986	All Endoskeletal Low	Auth Required	Auth Required	
L5987	All Lwr Extrm Prosth	Auth Required	Auth Required	
L5988	All Lower Extremity	Orthotic Rule	Orthotic Rule	
L5989	Low Extremity Prosth	Orthotic Rule	Orthotic Rule	
L5990	Addition To Lower	Orthotic Rule	Orthotic Rule	
L5999	Addition To Lo	Orthotic Rule	Orthotic Rule	
L6000	Unlisted Proc Lwr Ex	Auth Required	Auth Required	
L6010	Partial Hand Robin-A	Auth Required	Auth Required	
L6020	Robin-Aids Little An	Auth Required	Auth Required	
L6025	Robin-Aids, No Finge	Auth Required	Auth Required	
L6050	Transcarp Metacarp	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L6055	Wrist Disartic, Mold	Auth Required	Auth Required	
L6100	Flexible Elbow Hinge	Auth Required	Auth Required	
L6110	B E Flex Hinges Tric	Auth Required	Auth Required	
L6120	Blw Elbow, Molded So	Auth Required	Auth Required	
L6130	B E Split Sock Step	Auth Required	Auth Required	
L6200	B E Stump Activated	Auth Required	Auth Required	
L6205	Elbow Dis Outside Lo	Auth Required	Auth Required	
L6250	Elbow Disartic, Mold	Auth Required	Auth Required	
L6300	Above Elbow, Mold Db	Auth Required	Auth Required	
L6310	Shldr Disart, Mold S	Auth Required	Auth Required	
L6320	Shoulder Dis, Comple	Auth Required	Auth Required	
L6350	Shldr Disart, Pass R	Auth Required	Auth Required	
L6360	Int-Scap Thor, Mold	Auth Required	Auth Required	
L6370	Interscapular Thor,	Auth Required	Auth Required	
L6380	Interscap Thor Shoul	Auth Required	Auth Required	
L6382	Immed Postsurg Fit P	Auth Required	Auth Required	
L6384	Immed Postop/Early F	Auth Required	Auth Required	
L6386	Immed Postsurg Rigid	Auth Required	Auth Required	
L6388	Immed Postsurg Each	Auth Required	Auth Required	
L6400	Immed Postsurg Rigd	Auth Required	Auth Required	
L6450	Below Elbow Endo Pro	Auth Required	Auth Required	
L6500	Elbow Disartic Endo	Auth Required	Auth Required	
L6550	Above Elbow Endoskel	Auth Required	Auth Required	
L6570	Shoulder Disart, Mol	Auth Required	Auth Required	
L6580	Interscap Thor, Mold	Auth Required	Auth Required	
L6582	Prep Wrist Disartic	Auth Required	Auth Required	
L6584	Prep Wrist Disartic	Auth Required	Auth Required	
L6586	Single Wall Plast So	Auth Required	Auth Required	
L6588	Prep, Elbow Disart/A	Auth Required	Auth Required	
L6590	Prep Shoulder Disart	Auth Required	Auth Required	
L6600	Single Wall Socket S	Auth Required	Auth Required	
L6605	B E Polycentric Hing	Auth Required	Auth Required	
L6610	Upr Extrm Adds, Sng	Auth Required	Auth Required	
L6611	Upr Extrm Adds, Flex	Auth Required	Auth Required	
L6615	Addition To Upper Extremity Prosthesis, External Powered, Additional Switch,Any Type	Auth Required	Auth Required	
L6616	Upr Extrm Add, Disc	Auth Required	Auth Required	
L6620	Ue Insert Lock Wrist	Auth Required	Auth Required	
L6621	Flexion Wrist Unit	Auth Required	Auth Required	
L6623	Upper Extremity Prosthesis Addition, Flexion/Extension Wrist With Or Without	Auth Required	Auth Required	
L6624	Ue Spring Rot Wrist	Auth Required	Auth Required	
L6625	Upper Extremity Addition, Flexion/Extension And Rotation Wrist Unit	Auth Required	Auth Required	
L6628	Ue Wrist Unit W Cabl	Auth Required	Auth Required	
L6629	Upper Ext Otto Bock	Auth Required	Auth Required	
L6630	Upr Extrm Add, Quick	Auth Required	Auth Required	
L6632	Stainless Steel Wris	Auth Required	Auth Required	
L6635	Upper Ext Latex Susp	Auth Required	Auth Required	
L6637	Upr Extrm Add, Lift	Auth Required	Auth Required	
L6638	Upr Extrm Add, Nudge	Auth Required	Auth Required	
L6640	Upper Extrm Additi	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L6641	Upr Extrm Adds, Shld	Auth Required	Auth Required	
L6642	Ue Excursion Amplifi	Auth Required	Auth Required	
L6645	Upr Extrm Add, Excur	Auth Required	Auth Required	
L6646	Shoulder Flex Abd Jt	Auth Required	Auth Required	
L6647	Upper Extrem Addit,S	Orthotic Rule	Orthotic Rule	
L6648	Upper Extrem Addi	Orthotic Rule	Orthotic Rule	
L6650	Upp Extrem Addi	Orthotic Rule	Orthotic Rule	
L6655	Shoulder Univ Jt E	Auth Required	Auth Required	
L6660	Upr Extrm Add, Std C	Auth Required	Auth Required	
L6665	Upr Extrm Add, Hevy	Auth Required	Auth Required	
L6670	Upr Extrm Add, Teflo	Auth Required	Auth Required	
L6672	Upr Extrm Add, Hook-	Auth Required	Auth Required	
L6675	Upr Extrm Add, Harne	Auth Required	Auth Required	
L6676	Harness Single Contr	Auth Required	Auth Required	
L6677	Harness Dual Control	Auth Required	Auth Required	
L6680	Upper Extremity Addition, Harness, Triple Control, Simultaneous Operation Of	Auth Required	Auth Required	
L6682	Test Socket/B.E. Or	Auth Required	Auth Required	
L6684	Ue Test Socket Elbow	Auth Required	Auth Required	
L6686	Test Socket Shoulder	Auth Required	Auth Required	
L6687	U.E.Add./Suction Soc	Auth Required	Auth Required	
L6688	Frame Type Socket B.	Auth Required	Auth Required	
L6689	Test Socket Above El	Auth Required	Auth Required	
L6690	Ue/Frame Socket Sd	Auth Required	Auth Required	
L6691	Ue Frame Type Socket	Auth Required	Auth Required	
L6692	Upr Extrm Add, Remov	Auth Required	Auth Required	
L6693	Upr Extrm Add, Silic	Auth Required	Auth Required	
L6694	Upper Extremity Addl	Orthotic Rule	Orthotic Rule	
L6695	Addition To Upper	Orthotic Rule	Orthotic Rule	
L6696	Addition To Upper E	Orthotic Rule	Orthotic Rule	
L6697	Addit To Upper Extre	Orthotic Rule	Orthotic Rule	
L6698	Addition To Upper Ex	Orthotic Rule	Orthotic Rule	
L6703	Addition To Upper	Orthotic Rule	Orthotic Rule	
L6704	Terminal Device, Passive Hand/Mitt, Any Material, Any Size	Auth Required	Auth Required	
L6706	Terminal Device, Sport/Recreational/Work Attachment, Any Material, Any Size	Auth Required	Auth Required	
L6707	Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size,Lined Or Unlined	Auth Required	Auth Required	
L6708	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size,Lined Or Unlined	Auth Required	Auth Required	
L6709	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size	Auth Required	Auth Required	
L6711	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L6711	Terminal Device, Hook, Mechanical, Voluntary Opening, Any Material, Any Size,	Orthotic Rule	Orthotic Rule	
L6712	Terminal Device, Hook	Orthotic Rule	Orthotic Rule	
L6712	Terminal Device, Hook, Mechanical, Voluntary Closing, Any Material, Any Size,	Orthotic Rule	Orthotic Rule	
L6713	Terminal Device Hook	Orthotic Rule	Orthotic Rule	
L6713	Terminal Device, Hand, Mechanical, Voluntary Opening, Any Material, Any Size,	Orthotic Rule	Orthotic Rule	
L6714	Terminal Device Hand	Orthotic Rule	Orthotic Rule	
L6714	Terminal Device, Hand, Mechanical, Voluntary Closing, Any Material, Any Size,	Orthotic Rule	Orthotic Rule	
L6721	Terminal Device Hand	Orthotic Rule	Orthotic Rule	
L6721	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Opening, Any	Orthotic Rule	Orthotic Rule	
L6722	Terminal Device Hand	Orthotic Rule	Orthotic Rule	
L6722	Terminal Device, Hook Or Hand, Heavy Duty, Mechanical, Voluntary Closing, Any	Orthotic Rule	Orthotic Rule	
L6805	Terminal Device Hand	Orthotic Rule	Orthotic Rule	
L6810	Term Device, Mod Wri	Auth Required	Auth Required	
L6881	Term Dev, Pinch Tool	Auth Required	Auth Required	
L6882	Automatic Grasp Fea	Orthotic Rule	Orthotic Rule	
L6883	Micro Processor Cont	Orthotic Rule	Orthotic Rule	
L6884	Replacement Socket, Below Elbow/Wrist Disarticulation, Molded To Patient Model,	Auth Required	Auth Required	
L6885	Replacement Socket, Above Elbow Disarticulation, Molded To Patient Model, For	Auth Required	Auth Required	
L6890	Replacement Socket, Shoulder Disarticulation/Interscapular Thoracic, Molded To	Auth Required	Auth Required	
L6895	Production Glove For	Auth Required	Auth Required	
L6900	Plastic Gauntlet	Auth Required	Auth Required	
L6905	Partial Hand, Golve,	Auth Required	Auth Required	
L6910	Hand Restoration	Auth Required	Auth Required	
L6915	Partial Hand W/Glove	Auth Required	Auth Required	
L6920	Replacement Glove Fo	Auth Required	Auth Required	
L6925	Wrist Disartic Ext P	Auth Required	Auth Required	
L6930	Wrist Disarticulatio	Auth Required	Auth Required	
L6935	Below Elbow Ext Powe	Auth Required	Auth Required	
L6940	Below Elbow Myoelec	Auth Required	Auth Required	
L6945	Elbow Disart, Ext Pw	Auth Required	Auth Required	
L6950	Forearm Otto Bock	Auth Required	Auth Required	
L6955	Above Elbow, Ext Pwr	Auth Required	Auth Required	
L6960	Above Elbow External	Auth Required	Auth Required	
L6965	Shldr Disart, Ext Pw	Auth Required	Auth Required	
L6970	Shoulder Otto Bock/=	Auth Required	Auth Required	
L6975	Interscapular-Thorac	Auth Required	Auth Required	
L7007	Interscapular-Thorac	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L7008	Electric Hand, Switch Or Myoelectric Controlled, Adult	Auth Required	Auth Required	
L7009	Electric Hand, Switch Or Myoelectric, Controlled, Pediatric	Auth Required	Auth Required	
L7040	Electric Hook, Switch Or Myoelectric Controlled, Adult	Auth Required	Auth Required	
L7045	Prehensile Actuator	Auth Required	Auth Required	
L7170	Elect Hook, Child, M	Auth Required	Auth Required	
L7180	Hosmer Switch Contro	Auth Required	Auth Required	
L7181	Electron Elbow Utah	Auth Required	Auth Required	
L7185	Electr Elbow, Microp	Orthotic Rule	Orthotic Rule	
L7186	Elect Elbw, Adolesce	Auth Required	Auth Required	
L7190	Elect Elbw, Child, V	Auth Required	Auth Required	
L7191	Electron Elbow Adol	Auth Required	Auth Required	
L7260	Elect Elbw, Child, V	Auth Required	Auth Required	
L7261	Elect Wrist Rotator,	Auth Required	Auth Required	
L7266	Elect Wrist Rotator,	Auth Required	Auth Required	
L7272	Servo Control, Steep	Auth Required	Auth Required	
L7274	Analogue Control Umb	Auth Required	Auth Required	
L7360	12 Volt Utah Or Equa	Auth Required	Auth Required	
L7362	Six Vlt Bat, Otto Bo	Ineligible	Ineligible	
L7364	Bat Charger, Six Vol	Ineligible	Ineligible	
L7366	Twelve Volt Bat, Uta	Ineligible	Ineligible	
L7367	Batt Charger, Twelve	Ineligible	Ineligible	
L7368	Lithium Ion Batter	Ineligible	Ineligible	
L7400	Lithium Ion Battery	Ineligible	Ineligible	
L7401	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation,	Auth Required	Auth Required	
L7402	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Ultralight	Auth Required	Auth Required	
L7403	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular	Auth Required	Auth Required	
L7404	Addition To Upper Extremity Prosthesis, Below Elbow/Wrist Disarticulation,	Auth Required	Auth Required	
L7405	Addition To Upper Extremity Prosthesis, Above Elbow Disarticulation, Acrylic	Auth Required	Auth Required	
L7499	Addition To Upper Extremity Prosthesis, Shoulder Disarticulation/Interscapular	Auth Required	Auth Required	
L7500	Unlisted Procs Upr E	Ineligible	Ineligible	
L7510	Rpr Prosth Dev, Hour	Orthotic Rule	Orthotic Rule	
L7520	Rpr Prosth Dev, Rpr/	Orthotic Rule	Orthotic Rule	
L7600	Repair Prostetic Dev	Orthotic Rule	Orthotic Rule	
L7900	Prosthetic Donning Sleeve, Any Material, Each	Auth Required	Auth Required	
L8000	Vacuum Erection Syst	Orthotic Rule	Orthotic Rule	
L8001	Breast Prost Mastect	No Auth Required	No Auth Required	
L8002	Breast Prosthesis	Orthotic Rule	Orthotic Rule	
L8010	Breast Prosthesis	Orthotic Rule	Orthotic Rule	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
L8015	Breast Prost Mastect	Orthotic Rule	Orthotic Rule
L8020	External Breast Pros	Orthotic Rule	Orthotic Rule
L8030	Breast Prosth, Maste	Orthotic Rule	Orthotic Rule
L8031	Breast Prosth, Silic	Orthotic Rule	Orthotic Rule
L8032	Breast Prosthesis, Silicone Or Equal, With Integral Adhesive	Orthotic Rule	Orthotic Rule
L8035	Nipple Prosthesis, Reusable, Any Type, Each	Orthotic Rule	Orthotic Rule
L8039	Custom Breast Prosth	Orthotic Rule	Orthotic Rule
L8040	Breast Prosthesis, N	Orthotic Rule	Orthotic Rule
L8041	Nasal Prosthesis, Pr	Auth Required Pos 12 Only	No Auth Required
L8042	Midfacial Prosthesis	Auth Required Pos 12 Only	No Auth Required
L8043	Orbital Prosthesis,	Auth Required Pos 12 Only	No Auth Required
L8044	Upper Facial Prosthe	Auth Required Pos 12 Only	Auth Required
L8045	Hemi-Facial Prothes	Auth Required	Auth Required
L8046	Auricular Prosthesis	Auth Required	Auth Required
L8047	Partial Facial Prost	Ineligible	Ineligible
L8048	Nasal Septal Prosthe	Auth Required	Auth Required
L8049	Unspecif Maxillofaci	Auth Required	Auth Required
L8300	Repair Or Modificati	Auth Required	Auth Required
L8310	Truss Single W Stand	Ineligible	Ineligible
L8320	Truss, Dbl W/Std Pad	Ineligible	Ineligible
L8330	Truss, Add To Std Pa	Ineligible	Ineligible
L8400	Add To Add To Stand	Ineligible	Ineligible
L8410	Prosth Sheath, Blw K	Auth Required Pos 12 Only	No Auth Required
L8415	Prosth Sheath, Above	Auth Required Pos 12 Only	No Auth Required
L8417	Prosth Sheath, Upr L	Auth Required Pos 12 Only	No Auth Required
L8420	Prosthetic Sheath/So	Auth Required Pos 12 Only	No Auth Required
L8430	Prosth Sock, Wool, B	Auth Required Pos 12 Only	No Auth Required
L8435	Pros Sock, Wool Abov	Auth Required Pos 12 Only	No Auth Required
L8440	Prosthetic Sock, Mul	Auth Required Pos 12 Only	No Auth Required
L8460	Prosth Shrinker, Blw	Auth Required Pos 12 Only	No Auth Required
L8465	Stump Shrinker A/K	Auth Required Pos 12 Only	No Auth Required
L8470	Prosth Shrinker, Upr	Auth Required Pos 12 Only	No Auth Required
L8480	Stump Sock, Sngl Ply	Auth Required Pos 12 Only	No Auth Required
L8485	Stump Sock, Sngl Ply	Auth Required Pos 12 Only	No Auth Required
L8490	Stump Sock, Single P	Auth Required Pos 12 Only	No Auth Required
L8499	Add To Prosthetic Sh	Ineligible	Ineligible

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L8500	Unlisted Prosthetics	Auth Required	Auth Required	
L8501	Artificial Larynx, A	Auth Required	Auth Required	
L8505	Tracheostomy Speakin	Auth Required	Auth Required	
L8507	Artificial Larynx R	Orthotic Rule	Orthotic Rule	
L8509	Tracheo -Esoph Agea	Orthotic Rule	Orthotic Rule	
L8510	Tracheo-Esoph Ageal	Orthotic Rule	Orthotic Rule	
L8511	Voice Amplifier	Orthotic Rule	Orthotic Rule	
L8512	Insert For Indwelli	Orthotic Rule	Orthotic Rule	
L8513	Gelatin Capsules Or	Orthotic Rule	Orthotic Rule	
L8514	Cleaning Dev Used W	Orthotic Rule	Orthotic Rule	
L8515	Tracheoesophageal P	Orthotic Rule	Orthotic Rule	
L8600	Gelatin Capsule, App	Orthotic Rule	Orthotic Rule	
L8604	Implant Breast Prost	Orthotic Rule	Orthotic Rule	
L8609	Injectable Bulking Agent, Dextranomer/Hyaluronic Acid Copolymer Implant, (Tech Is Approved)	No Auth Required	No Auth Required	
L8610	Artificial Cornea	No Auth Required	No Auth Required	
L8612	Ocular	Orthotic Rule	Orthotic Rule	
L8613	Aqueous Shunt	Orthotic Rule	Orthotic Rule	
L8614	Prosthetic Implant-O	Auth Required	Auth Required	
L8615	Cochlear Dev/System	Ineligible	Ineligible	
L8616	Headset Headpiece Fo	Orthotic Rule	Orthotic Rule	
L8617	Microphone For Use W	Orthotic Rule	Orthotic Rule	
L8618	Transmitting Coil Fo	Ineligible	Ineligible	
L8619	Transmitter Cable Fo	Auth Required	Auth Required	
L8620	Cochlear Implant Ext	Ineligible	Ineligible	
L8621	Lithium Ion Battery	Ineligible	Ineligible	
L8622	Zinc Air Battery For	Ineligible	Ineligible	
L8623	Alkaline Battery For	Ineligible	Ineligible	
L8624	Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor,	Ineligible	Ineligible	
L8627	Lithium Ion Battery For Use With Cochlear Implant Device Speech Processor, Ear	Ineligible	Ineligible	
L8628	Cochlear Implant, External Speech Processor, Component, Replacement	Ineligible	Ineligible	
L8629	Cochlear Implant, External Controller Component, Replacement	Ineligible	Ineligible	
L8630	Transmitting Coil And Cable, Integrated, For Use With Cochlear Implant Device,	Ineligible	Ineligible	
L8631	Prosthetic Imp-Metac	Auth Required	Auth Required	
L8641	Metacarpal Phalange	Orthotic Rule	Orthotic Rule	
L8642	Metatarsal Joint	Auth Required	Auth Required	
L8658	Hallux Implant	Auth Required	Auth Required	
L8659	Prosthetic Imp-Inter	Auth Required	Auth Required	
L8670	Interphalangeal Fin	Orthotic Rule	Orthotic Rule	
L8680	Vascular Graft Mater	Orthotic Rule	Orthotic Rule	
L8681	Implantable Neurostimulator Electrode, Each There Are Multiple Tec	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
L8682	Patient Programmer (External) For Use With Implantable Programmable There Are Multiple Tecs	Auth Required	Auth Required	
L8683	Implantable Neurostimulator Radiofrequency Receiver There Are Multiple Tecs	Auth Required	Auth Required	
L8684	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator There Are Multiple Tecs	Auth Required	Auth Required	
L8685	Radiofrequency Transmitter (External) For Use With Implantable Sacral Root There Are Multiple Tecs	Auth Required	Auth Required	
L8686	Implantable Neurostimulator Pulse Generator, Single Array, Rechargeable, There Are Multiple Tecs	Auth Required	Auth Required	
L8687	Implantable Neurostimulator Pulse Generator, Single Array, Non-Rechargeable,	Auth Required	Auth Required	
L8688	Implantable Neurostimulator Pulse Generator, Dual Array, Rechargeable, Includes	Auth Required	Auth Required	
L8689	Implantable Neurostimulator Pulse Generator, Dual Array, Non-Rechargeable,	Auth Required	Auth Required	
L8690	External Recharging System For Implanted Neurostimulator, Replacement Only	Auth Required	Auth Required	
L8691	Auditory Osseointegrated Device, Includes All Internal And External Components	Auth Required	Auth Required	
L8692	Auditory Osseointegrated Device, External Sound Processor, Replacement	Auth Required	Auth Required	
L8693	Auditory Osseointegrated Device Abutment, Any Length, Replacement Only	Auth Required	Auth Required	
L8695	Auditory Osseointegrated Device, External Sound Processor, Used Without	No Auth Required	No Auth Required	
L8699	External Recharging System For Battery (External) For Use With Implantableneurostimulator	Auth Required	Auth Required	
L9900	Prosthetic Implant,	Auth Required	Auth Required	
M0075	Orthotic/Prosthetic	Orthotic Rule	Orthotic Rule	
M0076	Cellular Therapy	Ineligible	Ineligible	
M0100	Prolotherapy	Auth Required	Auth Required	
M0300	Intragastric Hypothe	Ineligible	Ineligible	
M0301	Iv Chelation Therapy	Auth Required	Auth Required	
P2031	Fabric Wrapping Of A	Ineligible	Ineligible	
Q0035	Cardiokymography	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
Q0081	Infusion Therapy, Not Chemo Drugs	No Auth Required	No Auth Required	
Q0478	Power Adapter For Use With Electric Or Electric/Pneumatic Ventricular Assist	No Auth Required	No Auth Required	
Q0479	Power Module For Use With Electric Or Electric/Pneumatic Ventricular Assist	No Auth Required	No Auth Required	
Q1003	New Technology Intraocular Lens - category 3	Auth Required	Auth Required	
Q1004	New Technology Intraocular Lense	Auth Required	Auth Required	
Q1005	New Technology Intraocular Lense	Auth Required	Auth Required	
Q2035	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years	No Auth Required	No Auth Required	
Q2036	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years	No Auth Required	No Auth Required	
Q2037	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years	No Auth Required	No Auth Required	
Q2038	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years	No Auth Required	No Auth Required	
Q2039	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years	No Auth Required	No Auth Required	
Q0506	Hair Analysis	Auth Required	Auth Required	
Q3031	Battery, Lithium-Ion, For Use With Electric Or Electric/Pneumatic Ventricular	No Auth Required	No Auth Required	
Q4100	Collagen Skin Test	Auth Required	Auth Required	
Q4101	Skin Substitute, Not Otherwise Specified	Auth Required	Auth Required	
Q4102	Skin Substitute, Apligraf, Per Square Centimeter	Auth Required	Auth Required	
Q4103	Skin Substitute, Oasis Wound Matrix, Per Square Centimeter	Auth Required	Auth Required	
Q4104	Skin Substitute, Oasis Burn Matrix, Per Square Centimeter	Auth Required	Auth Required	
Q4105	Skin Substitute, Integra Bilayer Matrix Wound Dressing (Bmwd), Per Square (Replaces J7347)	Auth Required	Auth Required	
Q4106	Skin Substitute, Integra Dermal Regeneration Template (Drt), Per Square	Auth Required	Auth Required	
Q4107	Skin Substitute, Dermagraft, Per Square Centimeter	Auth Required	Auth Required	
Q4108	Skin Substitute, Graftjacket, Per Square Centimeter	Auth Required	Auth Required	
Q4109	Skin Substitute, Integra Matrix, Per Square Centimeter	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
Q4110	Skin Substitute, Tissuemend, Per Square Centimeter	Auth Required	Auth Required	
Q4111	Skin Substitute, Primatrix, Per Square Centimeter	Auth Required	Auth Required	
Q4112	Skin Substitute, Gammagraft, Per Square Centimeter	Auth Required	Auth Required	
Q4113	Allograft, Cymetra, Injectable, 1Cc	Auth Required	Auth Required	
Q4114	Allograft, Graftjacket Express, Injectable, 1Cc	Auth Required	Auth Required	
Q4115	Allograft, Integra Flowable Wound Matrix, Injectable, 1Cc	Auth Required	Auth Required	
Q4117	Hyalomatrix, Per Square Centimeter	No Auth Required	No Auth Required	
Q4118	Matristem Micromatrix, 1 Mg	No Auth Required	No Auth Required	
Q4119	Matristem Wound Matrix, Per Square Centimeter	No Auth Required	No Auth Required	
Q4120	Matristem Burn Matrix, Per Square Centimeter	No Auth Required	No Auth Required	
Q4121	Theraskin, Per Square Centimeter	No Auth Required	No Auth Required	
Q9951	Locm greater of equal 400mg/ml iodine, 1 ml	No Auth Required	No Auth Required	
Q9959	High osmolar contr mtl 150 199 mg ml iodine concent per ml	No Auth Required	No Auth Required	
Q9960	High osmolar contr 200 249 mg ml iodine concent per ml.	No Auth Required	No Auth Required	
Q9961	High osmolar contr matl 250 299 ml iodine concent per ml	No Auth Required	No Auth Required	
Q9962	High osmolar contr mat 300 349 mg ml iodine concentr per ml	No Auth Required	No Auth Required	
Q9964	High osmolar contr matl 400 or greater mg ml iodine concent per ml.	No Auth Required	No Auth Required	
S0109	Methadone Oral 5 Mg	Ineligible	Ineligible	
S0116	Bevacizumab, 100Mg	No Auth Required	No Auth Required	
S0122	Injection, Menotropi	Ineligible	Ineligible	
S0124	Injection, Urofollit	Ineligible	Ineligible	
S0126	Injection, Follitrop	Ineligible	Ineligible	
S0128	Injection, Follitrop	Ineligible	Ineligible	
S0130	Injection Chorionic	Ineligible	Ineligible	
S0132	Injection, Ganirelix	Ineligible	Ineligible	
S0138	Finasteride, 5 Mg	Ineligible	Ineligible	
S0139	Minoxidil, 10Mg	Ineligible	Ineligible	
S0145	Injection Peg Interferon Alfa 28B 10 Mcg Per 0.5 Ml	Auth Required	Auth Required	
S0146	Peg interferon	Auth Required	Auth Required	
S0157	Becaplermin Gel 0.01	Auth Required	Auth Required	
S0165	Injection, Abarelix	No Auth Required	No Auth Required	
S0166	Injection Olanzapine	Ineligible	Ineligible	
S0167	Injection Apomorphin	Ineligible	Ineligible	
S0168	Injection Azacitidin	Ineligible	Ineligible	
S0179	Megestrol 20 Mg	Ineligible	Ineligible	
S0181	Ondansetron 4 Mg	Ineligible	Ineligible	
S0182	Procarbazine 5 Mg	Ineligible	Ineligible	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
S0183	Prochlorperazine 5 M	Ineligible	Ineligible	
S0187	Tamoxifen 10 Mg	Ineligible	Ineligible	
S0189	Testosterone Pellet	Ineligible	Ineligible	
S0190	Mifepristone, Oral,	No Auth Required	No Auth Required	
S0191	Misoprostol, Oral, 2	No Auth Required	No Auth Required	
S0194	Dialysis Stress Vit	Ineligible	Ineligible	
S0195	Pneumoco Conjugate	Auth Required	Auth Required	
S0196	Injectable Poly-L-La	Cosmetic	Cosmetic	
S0199	Paramed Intercept Non Hosp Based Als Svc Non Volun Non Trans	No Auth Required	No Auth Required	
S0207	Paramed Intrcept Nonvol	No Auth Required	No Auth Required	
S0208	Medically Induced Ab	No Auth Required	No Auth Required	
S0209	Wc Van Mileage Per M	No Auth Required	No Auth Required	
S0215	Nonemerg Transp Mile	Ineligible	Ineligible	
S0220	Med. Conference By A	No Auth Required	No Auth Required	
S0221	Medical Conference B	No Auth Required	No Auth Required	
S0250	Comp Geriatr Assmt T	No Auth Required	No Auth Required	
S0255	Hospice Refer Visit	Auth Required	Auth Required	
S0257	Counseling And Discu	Ineligible	Ineligible	
S0260	H&P For Surgery	No Auth Required	No Auth Required	
S0302	Completed Epsdt	Ineligible	Ineligible	
S0310	Hospitalist Visit	No Auth Required	No Auth Required	
S0315	Disease Managemn	Ineligible	Ineligible	
S0316	Disease Management	Ineligible	Ineligible	
S0317	Disease Management P	Ineligible	Ineligible	
S0320	Phone Calls By Rn T	Auth Required	Auth Required	
S0340	Lifestyle Mod 1St St	Ineligible	Ineligible	
S0341	Lifestyle Mod 2 Or 3	Ineligible	Ineligible	
S0342	Lifestyle Mod 4Th St	Ineligible	Ineligible	
S0346	Home ECG Monitorin Tech 24 hour	Auth	Ineligible	
S0390	Routine Foot Care Re	Ineligible	Ineligible	
S0395	Impression Casting F	No Auth Required	No Auth Required	
S0400	Global Eswl Kidney	No Auth Required	No Auth Required	
S0500	Dispos Cont Lens	Ineligible	Ineligible	
S0504	Singl Prscrip Lens	Ineligible	Ineligible	
S0506	Bifoc Prscrip Lens	Ineligible	Ineligible	
S0508	Trifoc Prscrip Lens	Ineligible	Ineligible	
S0510	Non-Prscrip Lens	Ineligible	Ineligible	
S0512	Daily Cont Lens	Ineligible	Ineligible	
S0514	Color Cont Lens	Ineligible	Ineligible	
S0515	Scleral Lens Liquid	Ineligible	Ineligible	
S0516	Safety Frames	Ineligible	Ineligible	
S0518	Sunglass Frames	Ineligible	Ineligible	
S0580	Polycarb Lens	Ineligible	Ineligible	
S0581	Nonstnd Lens	Ineligible	Ineligible	
S0590	Misc Integral Lens S	Ineligible	Ineligible	
S0592	Comp Cont Lens Eval	Ineligible	Ineligible	
S0618	Audiometry For Hear	No Auth Required	No Auth Required	
S0622	Phys Exam For Colleg	Ineligible	Ineligible	
S0800	Laser In Situ Kerato	Ineligible	Ineligible	
S0810	Photorefractive Kera	Ineligible	Ineligible	
S0812	Phototherap Keratect	Ineligible	Ineligible	
S1001	Deluxe Item	Ineligible	Ineligible	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
S1002	Custom Item	Auth Required	Auth Required	
S1015	Iv Tubing Extension	Auth Required Pos 12 Only	No Auth Required	
S1016	Non-Pvc (Polyvinyl C	Auth Required Pos 12 Only	No Auth Required	
S1025	Inhal Nitric Oxide N	Ineligible	Ineligible	
S1030	Gluc Monitor Purchas	Auth Required	Auth Required	
S1031	Gluc Monitor Rental	Auth Required	Auth Required	
S1040	Cranial Remold Or	Ineligible	Ineligible	
S2053	Liver Allografts/Tran	Auth Required	Auth Required	
S2054	Transplantation Of M	Auth Required	Auth Required	
S2055	Harvesting Of Donor	Ineligible	Ineligible	
S2060	Lobar Lung Transplan	Auth Required	Auth Required	
S2061	Donor Lobectomy (Lun	Ineligible	Ineligible	
S2065	Simult Panc Kidn Tra	Auth Required	Auth Required	
S2066	Breast Reconstruction With Gluteal Artery Perforator (Gap) Flap, Including Harvesting Of The Flap, Microvascular Transfer, Closure Of Donor Site And Shaping The Flap Into A Breast, Unilateral	Auth Required	Auth Required	
S2067	Breast Reconstruction Of A Single Breast With "Stacked" Deep Inferior Epigastric Perforator (Diep) Flap(S) And/Or Gluteal Artery Perforator (Gap) Flap(S), Including Harvesting Of The Flap(S), Microvascular Transfer, Closure Of Donor Site(S) And Shaping Th	No Auth Required	No Auth Required	
S2068	Breast Reconstruction With Deep Inferior Epigastric Perforator (Diep) Flap,	No Auth Required	No Auth Required	
S2068	Breast Reconstruction With Deep Inferior Epigastric Perforator (Diep) Flap Or Superficial Inferior Epigastric Artery (Sia) Flap, Including Harvesting Of The Flap, Microvascular Transfer, Closure Of Donor Site And Shaping The Flap Into A Breast, Unilatera	No Auth Required	No Auth Required	
S2070	Cysto Urethro Scopy	No Auth Required	No Auth Required	
S2078	Laparoscopic Supracervical Hysterectomy (Subtotal Hysterectomy), With Or	Auth Required	Auth Required	
S2079	Laparoscopic Esophagomyotomy (Heller Type)	Auth Required	Auth Required	
S2080	Laser-assisted Uvulopalatoplasty	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
S2081	Medical Home Program, Comprehensive Care Coordination And Planning, Maintenance	Auth Required	Auth Required	
S2082	Laparoscopy, Surgi	Ineligible	Ineligible	
S2083	Adjustment Of Gastr	Ineligible	Ineligible	
S2085	Laparoscopy, Gastric	Ineligible	Ineligible	
S2090	Ablation, Open, On	Ineligible	Ineligible	
S2091	Ablation Percutaneou	Auth Required	Auth Required	
S2095	Transcatheter Occlu	Auth Required	Auth Required	
S2102	Islet Cell Tissue Tr	Auth Required	Auth Required	
S2103	Adrenal Tissue Trans	Auth Required	Auth Required	
S2112	Knee Arthroscp Harv	Auth Required	Auth Required	
S2113	Arthroscopy, Knee,	Auth Required	Auth Required	
S2115	Periacetabular Osteo	Auth Required	Auth Required	
S2118	Metal On Metal Total Hip Resurfacing	Auth Required	Auth Required	
S2120	Low Density Lipoprot	No Auth Required	No Auth Required	
S2140	Cord Blood Harvestin	Ineligible	Ineligible	
S2142	Cord Blood-Derived S	Ineligible	Ineligible	
S2150	Bmt Harv/Transpl 28D	Ineligible	Ineligible	
S2152	Solid Organ Comp Or	Auth Required	Auth Required	
S2202	Echosclerotherapy	Auth Required	Auth Required	
S2205	Minimally Invasive D	Auth Required	Auth Required	
S2206	Two Coronary Arteria	Auth Required	Auth Required	
S2207	Single Coronary Veno	Auth Required	Auth Required	
S2208	Single Venous Graft	Auth Required	Auth Required	
S2209	Two Arterial Grafts/	Auth Required	Auth Required	
S2210	Knee Procedures W Cc	Auth Required	Auth Required	
S2211	Transcatheter Placem	Ineligible	Ineligible	
S2213	Implant Gastric Elec	No Auth Required	No Auth Required	
S2225	Myringotomy, Laser	Auth Required	Auth Required	
S2230	Implant Magnet Compo	Ineligible	Ineligible	
S2235	Implant Auditory Br	Ineligible	Ineligible	
S2250	Uterine Artery Embol	Ineligible	Ineligible	
S2260	Induced Abortion 17-	Auth Required	Auth Required	
S2265	Abortion For M	Auth Required	Auth Required	
S2266	Abortion For	Auth Required	Auth Required	
S2267	Abortion For	Auth Required	Auth Required	
S2270	Insertion Of Vaginal Cylinder For Radiation Source	No Auth Required	No Auth Required	
S2300	Arthroscopy shoulder surgical w/ thermally induced capsulorrhaphy	No Auth Required	No Auth Required	
S2325	Hip Core Decompression	Auth Required	Auth Required	
S2340	Chemodenervation Of	Ineligible	Ineligible	
S2341	Chemodenerv Adduct V	No Auth Required	No Auth Required	
S2342	Nasal Endoscop Po De	No Auth Required	No Auth Required	
S2344	Nasal/Sinus Endoscopy, Surgical; With Enlargement Of Sinus Ostium Opening Using Nflatable Device (I.E., Balloon Sinuplasty)	No Auth Required	No Auth Required	
S2348	Decompression Proc P	Auth Required	Auth Required	
S2350	Diskectomy Anterior	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
S2351	Discectomy Anterior	Auth Required	Auth Required
S2360	Vertebroplast Cerv 1	Auth Required	Auth Required
S2361	Vertebroplast Cerv	Auth Required	Auth Required
S2362	Kyphoplasty, One V	Auth Required	Auth Required
S2363	Kyphoplasty, One V	Auth Required	Auth Required
S2370	Intradiscal Electrot	Ineligible	Ineligible
S2371	Each Additional Inte	Ineligible	Ineligible
S2400	Fetal Surg Congen He	Auth Required	Auth Required
S2401	Fetal Surg Urin Tra	Auth Required	Auth Required
S2402	Fetal Surg Cong Cys	Auth Required	Auth Required
S2403	Fetal Surg Pulmon Se	Auth Required	Auth Required
S2404	Fetal Surg Myelomeni	Auth Required	Auth Required
S2405	Repair Of Sacrococcy	Auth Required	Auth Required
S2409	Fetal Surg Noc	Auth Required	Auth Required
S2411	Fetoscop Laser Ther	Ineligible	Ineligible
S2900	Use Of Robotic Surg	Auth Required	Auth Required
S3600	Stat Lab	No Auth Required	No Auth Required
S3601	Stat Lab Home/Nf	No Auth Required	No Auth Required
S3620	Newborn Metabolic Sc	Ineligible	Ineligible
S3628	Placental Alpha Microglobulin-1	No Auth Required	No Auth Required
S3650	Saliva Test Hormone	Auth Required	Auth Required
S3652	During Menopause, Sa	Auth Required	Auth Required
S3655	Antisperm Anti Bodi	Auth Required	Auth Required
S3701	Nmp-22 Assay	Ineligible	Ineligible
S3708	Gastrointestinal Fat	Auth Required	Auth Required
S3711	Circulating Tumor Cell Test	Auth Required	Auth Required
S3800	Genetic Testing For Amyotrophic Lateral Sclerosis (Als)	Auth Required	Auth Required
S3818	Brca1 Gene Anal	Auth Required	Auth Required
S3819	Brca2 Gene Anal	Auth Required	Auth Required
S3820	Comp Braca1 And Brc	Auth Required	Auth Required
S3822	Single Mutation Ana	Auth Required	Auth Required
S3823	Three-Mut Brca1 & B	Auth Required	Auth Required
S3824	Single Apc Gene Se	No Auth Required	No Auth Required
S3828	Complete Gene Seque	Auth Required	Auth Required
S3829	Msh2 Gene	Auth Required	Auth Required
S3830	Gene Test Hnpcc Comp	Auth Required	Auth Required
S3831	Gene Test Hnpcc Sin	Auth Required	Auth Required
S3833	Complete Apc Gene S	Auth Required	Auth Required
S3834	Single-Mutation Anal	Auth Required	Auth Required
S3835	Gene Test Cystic Fib	No Auth Required	No Auth Required
S3837	Gene Test Hemochroma	No Auth Required	No Auth Required
S3840	Dna Analysis For Ger	Auth Required	Auth Required
S3841	Genetic Testing For	No Auth Required	No Auth Required
S3842	Genetic Testing For	No Auth Required	No Auth Required
S3843	Dna Analy Of The F5	Auth Required	Auth Required
S3844	Dna Analy Of The Co	Auth Required	Auth Required
S3845	Genetic Testing For	No Auth Required	No Auth Required
S3846	Genetic Testing For	No Auth Required	No Auth Required
S3847	Genetic Testing Fo	No Auth Required	No Auth Required
S3848	Genetic Test For Gau	No Auth Required	No Auth Required
S3849	Genetic Testing For	No Auth Required	No Auth Required
S3850	Genetic Testing For	No Auth Required	No Auth Required
S3851	Genetic Testing Fo	No Auth Required	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
S3852	Dna Analysis For Apo	Auth Required	Auth Required	
S3853	Genetic Testing Fo	Auth Required	Auth Required	
S3854	Gene Expression Profiling Panel For Use In The Management Of Breast Cancer	Auth Required	Auth Required	
S3855	Genetic Testing For Detection Of Mutations In The Presenilin - 1 Gene	Auth Required	Auth Required	
S3860	Genetic Testing, Comprehensive Cardiac Ion Channel Analysis	Auth Required	Auth Required	
S3861	Genetic Testing, Sodium Channel Boltage Gated Type V Alpha Subunit	Auth Required	Auth Required	
S3862	Genetic Testing, Family Specific Ion Channel Analysis For Blood Relative	Auth Required	Auth Required	
S3865	Comprehensive Gene Sequence Analysis For Hypertrophic Cardiomyopathy(Per Cvty Lab Policy)	Auth Required	Auth Required	
S3866	Genetic Analysis For A Specific Gene Mutation For Hypertrophic Cardiomyopathy (Hcm) In An Individual With A Known Hcm Mutation In The Family (Per Cvty Lab Policy)	Auth Required	Auth Required	
S3870	Comparative Genomic Hybrization (Cgh) Microarray Testing For Developmental Delay, Autism Spectrum Disorder And/Or Mental Retardation (Per Cvty Lab Policy)	Auth Required	Auth Required	
S3890	Dna Analysis, Fecal,	No Auth Required	No Auth Required	
S3900	Surface Emg	Auth Required	Auth Required	
S3902	Ballistocardiogram	Auth Required	Auth Required	
S3904	Masters Two Step	Auth Required	Auth Required	
S3905	Non-Invasive Electrodiagnostic Testing With Automatic Computerized Hand-Held Device To Stimulate And Measure Neuromuscular Signals In Diagnosing And Evaluating Systemic And Entrapment Neurophathies	Auth Required	Auth Required	
S4005	Interim Labor Facili	Auth Required	Auth Required	
S4011	Ivf Package	Ineligible	Ineligible	
S4013	Complete Cycle Gamet	Ineligible	Ineligible	
S4014	Complete Cycle Zygo	Ineligible	Ineligible	
S4015	Complete Ivf Case Ra	Ineligible	Ineligible	
S4016	Frozen Ivf Case Rate	Ineligible	Ineligible	
S4017	Incomplete Cycle Tre	Ineligible	Ineligible	
S4018	F Emb Trns Canc Case	Ineligible	Ineligible	
S4020	Ivf Canc A Aspir Cas	Ineligible	Ineligible	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
S4021	Ivf Canc P Aspir Cas	Ineligible	Ineligible
S4022	Asst Oocyte Fert Cas	Ineligible	Ineligible
S4023	Donor Egg Cycle Inco	Ineligible	Ineligible
S4025	Donor Serv Ivf Case	Ineligible	Ineligible
S4026	Procure Donor Sperm	Ineligible	Ineligible
S4027	Store Prev Froz Embr	Ineligible	Ineligible
S4028	Microsurg Epi Sperm	Ineligible	Ineligible
S4030	Sperm Procure Init V	Ineligible	Ineligible
S4031	Sperm Procure Subs V	Ineligible	Ineligible
S4035	Stimulated Intrauter	Ineligible	Ineligible
S4037	Cryopreserved Embryo	Ineligible	Ineligible
S4040	Monitoring And Stora	Ineligible	Ineligible
S4042	Management Of Ovulat	Ineligible	Ineligible
S4981	Insert Levonorgestre	Ineligible	Ineligible
S4989	Contracept Iud	No Auth Required	No Auth Required
S4990	Nicotine Patch Legen	Ineligible	Ineligible
S4991	Nicotine Patch Nonle	Ineligible	Ineligible
S4993	Contraceptive Pills	Ineligible	Ineligible
S4995	Smoking Cessation Gu	Ineligible	Ineligible
S5000	Prescription Drug, G	Ineligible	Ineligible
S5001	Prescription Drug, B	Ineligible	Ineligible
S5010	5% Dextrose And 45%	Ineligible	Ineligible
S5011	5% Dextrose In Lacta	Ineligible	Ineligible
S5012	5% Dextrose With Pot	Ineligible	Ineligible
S5013	5% Dextrose 45% Norm	Ineligible	Ineligible
S5014	5% Dextrose/45% Norm	Ineligible	Ineligible
S5035	Hit Routine Device M	Auth Required	Auth Required
S5036	Hit Device Repair	Auth Required	Auth Required
S5100	Day Care Services	Ineligible	Ineligible
S5101	Day Care Service	Ineligible	Ineligible
S5102	Day Care Services	Ineligible	Ineligible
S5105	Day Care Svcs Ctr	Ineligible	Ineligible
S5108	Home Care Training	Auth Required	Auth Required
S5109	Home Care Traini	Auth Required	Auth Required
S5110	Home Care Training	Auth Required	Auth Required
S5111	Home Care Training	Auth Required	Auth Required
S5115	Home Care Trainin	Auth Required	Auth Required
S5116	Home Care Traini	Auth Required	Auth Required
S5120	Chore Services Per	Ineligible	Ineligible
S5121	Chore Services Pe	Ineligible	Ineligible
S5125	Attendent Care Serv	Ineligible	Ineligible
S5126	Attendent Care Ser	Ineligible	Ineligible
S5130	Homemaker Service	Ineligible	Ineligible
S5131	Homemaker Service	Ineligible	Ineligible
S5135	Companion Care Adu	Ineligible	Ineligible
S5136	Companion Care Adul	Ineligible	Ineligible
S5140	Foster Care Adult	Ineligible	Ineligible
S5141	Foster Care Adult	Ineligible	Ineligible
S5145	Foster Care Chil	Ineligible	Ineligible
S5146	Foster Care Chi	Ineligible	Ineligible
S5150	Unskilled Respite	Ineligible	Ineligible
S5151	Unskilled Respite	Ineligible	Ineligible
S5160	Emergency Response	Ineligible	Ineligible
S5161	Emergency Respons	Ineligible	Ineligible
S5162	Emergency Response	Ineligible	Ineligible

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
S5165	Home Modifications	Ineligible	Ineligible
S5170	Home Delivered Meal	Ineligible	Ineligible
S5175	Laundry Service E	Ineligible	Ineligible
S5180	Home Health Resp	Auth Required	Auth Required
S5181	Home Health Resp	Auth Required	Auth Required
S5185	Medication Reminde	Ineligible	Ineligible
S5190	Wellness Assessmen	Auth Required	Auth Required
S5199	Personal Care Item	No Auth Required	No Auth Required
S5497	Hit Cath Care Noc	No Auth Required	No Auth Required
S5498	Hit Simple Cath Care	No Auth Required	No Auth Required
S5501	Hit Complex Cath Car	No Auth Required	No Auth Required
S5502	Hit Interim Cath Car	No Auth Required	No Auth Required
S5517	Hit Declothing Kit	No Auth Required	No Auth Required
S5518	Hit Cath Repair Kit	No Auth Required	No Auth Required
S5520	Hit Picc Insert Kit	No Auth Required	No Auth Required
S5521	Hit Midline Cath Ins	Auth Required	Auth Required
S5522	Hit Picc Insert No S	Auth Required	Auth Required
S5523	Hip Midline Cath Ins	Auth Required	Auth Required
S8004	Radioimmunopharm	No Auth Required	No Auth Required
S8030	Tantalum Ring Applic	Auth Required	Auth Required
S8035	Magnetic Source Imag	Auth Required	Auth Required
S8037	Mrcp	Auth Required	Auth Required
S8040	Topographic Brain Ma	Auth Required	Auth Required
S8042	Magnestic Resonance	Auth Required	Auth Required
S8049	Intraoperative Radia	No Auth Required	No Auth Required
S8055	Us Guidance Fetal Re	Ineligible	Ineligible
S8075	Computer Anal Of Fu	No Auth Required	No Auth Required
S8080	Scintimammography (R	No Auth Required	No Auth Required
S8085	Fluorine-18 Fluorode	Auth Required	Auth Required
S8092	Electron Beam Comput	Auth Required	Auth Required
S8096	Portable Peak Flow M	Dme Rule	Dme Rule
S8097	Asthma Kit	Dme Rule	Dme Rule
S8100	Spacer Without Mask	Dme Rule	Dme Rule
S8101	Spacer With Mask	Dme Rule	Dme Rule
S8120	Oxygen Contents	Dme Rule	Dme Rule
S8121	Oxygen Contents G	Dme Rule	Dme Rule
S8180	Trach Shower Protect	Ineligible	Ineligible
S8181	Trach Tube Holder	Auth Required Pos 12 Only	No Auth Required
S8182	Humidifier Non-Servo	Dme Rule	Dme Rule
S8183	Humidifier Dual Serv	Dme Rule	Dme Rule
S8185	Flutter Device	Auth Required Pos 12 Only	No Auth Required
S8186	Swivel Adaptor	Auth Required Pos 12 Only	No Auth Required
S8189	Trach Supply Noc	Auth Required Pos 12 Only	No Auth Required
S8190	Electronic Spiromete	Ineligible	Ineligible
S8210	Mucus Trap	Ineligible	Ineligible
S8260	Oral Orthotic For Tr	Dme Rule	Dme Rule
S8262	Mandibular Orthopedi	Ineligible	Ineligible
S8265	Haberman Feeder For	Auth Required	Auth Required
S8301	Infection Control	No Auth Required	No Auth Required
S8415	Supplies For Home De	Ineligible	Ineligible
S8420	Custom Gradient Slee	Dme Rule	Dme Rule

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
S8421	Ready Gradient Sleeve	Dme Rule	Dme Rule	
S8422	Custom Grad Sleeve M	Dme Rule	Dme Rule	
S8423	Custom Grad Sleeve	Dme Rule	Dme Rule	
S8424	Ready Gradient Sleeve	Dme Rule	Dme Rule	
S8425	Custom Grad Glove Me	Dme Rule	Dme Rule	
S8426	Custom Grad Glove H	Dme Rule	Dme Rule	
S8427	Ready Gradient Glove	Dme Rule	Dme Rule	
S8428	Ready Gradient Gaun	Dme Rule	Dme Rule	
S8429	Gradient Pressure Wr	Dme Rule	Dme Rule	
S8430	Padding For Comprssn	Auth Required Pos 12 Only	No Auth Required	
S8431	Compression Bandage	Auth Required Pos 12 Only	No Auth Required	
S8450	Splint Digit	Auth Required Pos 12 Only	No Auth Required	
S8451	Splint Wrist Or Ankl	Ineligible	Ineligible	
S8452	Splint Elbow	Ineligible	Ineligible	
S8460	Camisole Post Maste	Dme Rule	Dme Rule	
S8470	Positioning Device,S	Dme Rule	Dme Rule	
S8490	100 Insulin Syringes	Ineligible	Ineligible	
S8948	Applic Of A Modality	Auth Required	Auth Required	
S8950	Complex Lymphedema T	Auth Required	Auth Required	
S8990	Pt For Manipulatio	Ineligible	Ineligible	
S8999	Resuscitation Bag (F	Ineligible	Ineligible	
S9001	Home Uterine Monitor	Dme Rule	Dme Rule	
S9007	Ultrafiltration Moni	Ineligible	Ineligible	
S9015	Automated Eeg Monito	Auth Required	Auth Required	
S9022	Digital Subraction A	Ineligible	Ineligible	
S9024	Paranasal Sinus Ultr	No Auth Required	No Auth Required	
S9025	Omnicrodiogram/Cardi	No Auth Required	No Auth Required	
S9034	Extracorp Shockwave	Auth Required	Auth Required	
S9055	Procuren Or Other Gr	Auth Required	Auth Required	
S9056	Home Administration Of Aerosolized Drug Therapy (Eg Pentamidine) Per Diem	No Auth Required	No Auth Required	
S9061	Medical Supplies And	Auth Required	Auth Required	
S9075	Smoking Cessation Tr	Ineligible	Ineligible	
S9083	Urgent Care Center G	Ineligible	Ineligible	
S9088	Services Provided In	Ineligible	Ineligible	
S9090	Vetebral Axial Decom	Auth Required	Auth Required	
S9097	Home Phototherapy Visit	No Auth Required	No Auth Required	
S9098	Home Phototherapy Vi	Auth Required	Auth Required	
S9109	Chf Telemonitoring M	Auth Required	Auth Required	
S9117	Back School Visit	Ineligible	Ineligible	
S9122	Home Health Aide Or	Auth Required	Auth Required	
S9123	Nursing Care In The	No Auth Required	No Auth Required	
S9124	Licensed Practical N	No Auth Required	No Auth Required	
S9125	Respite Care In The	No Auth Required	No Auth Required	
S9126	Hospice Care In The	No Auth Required	No Auth Required	
S9127	Social Work Visit In	No Auth Required	No Auth Required	
S9128	Speech Therapy In Th	No Auth Required	No Auth Required	
S9129	Occupational Therapy	No Auth Required	No Auth Required	
S9131	Pt In The Home Per D	No Auth Required	No Auth Required	
S9140	Diabetic Management	See Nutritional Counseling Notes	See Nutritional Counseling Notes	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
S9141	Follow-Up Visit To M	Auth Required	Auth Required
S9145	Insulin Pump Initiat	No Auth Required	No Auth Required
S9152	Speech Therapy, Re-Evaluation	No Auth Required	No Auth Required
S9208	Home Mgmt Preterm La	Auth Required	Auth Required
S9209	Home Mgmt Pprom	No Auth Required	No Auth Required
S9211	Home Mgmt Gest Hyper	Auth Required	Auth Required
S9212	Hm Postpar Hyper Per	No Auth Required	No Auth Required
S9213	Hm Preeclamp Per Die	No Auth Required	No Auth Required
S9214	Hm Gest Dm Per Diem	No Auth Required	No Auth Required
S9325	Hit Pain Mgmt Per Di	No Auth Required	No Auth Required
S9326	Hit Cont Pain Per Di	No Auth Required	No Auth Required
S9327	Hit Int Pain Per Die	No Auth Required	No Auth Required
S9328	Hit Pain Imp Pump Di	No Auth Required	No Auth Required
S9329	Hit Chemo Per Diem	No Auth Required	No Auth Required
S9330	Hit Cont Chem Diem	No Auth Required	No Auth Required
S9331	Hit Intermit Chemo D	Auth Required	Auth Required
S9335	Home Therapy Hemodia	No Auth Required	No Auth Required
S9336	Hit Cont Anticoag Di	No Auth Required	No Auth Required
S9338	Hit Immunotherapy Di	Auth Required	Auth Required
S9339	Hit Periton Dialysis	No Auth Required	No Auth Required
S9340	Hit Enteral Per Diem	No Auth Required	No Auth Required
S9341	Hit Enteral Grav D	No Auth Required	No Auth Required
S9342	Hit Enteral Pump Di	No Auth Required	No Auth Required
S9343	Hit Enteral Bolus	No Auth Required	No Auth Required
S9345	Hit Anti-Hemophil Di	No Auth Required	No Auth Required
S9346	Hit Alpha-1-Proteina	No Auth Required	No Auth Required
S9347	Hit Longterm Infusio	No Auth Required	No Auth Required
S9348	Hit Sympathomim Diem	No Auth Required	No Auth Required
S9349	Hit Tocolysis Diem	No Auth Required	No Auth Required
S9351	Hit Cont Antiemetic	No Auth Required	No Auth Required
S9353	Hit Cont Insulin Die	No Auth Required	No Auth Required
S9355	Hit Chelation Diem	No Auth Required	No Auth Required
S9357	Hit Enzyme Replace D	No Auth Required	No Auth Required
S9359	Hit Anti-Tnf Per Die	No Auth Required	No Auth Required
S9361	Hit Diuretic Infus D	No Auth Required	No Auth Required
S9363	Hit Anti-Spasmotic D	No Auth Required	No Auth Required
S9364	Hit Tpn Total Diem	No Auth Required	No Auth Required
S9365	Hit Tpn 1 Liter Diem	No Auth Required	No Auth Required
S9366	Hit Tpn 2 Liter Diem	No Auth Required	No Auth Required
S9367	Hit Tpn 3 Liter Diem	No Auth Required	No Auth Required
S9368	Hit Tpn Over 3L Diem	No Auth Required	No Auth Required
S9370	Ht Inj Antiemetic Di	No Auth Required	No Auth Required
S9372	Ht Inj Anticoag Diem	No Auth Required	No Auth Required
S9373	Hit Hydra Total Diem	No Auth Required	No Auth Required
S9374	Hit Hydra 1 Liter Di	No Auth Required	No Auth Required
S9375	Hit Hydra 2 Liter Di	No Auth Required	No Auth Required
S9376	Hit Hydra 3 Liter Di	No Auth Required	No Auth Required
S9377	Hit Hydra Over 3L Di	No Auth Required	No Auth Required
S9379	Hit Noc Per Diem	Auth Required	Auth Required
S9381	Hit High Risk/Escort	Auth Required	Auth Required
S9401	Pharmacy Compounding And Dispensing Services	No Auth Required	No Auth Required
S9430	Pharmacy Compounding	Auth Required	Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
S9433	Medical Food Nutritionally Complete, Administered Orally, Providing 100% Of	Auth Required	Auth Required	
S9434	Modified Solid Foo	Ineligible	Ineligible	
S9435	Medical Foods For In	Ineligible	Ineligible	
S9436	Childbirth Preparati	Ineligible	Ineligible	
S9437	Childbirth Refresher	Ineligible	Ineligible	
S9438	Cesarean Birth Class	Ineligible	Ineligible	
S9439	Vbac Vag Birth After	Ineligible	Ineligible	
S9441	Asthma Education	Ineligible	Ineligible	
S9442	Birthing Class	Ineligible	Ineligible	
S9443	Lactation Class	Ineligible	Ineligible	
S9444	Parenting Classes No	Ineligible	Ineligible	
S9445	Pt Education Noc Ind	No Auth Required	No Auth Required	
S9446	Pt Education Noc Gr	See Nutritional Counseling Notes	See Nutritional Counseling Notes	
S9447	Infant Safety Includ	Auth Required	Auth Required	
S9449	Weight Management Cl	Ineligible	Ineligible	
S9451	Exercise Classes Non	Ineligible	Ineligible	
S9452	Nutrition Classes No	See Nutritional Counseling Notes	See Nutritional Counseling Notes	
S9453	Smoking Cessation Cl	Ineligible	Ineligible	
S9454	Diabetic Management Program,Group Session	No Auth Required	No Auth Required	
S9455	Diabetic Management Program,Nurse Visit	No Auth Required	No Auth Required	
S9460	Nurse Visit, Diabeti	No Auth Required	No Auth Required	
S9465	Dietician Visit Diab	No Auth Required	No Auth Required	
S9470	Nutritional Counseli	See Nutritional Counseling Notes	See Nutritional Counseling Notes	
S9472	Cardiac Rehab Progra	No Auth Required	No Auth Required	
S9473	Pulmonary Rehab Prog	No Auth Required	No Auth Required	
S9474	Enterostomal Therapy	Auth Required	Auth Required	
S9476	Vestibular Rehabilit	Auth Required	Auth Required	
S9482	Family Stabilization	Ineligible	Ineligible	
S9485	Home Infusion Therapy For Corticosteroid Per Diem	No Auth Required	No Auth Required	
S9490	Hit Antibiotic Total Diem	No Auth Required	No Auth Required	
S9494	Hit Antibiotic Total	Auth Required	Auth Required	
S9497	Hit Antibiotic Q3H	No Auth Required	No Auth Required	
S9500	Hit Antibiotic Q24H	No Auth Required	No Auth Required	
S9501	Hit Antibiotic Q12	No Auth Required	No Auth Required	
S9502	Hit Antibiotic Q8	No Auth Required	No Auth Required	
S9503	Hit Antibiotic Q6H	No Auth Required	No Auth Required	
S9504	Hit Antibiotic Q4	No Auth Required	No Auth Required	
S9529	Venipuncture Home/Sn	No Auth Required	No Auth Required	
S9537	Ht Hem Horm Inj Diem	No Auth Required	No Auth Required	
S9538	Hit Blood Products D	No Auth Required	No Auth Required	
S9542	Ht Inj Noc Per Diem	Auth Required	Auth Required	
S9546	Home Infus Of Blood	No Auth Required	No Auth Required	
S9558	Ht Inj Growth Horm D	Auth Required	Auth Required	
S9559	Hit Inj Interferon D	No Auth Required	No Auth Required	
S9560	Ht Inj Hormone Diem	No Auth Required	No Auth Required	
S9562	Home Inject Therp	Auth Required	Auth Required	
S9590	Home Ther,Irrigation	Auth Required	Auth Required	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
S9806	Rn Services In The I	Auth Required	Auth Required
S9810	Ht Pharm Per Hour	Auth Required	Auth Required
S9900	Svcs By Authorized C	Ineligible	Ineligible
S9935	Asthma education, non physician provider, per session	No Auth Required	No Auth Required
S9941	Patient education, noc, nonphysician provider, individual, per session	No Auth Required	No Auth Required
S9945	Home Therapy,Hemodia	Auth Required	Auth Required
S9970	Health Club Membersh	Ineligible	Ineligible
S9975	Transplant Related L	Auth Required	Auth Required
S9976	Lodging Per Diem N	Ineligible	Ineligible
S9977	Meals, Per Diem, Not	Ineligible	Ineligible
S9981	Med Record Copy Admi	Ineligible	Ineligible
S9982	Med Record Copy Pe	Ineligible	Ineligible
S9986	Not Medically Necess	Ineligible	Ineligible
S9988	Services Provided	Auth Required	Auth Required
S9989	Services Outside Us	Auth Required	Auth Required
S9990	Phase Ii Clinical Tr	Auth Required	Auth Required
S9991	Phase Iii Clinical T	Auth Required	Auth Required
S9992	Transportation Costs	Ineligible	Ineligible
S9994	Lodging Costs For Cl	Ineligible	Ineligible
S9996	Meals For Clinical T	Ineligible	Ineligible
S9999	Private Duty Independent Nursing Svcs 15 Min	No Auth Required	No Auth Required
T1000	Private Duty Indep N	No Auth Required	No Auth Required
T1001	Nursing Assessment/E	No Auth Required	No Auth Required
T1002	Rn Services, Up To 1	No Auth Required	No Auth Required
T1003	Lpn/Lvn Services, Up	No Auth Required	No Auth Required
T1004	Services Of A Qualif	No Auth Required	No Auth Required
T1005	Respite Care Service	Auth Required	Auth Required
T1009	Child Sitting Svcs F	Ineligible	Ineligible
T1010	Meals For Individual	Ineligible	Ineligible
T1011	Alcohol And/Or S/A A	Ineligible	Ineligible
T1013	Sign Language Or Ora	Ineligible	Ineligible
T1014	Telehealth Transmit,	No Auth Required	No Auth Required
T1015	Clinic Service	Auth Required	Auth Required
T1016	Case Management Each	Ineligible	Ineligible
T1017	Targeted Case Manage	Ineligible	Ineligible
T1018	School Based Individ	Ineligible	Ineligible
T1019	Pers Care Svcs Per 1	Ineligible	Ineligible
T1020	Personal Care Svcs P	Ineligible	Ineligible
T1021	Home Hlth Aide Or Ce	Ineligible	Ineligible
T1022	Contr Home Hlth Agen	Ineligible	Ineligible
T1023	Screening To Dete	Ineligible	Ineligible
T1024	Eval And Treat	Ineligible	Ineligible
T1025	Intens,Exten Multidi	Ineligible	Ineligible
T1026	Intensive, Extend Mu	Ineligible	Ineligible
T1027	Family Train And Cou	Ineligible	Ineligible
T1028	Assess Of Home,Physi	Ineligible	Ineligible
T1029	Comprehensive Envi	Ineligible	Ineligible
T1030	Nursing Care, In	Ineligible	Ineligible
T1031	Nursing Care In	Ineligible	Ineligible

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
T1500	Electronic Medication Compliance Management Device, Includes All Components And	Ineligible	Ineligible	
T1505	Diaper Incontinent P	Ineligible	Ineligible	
T1502	Admin Of Oral,Intra	Ineligible	Ineligible	
T1999	Misc Therapeutic lte	Ineligible	Ineligible	
T2001	Non Emergency Transp	Ineligible	Ineligible	
T2002	Non Emer Transport P	Ineligible	Ineligible	
T2003	Non Emerg Trans Enco	Ineligible	Ineligible	
T2004	Non Emergency Tran	Ineligible	Ineligible	
T2005	Non Emer Transport	Ineligible	Ineligible	
T2006	Ambulance Response A	Ineligible	Ineligible	
T2007	Transport Waiting	Ineligible	Ineligible	
T2010	Pread Screening And	Ineligible	Ineligible	
T2011	Preadm Screen And	Ineligible	Ineligible	
T2012	Habilitation Educat	Ineligible	Ineligible	
T2013	Habilitation Educti	Ineligible	Ineligible	
T2014	Habilitation Prevoca	Ineligible	Ineligible	
T2015	Habilitation Prevoct	Ineligible	Ineligible	
T2016	Habilitation Reside	Ineligible	Ineligible	
T2017	Habilitation Resi	Ineligible	Ineligible	
T2018	Habilitation Suppor	Ineligible	Ineligible	
T2019	Habilitation Supp	Ineligible	Ineligible	
T2020	Day Habilitation	Ineligible	Ineligible	
T2021	Day Habilitation Wa	Ineligible	Ineligible	
T2022	Case Management	Ineligible	Ineligible	
T2023	Targetd Case Manag	Ineligible	Ineligible	
T2024	Serv Asmnt Plan O	Ineligible	Ineligible	
T2025	Waiver Services	Ineligible	Ineligible	
T2026	Spec Childcare W	Ineligible	Ineligible	
T2027	Spec Childcare Wa	Ineligible	Ineligible	
T2028	Specialized Supply	Ineligible	Ineligible	
T2029	Specialized Med Equ	Ineligible	Ineligible	
T2030	Assisted Living Wai	Ineligible	Ineligible	
T2031	Assisted Living Wai	Ineligible	Ineligible	
T2032	Residential Care	Ineligible	Ineligible	
T2033	Residntial Care No	Ineligible	Ineligible	
T2034	Crisis Interventio	Ineligible	Ineligible	
T2035	Utility Services Wa	Ineligible	Ineligible	
T2036	Camping Overnight	Ineligible	Ineligible	
T2037	Camping Day Waive	Ineligible	Ineligible	
T2038	Community Transition	Ineligible	Ineligible	
T2039	Vehicle Modification	Ineligible	Ineligible	
T2040	Financial Mgmt Waive	Ineligible	Ineligible	
T2041	Supports Brokerage	Ineligible	Ineligible	
T2042	Hospice Routine Home	Ineligible	Ineligible	
T2043	Hospice Continuous H	Ineligible	Ineligible	
T2044	Hospice Inpatient Re	Ineligible	Ineligible	
T2045	Hospice General Inpa	Ineligible	Ineligible	
T2046	Hospice Long Term Ca	Ineligible	Ineligible	
T2048	Behav Health Ltc R	Ineligible	Ineligible	
T2049	Non-Emergency Trans	Ineligible	Ineligible	
T2101	Human Breast Milk P	Ineligible	Ineligible	
T5001	Positioning Seat Fo	Ineligible	Ineligible	

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)
T5999	Supply. Not Otherwi	Ineligible	Ineligible
V2788	Presbyopia Correcting Function Of Intraocular Lens	Ineligible	Ineligible
V5010	Assessment For Heari	No Auth Required	No Auth Required
V5011	Fitting/Checking Of	No Auth Required	No Auth Required
V5014	Repair/Modif Of A He	No Auth Required	No Auth Required
V5020	Conformity Evaluatio	No Auth Required	No Auth Required
V5030	Hearing Aid; Monaura	No Auth Required	No Auth Required
V5040	Hearing Aid; Monaural	No Auth Required	No Auth Required
V5050	Hearing Aid; Monaura	No Auth Required	No Auth Required
V5060	Hearing Aid; Monaura	No Auth Required	No Auth Required
V5070	Glasses; Air Conduct	No Auth Required	No Auth Required
V5080	Glasses; Bone Conduc	No Auth Required	No Auth Required
V5090	Dispensing Fee; Unsp	Ineligible	Ineligible
V5095	Semi Implantable	No Auth Required	No Auth Required
V5100	Hearing Aid; Bilater	No Auth Required	No Auth Required
V5110	Dispensing Fee; Bila	No Auth Required	No Auth Required
V5120	Binaural; Body	No Auth Required	No Auth Required
V5130	Binaural; In The Ear	No Auth Required	No Auth Required
V5140	Binaural; Behind The	No Auth Required	No Auth Required
V5150	Binaural; Glasses	No Auth Required	No Auth Required
V5160	Dispensing Fee; Bina	No Auth Required	No Auth Required
V5170	Hearing Aid; Cros; I	No Auth Required	No Auth Required
V5180	Hearing Aid; Cros; B	No Auth Required	No Auth Required
V5190	Hearing Aid; Cros; G	No Auth Required	No Auth Required
V5200	Dispensing Fee; Cros	No Auth Required	No Auth Required
V5210	Hearing Aid; Bicros;	No Auth Required	No Auth Required
V5220	Hearing Aid; Bicros;	No Auth Required	No Auth Required
V5230	Hearing Aid; Bicros;	No Auth Required	No Auth Required
V5240	Dispensing Fee; Bicr	No Auth Required	No Auth Required
V5241	Dispensing Fee, Mona	No Auth Required	No Auth Required
V5242	Hearing Aid, Monaura	No Auth Required	No Auth Required
V5243	Hearing Aid, Monaur	No Auth Required	No Auth Required
V5244	Hearing Aid Prog, Mo	No Auth Required	No Auth Required
V5245	Hearing Aid, Prog,	No Auth Required	No Auth Required
V5246	Hearing Aid Prog,	No Auth Required	No Auth Required
V5247	Hearing Aid, Prog,	No Auth Required	No Auth Required
V5248	Hearing Aid, Bina	No Auth Required	No Auth Required
V5249	Hearing Aid Binaur	No Auth Required	No Auth Required
V5250	Hearing Aid, Prog,	No Auth Required	No Auth Required
V5251	Hearing Aid, Pro	No Auth Required	No Auth Required
V5252	Hearing Aid Pro	No Auth Required	No Auth Required
V5253	Hearing Aid Prog	No Auth Required	No Auth Required
V5254	Hearing Aid Digi	No Auth Required	No Auth Required
V5255	Hearing Aid, Di	No Auth Required	No Auth Required
V5256	Hearing Aid, D	No Auth Required	No Auth Required
V5257	Hearing Aid Digit,	No Auth Required	No Auth Required
V5258	Hearing Aid, Digit,	No Auth Required	No Auth Required
V5259	Hearing Aid, Digi	No Auth Required	No Auth Required
V5260	Hearing Aid, Dig	No Auth Required	No Auth Required
V5261	Hearing Aid, Di	No Auth Required	No Auth Required
V5262	Hearing Aid, Disp, M	No Auth Required	No Auth Required
V5263	Hearing Aid, Disp,	No Auth Required	No Auth Required
V5264	Ear Mold/Insert	No Auth Required	No Auth Required
V5265	Ear Mold Insert, Di	No Auth Required	No Auth Required

CODE	Description	Office Or Home (Pos 11 Or 12)	Outpatient (Pos 22 Or 24)	
V5266	Battery For Hearing	No Auth Required	No Auth Required	
V5267	Hearing Aid Supply/A	No Auth Required	No Auth Required	
V5268	Aid Telephone Amplif	No Auth Required	No Auth Required	
V5269	Alerting Device, Any	No Auth Required	No Auth Required	
V5270	Aid, Tv Amplifier, A	No Auth Required	No Auth Required	
V5271	Aid, Tv Caption Deco	No Auth Required	No Auth Required	
V5272	Tdd	No Auth Required	No Auth Required	
V5273	Aid For Cochlear Imp	No Auth Required	No Auth Required	
V5274	Aid Unspecified	No Auth Required	No Auth Required	
V5275	Ear Impression	No Auth Required	No Auth Required	
V5298	Hearing Aid, Not	No Auth Required	No Auth Required	
V5299	Hearing Service; Mis	No Auth Required	No Auth Required	
V5335	Repair Of Oral Or La	Auth Required	Auth Required	
V5336	Repair/Modification	Auth Required	Auth Required	
V5362	Speech Screening	Auth Required	Auth Required	
V5363	Language Screening	Auth Required	Auth Required	
V5364	Dysphagia Screening	No Auth Required	No Auth Required	
	Electronic Analysis Of Implanted Neurostim	Auth Required	Auth Required	
	Electronic Analysis Of Implanted Neurostim	Auth Required	Auth Required	