

**THE OPTIMA HEALTH PLAN PROCEDURE CODES BELOW WILL HAVE THE FOLLOWING COVERAGE AND/OR AUTHORIZATION REQUIREMENT EFFECTIVE 1/1/2024- MEDICAID**

PROCEDURE CODE	CODE DESCRIPTION	MEDICAID AUTH REQUIREMENT	MEDICAID EXCEPTION	EFFECTIVE DATE
V5190	HEARING AID, CROS, GLASSES	YES		1/1/2024
V5268	ASSISTIVE LISTENING DEVIC TELEPHONE AMPLIFIER	YES		1/1/2024
V5269	ASSISTIVE LISTENING DEVICE ALERTING, ANY TYPE	YES		1/1/2024
V5270	ASSISTIVE LISTENING DEV,TV AMPLIFIER,ANY TYPE	YES		1/1/2024
V5271	ASSISTIVE LISTENING DEVICE,TV CAPTION DECODER	YES		1/1/2024
V5272	ASSISTIVE LISTENING DEVICE, TDD	YES		1/1/2024
V5336	REPAIR/MODIFICATION COMMUNICATIVE SYST/DEVICE	YES		1/1/2024
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	YES		1/1/2024

65767	EPIKERATOPLASTY	YES		1/1/2024
65770	KERATOPROSTHESIS	YES		1/1/2024
65771	RADIAL KERATOTOMY	YES		1/1/2024
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	YES		1/1/2024
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	YES		1/1/2024
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	YES		1/1/2024
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	YES		1/1/2024
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	YES		1/1/2024
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	YES		1/1/2024
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	YES		1/1/2024

G0127	TRIMMING OF DYSTROPHIC NAIL(S), ANY NUMBER	YES		1/1/2024
54235	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	YES		1/1/2024
55400	VASOVASOSTOMY VASOVASORRHAPHY	YES		1/1/2024
A4481	TRACHEOSTOMA FILTER, ANY TYPE OR SIZE, EACH	YES		1/1/2024
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM, EACH	YES		1/1/2024
A7502	REPLACEMENT DIAPHRAGM/FPLATE TRACH VALV, EACH	YES		1/1/2024
A7503	HEAT/MOISTURE EXCH SYS FILTER HOLDER/CAP, EA	YES		1/1/2024
A7504	TRACHEOSTOMA HEAT/MOISTURE EXCH SYS FILTER,EA	YES		1/1/2024
A7505	HEAT/MOISTURE EXCH SYS TRACH VALVE HOUSING,EA	YES		1/1/2024
A7506	HEAT/MOISTURE EXCH SYS TRACH VLV ADHSV DSK,EA	YES		1/1/2024

A7509	TRACHSTOMA HEAT/MOIST EXCH SYS FLTR HLD, EACH	YES		1/1/2024
A7522	TRACHEOSTOMY/LARYNGECTMY TUBE STAINLESS, EACH	YES		1/1/2024
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	YES		1/1/2024
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	YES		1/1/2024
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EAC	YES		1/1/2024
A4264	PERM IMPLANT CONTRACEP INTRATUBAL OCCLUSION DEV	YES		1/1/2024
A4285	REPLACEMENT BREAST PUMP BOTTLE	YES		1/1/2024
A4520	INCONTINENCE GARMENT ANYTYPE	YES		1/1/2024
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES	YES		1/1/2024
A4634	REPLACEMENT BULB THERAPEUTIC LIGHTBOX, TABLETOP	YES		1/1/2024

A4653	PERITONEAL DIALYSIS CATHETER ANCHOR BELT, EACH	YES		1/1/2024
A4928	SURGICAL MASK, PER 20	YES		1/1/2024
A9152	SINGLE VITAMIN/MINERAL ORAL, PER DOSE NOS	YES		1/1/2024
A9153	MULTI-VITAMINS ORAL NOS	YES		1/1/2024
A9155	ARTIFICIAL SALIVA	YES		1/1/2024
A9180	LICE TREATMENT, TOPICAL	YES		1/1/2024
A9275	DISPOSABLE HOME GLUCOSE MONITOR	YES		1/1/2024
A9280	ALERT OR ALARM DEVICE, NOC	YES		1/1/2024
81171	AFF2 GENE DETC ABNOR ALLELES	YES		1/1/2024
81172	AFF2 GENE CHARAC ALLELES	YES		1/1/2024

81173	AR GENE FULL GENE SEQUENCE	YES		1/1/2024
81174	AR GENE KNOWN FAMIL VARIANT	YES		1/1/2024
81188	CSTB GENE DETC ABNOR ALLELE	YES		1/1/2024
81189	CSTB GENE FULL GENE SEQUENCE	YES		1/1/2024
81190	CSTB GENE KNOWN FAMIL VRNT	YES		1/1/2024
81204	AR GENE CHARAC ALLELES	YES		1/1/2024
81233	BTK GENE COMMON VARIANTS	YES		1/1/2024
81285	FXN GENE CHARAC ALLELES	YES		1/1/2024
81289	FXN GENE KNOWN FAMIL VARIANT	YES		1/1/2024
81309	PIK3CA GENE TRGT SEQ ALYS	YES		1/1/2024

81312	PABPN1 GENE DETC ABNOR ALLEL	YES		1/1/2024
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	YES		1/1/2024
81333	TGFBI GENE COMMON VARIANTS	YES		1/1/2024
81335	TPMT GENE ANALYSIS COMMON VARIANTS	YES		1/1/2024
81346	TYMS GENE ANALYSIS COMMON VARIANTS	YES		1/1/2024
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	YES		1/1/2024
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	YES		1/1/2024
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	YES		1/1/2024
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	YES		1/1/2024
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	YES		1/1/2024

81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	YES		1/1/2024
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	YES		1/1/2024
T1004	SERVICES OF A QUALIFIED NURSING AIDE TO 15MIN	YES		1/1/2024
T1014	TELEHEALTH TRANSMISSION, PER MIN PROF SERVICE	YES		1/1/2024
T1020	PERSONAL CARE SERVICES PER DIEM NOT FOR INPAT	YES		1/1/2024
T1021	HOME HEALTH AIDE OR CN AIDE, PER VISIT	YES		1/1/2024
T1022	CONTRACTED HOME HEALTH AGENCY SERVICE PER DAY	YES		1/1/2024
T1025	INTENSIVE SERV TO COMPLEX IMPAIRED CHILD/DIEM	YES		1/1/2024
T1029	COMPREHENSIVE ENVIRON LEAD INVESTIGA/DWELLING	YES		1/1/2024
T1502	ADMINISTRATION OF ORAL/IM/SUBCUT MED, /VISIT	YES		1/1/2024



T1503	MEDICATION ADMINISTRATION OTHER THAN ORAL	YES		1/1/2024
T2001	NON-EMERGENCY TRANSP, PATIENT ATTENDNT/ESCORT	YES		1/1/2024
T2002	NON-EMERGENCY TRANSPORTION, PER DIEM	YES		1/1/2024
T2003	NON-EMERGENCY TRANSPORTION, ENCOUNTER/TRIP	YES		1/1/2024
T2004	NON-EMERGENCY TRANSPORT, COM CARRIER, MULTI	YES		1/1/2024
T2005	NON-EMERGENCY TRANSPORT; STRETCHER VAN	YES		1/1/2024
T2007	TRANSPORT WAIT TIME,AIR AMB/NON-EMRG /HALF HR	YES		1/1/2024
T2013	HABILITATION, EDUCATION, WAIVER, PER HOUR	YES		1/1/2024
T2014	HABILITATION, PREVOCAIONAL WAIVER, PER DIEM	YES		1/1/2024
T2015	HABILITATION, PREVOCAIONAL WAIVER, PER HOUR	YES		1/1/2024

T2017	HABILITATION, RESIDENTIAL WAIVER, PER 15 MIN	YES		1/1/2024
T2018	HABILITATION, SUPPORTED EMPLOYMNT WAIVER/DIEM	YES		1/1/2024
T2019	HABILITATION, SUPPORTED EMPLOYM WAIVER/15 MIN	YES		1/1/2024
T2020	DAY HABILITATION WAIVER, PER DIEM	YES		1/1/2024
T2025	WAIVER SERVICES, NOS	YES		1/1/2024
T2028	SPECIALIZED SUPPLY, NOS, WAIVER	YES		1/1/2024
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOS, WAIVER	YES		1/1/2024
T2031	ASSISTED LIVING WAIVER, PER DIEM	YES		1/1/2024
T2035	UTILITY SERVICES TO SUPPORT MED EQUIP, WAIVER	YES		1/1/2024
T2036	THERAPEUTIC CAMPING OVERNITE WAIVER /SESSION	YES		1/1/2024

T2037	THERAPEUTIC CAMPING DAY WAIVER, PER SESSION	YES		1/1/2024
T2039	VEHICLE MODIFICATIONS WAIVER, PER SERVICE	YES		1/1/2024
T2040	FINANCIAL MANAGEMENT SELF-DIREC WAIVER/15 MIN	YES		1/1/2024
T2041	SUPPORTS BROKERAGE SELF DIRECT WAIVER /15 MIN	YES		1/1/2024
T2043	HOSPICE CONTINUOUS HOME CARE, PER HOUR	YES		1/1/2024
T2044	HOSPICE INPATIENT RESPITE CARE, PER DIEM	YES		1/1/2024
T2045	HOSPICE GENERAL INPATIENT CARE, PER DIEM	YES		1/1/2024
T2046	HOSPICE LONG TERM, ROOM & BOARD ONLY PER DIEM	YES		1/1/2024
T2048	BEHAVIORAL HEALTH LONG-TERM RESIDENT R&B DIEM	YES		1/1/2024
T2049	NON-EMERGENCY TRNSPRT, STRETCHER VAN, MILEAGE	YES		1/1/2024

T2101	BREAST MILK PROCESSING STORAGE & DISTRIBUTION	YES		1/1/2024
T1006	ALCOHOL/SUB ABUSE FAMILY/COUPLE COUNSELING	YES		1/1/2024
T1007	ALCOHOL/SUB ABUSE TREATMENT PLAN DEVELOPMENT	YES		1/1/2024
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	YES		1/1/2024
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	YES		1/1/2024
79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	YES		1/1/2024
C1839	IRIS PROSTHESIS	YES		1/1/2024
C9361	NEUROMEND NERVE WRAP, PER 0.5 CM LENGTH	YES		1/1/2024
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	YES		1/1/2024
P9099	BLOOD COMPONENT/PRODUCT NOC	YES		1/1/2024

G0159	HOME HEALTH CARE, PT MAINTENANCE, EACH 15 MINUTE	YES		1/1/2024
G0160	HOME HEALTH CARE, OT MAINTENANCE, EACH 15 MINUTE	YES		1/1/2024
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	YES		1/1/2024
G9014	ESRD DEMO EXPANDED BUNDLE-LEVEL II	YES		1/1/2024
G9016	DEMO-SMOKING CESSATION COUNSELING PER SESSION	YES		1/1/2024
G9480	ADMISSION TO MCCM PROGRAM	YES		1/1/2024
0228U	ONC PRST8 MA MOLEC PRFL ALG	YES		1/1/2024
0232U	CSTB FULL GENE ANALYSIS	YES		1/1/2024
0233U	FXN GENE ANALYSIS	YES		1/1/2024
0234U	MECP2 FULL GENE ANALYSIS	YES		1/1/2024

L8608	MISC EXT COMP SPL/ACCESS ARGUS II	YES		1/1/2024
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4	YES		1/1/2024
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5	YES		1/1/2024
K0105	IV HANGER, EACH	YES		1/1/2024
S0014	TACRINE HYDROCHLORIDE, 10 MG	YES		1/1/2024
S0021	INJECTION, CEFTOPERAZONE SODIUM, 1 GRAM	YES		1/1/2024
S0220	MEDICAL CONFERENCE BY MD W TEAM, 30 MINS	YES		1/1/2024
S0221	MEDICAL CONFERENCE BY MD W TEAM, 60 MIN	YES		1/1/2024
S0250	COMPREHENSIVE GERIATRIC ASSMNT & TRTMNT TEAM	YES		1/1/2024
S0255	HOSPICE REFERRAL VISIT NONMEDICAL PERSONNEL	YES		1/1/2024

S0257	END OF LIFE COUNSELING	YES		1/1/2024
S0260	HISTORY AND PHYSICAL FOR SURGERY	YES		1/1/2024
S0265	GENETIC COUNSELING, EACH 15 MINS	YES		1/1/2024
S0270	HOME STANDARD MONTHLY CASE RATE 30 DAYS	YES		1/1/2024
S0271	HOME HOSPICE MONTHLY CASE RATE 30 DAYS	YES		1/1/2024
S0272	HOME EPISODIC MONTHLY CASE 30 DAYS	YES		1/1/2024
S0273	MD HOME VISIT OUTSIDE CAPITATION	YES		1/1/2024
S0274	NURSE PRACTITIONER VISIT OUTSIDE CAPITATION	YES		1/1/2024
S0285	CONSULT BEFORE SCREEN COLONOSCOPY	YES		1/1/2024
S0310	HOSPITALIST SERVICES	YES		1/1/2024

S0311	COMP MGMT CARE COORD ADV ILL PER CALENDAR MONTH	YES		1/1/2024
S0315	DISEASE MANAGEMENT PROGRAM, INITIAL	YES		1/1/2024
S0316	DISEASE MANAGMENT FOLLOW- UP/REASSESSMENT	YES		1/1/2024
S0320	RN TELEPHONE CALLS TO DMP, PER MONTH	YES		1/1/2024
S0340	LIFESTYLE MODIFICATION PROGRAM CAD 1ST STAGE	YES		1/1/2024
S0341	LIFESTYLE MODIFICATION PROGRAM CAD 2/3 STAGE	YES		1/1/2024
S0342	LIFESTYLE MODIFICATION PROGRAM CAD 4TH STAGE	YES		1/1/2024
S0395	IMPRESSION CASTING FT BY OTHER THAN MANUF ORT	YES		1/1/2024
S0400	GLOBAL FEE FOR ESW LITHOTRIPSY KIDNEY STONES	YES		1/1/2024
S0514	COLOR CONTACT LENS, PER LENS	YES		1/1/2024



S0516	SAFETY EYEGLOSS FRAMES	YES		1/1/2024
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	YES		1/1/2024
S1002	CUSTOMIZED ITEM	YES		1/1/2024
S1016	NON-PVC INTRAVENOUS ADMINISTRATION SET	YES		1/1/2024
S1031	NONINVASIVE GLUCOSE MONITORING DEVICE RENTAL	YES		1/1/2024
S2060	LOBAR LUNG TRANSPLANTATION	YES		1/1/2024
S2061	DONOR LOBECTOMY (LUNG) TRANSPLANTATION LIVING	YES		1/1/2024
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANT	YES		1/1/2024
S2068	BREAST DIEP OR SIEA FLAP RECONSTRUCTION	YES		1/1/2024
S2070	CYSTOURETHROSCOPY LASER TX URETERAL CALCULI	YES		1/1/2024

S2079	LAPAROSCOPIC ESOPHAGOMYOTOMY	YES		1/1/2024
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	YES		1/1/2024
S2107	ADOPTIVE IMMUNOTHERAPY, PER COURSE OF TX	YES		1/1/2024
S2115	PERIACETABULAR OSTEOTOMY, W INTERNAL FIXATION	YES		1/1/2024
S2120	LOW DENSITY LIPOPROTEIN (LDL) APHERESIS	YES		1/1/2024
S2140	CORD BLOOD HARVEST FOR TRANSPLANT, ALLOGENEIC	YES		1/1/2024
S2142	CORD BLOOD-DERIVED STEM-CELL TRANSPL, ALLOGEN	YES		1/1/2024
S2150	BONE MARROW/STEM CELL HRVST/TRNSPLNT W/GLOBAL	YES		1/1/2024
S2152	SOLID ORGAN(S)CMPLT/SGMNTL TRANSPLANT PACKAGE	YES		1/1/2024
S2202	ECHOSCLEROTHERAPY	YES		1/1/2024

S2205	MINIML INVAS DIRECT CABG,SINGLE ART COR GRAFT	YES		1/1/2024
S2206	MINIML INVASIVE DIRECT CABG, 2 COR ART GRAFT	YES		1/1/2024
S2207	MINIML INVAS DIRECT CABG, ART GRFT 2 COR GRFT	YES		1/1/2024
S2208	MIN INVAS DIRECT CABG, ART/VEN GFT, SING VEN	YES		1/1/2024
S2209	MIN INVAS DIRECT CABG, 2 ART GRFT 1 VEN GRAFT	YES		1/1/2024
S2225	MYRINGOTOMY LASER-ASSIST	YES		1/1/2024
S2230	IMPLANT SEMI-IMP HEARING DEVICE OSSICLES EAR	YES		1/1/2024
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	YES		1/1/2024
S2260	INDUCED ABORTION 17-24 WEEKS, ANY SURG METHOD	YES		1/1/2024
S2267	INDUCED ABORTION 32 WEEKS OR MORE	YES		1/1/2024

S2325	HIP CORE DECOMPRESSION	YES		1/1/2024
S2350	DISKECTOMY, ANTERIOR, W/DECOMPRES, 1 INTERSP	YES		1/1/2024
S2351	DISKECTOMY, ANTERIOR, W/DECOMPRES, ADD INTRSP	YES		1/1/2024
S3000	DIABETIC INDICATOR DILATED RETINAL EXAM BILAT	YES		1/1/2024
S3005	EVALUATION, PT SELF-ASSESS DEPRESSION	YES		1/1/2024
S3655	ANTISPERM ANTIBODIES TEST	YES		1/1/2024
S3722	DOSE OPTIMIZATION AUC ANALYSIS - INFUSIONAL 5FU	YES		1/1/2024
S3800	GENETIC TESTING ALS	YES		1/1/2024
S3852	DNA ANALYSIS APOE EPS FOR ALZHEIMER'S DISEASE	YES		1/1/2024
S3861	GENETIC TESTING BRUGADA SYNDROME	YES		1/1/2024

S3865	COMPREHENSIVE GENE TEST HYP CARDIOMYOPATHY	YES		1/1/2024
S3866	SPEC GENE TEST HYPERTROPHIC CARDIOMYOPATHY	YES		1/1/2024
S3870	CGH TEST DEVELOPMENTAL DELAY	YES		1/1/2024
S3902	BALLISTOCARDIOGRAM	YES		1/1/2024
S3904	MASTERS TWO STEP	YES		1/1/2024
S4005	INTERIM LABOR FACILITY GLOBAL	YES		1/1/2024
S4011	IN VITRO FERTILIZATION PACKAGE	YES		1/1/2024
S4013	COMPLETE CYCLE, GIFT CASE RATE	YES		1/1/2024
S4014	COMPLETE CYCLE, ZIFT CASE RATE	YES		1/1/2024
S4015	COMPLETE IN VITRO FERTILIZATION CASE RATE NOS	YES		1/1/2024

S4016	FROZEN IN VITRO FERTILIZATION CASE RATE	YES		1/1/2024
S4017	IVF INCMPLT CYCLE TRTMNT CANCEL PRIOR TO STIM	YES		1/1/2024
S4018	FROZEN EMBRYO TRANSPLNT CANCELLED CASE RATE	YES		1/1/2024
S4020	IVF CANCELED BEFORE ASPIRATION CASE RATE	YES		1/1/2024
S4021	IVF CANCELED AFTER ASPIRATION CASE RATE	YES		1/1/2024
S4022	ASSISTED OOCYTE FERTILIZATION CASE RATE	YES		1/1/2024
S4023	INCOMPLETE DONOR EGG CYCLE CASE RATE	YES		1/1/2024
S4025	DONOR SERVICES FOR IVF CASE RATE	YES		1/1/2024
S4026	PROCUREMENT OF DONOR SPERM FROM SPREM BANK	YES		1/1/2024
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	YES		1/1/2024

S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION	YES		1/1/2024
S4030	SPERM PROCUREMENT & CRYOPRESERV, INITIA VISIT	YES		1/1/2024
S4031	SPERM PROCUREMENT & CRYOPRES,SUBSEQUENT VISIT	YES		1/1/2024
S4037	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	YES		1/1/2024
S4040	MONITORING/STORAGE CRYOPRESERV EMBRYO, 30 DAY	YES		1/1/2024
S4990	NICOTINE PATCHES LEGEND	YES		1/1/2024
S4991	NICOTINE PATCHES NON-LEGEND	YES		1/1/2024
S4995	SMOKING CESSATION GUM	YES		1/1/2024
S5000	PRESCRIPTION DRUG, GENERIC	YES		1/1/2024
S5001	PRESCRIPTION DRUG, BRAND NAME	YES		1/1/2024

S5036	HOME INFUSION THERAPY, REPAIR OF INFUSION DEV	YES		1/1/2024
S5100	ADULT DAY CARE SERVICES, PER 15 MINUTES	YES		1/1/2024
S5101	ADULT DAY CARE SERVICES, PER HALF DAY	YES		1/1/2024
S5105	CENTER-BASED DAY CARE SERVICES, PER DIEM	YES		1/1/2024
S5108	HOME CARE TRAINING TO HOME CARE PT, PER 15MIN	YES		1/1/2024
S5110	FAMILY HOME CARE TRAINING, PER 15 MINUTES	YES		1/1/2024
S5111	FAMILY HOME CARE TRAINING, PER SESSION	YES		1/1/2024
S5115	NONFAMILY HOME CARE TRAINING, PER 15 MIN	YES		1/1/2024
S5120	CHORE SERVICES, PER 15 MIN	YES		1/1/2024
S5125	ATTENDANT CARE SERVICES, PER 15 MIN	YES		1/1/2024



S5130	HOMEMAKER SERVICE NOS, PER 15 MIN	YES		1/1/2024
S5131	HOMEMAKER SERVICE NOS, PER DIEM	YES		1/1/2024
S5140	ADULT FOSTER CARE, PER DIEM	YES		1/1/2024
S5141	ADULT FOSTER CARE, PER MONTH	YES		1/1/2024
S5145	CHILD FOSTER CARE, THERAPEUTIC, PER DIEM	YES		1/1/2024
S5146	CHILD FOSTER CARE, THERAPEUTIC, PER MONTH	YES		1/1/2024
S5151	UNSKILLED RESPITE CARE NOT HOSPICE, PER DIEM	YES		1/1/2024
S5162	EMERGENCY RESPONSE SYSTEM, PURCHASE ONLY	YES		1/1/2024
S5175	LAUNDRY SERVICE, EXTERNAL, PROFESSIONAL/ORDER	YES		1/1/2024
S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVAL	YES		1/1/2024

S5190	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN	YES		1/1/2024
S5199	PERSONAL CARE ITEM NOS, EACH	YES		1/1/2024
S5497	HOME INFUSION THERAPY, CATHETER CARE NOC	YES		1/1/2024
S5520	HOME INFUSION THERAPY, PICC INSERTION KIT	YES		1/1/2024
S5522	HOME INFUSION THERAPY, PICC INSERT NO SUPPLIES	YES		1/1/2024
S5523	HIT MIDLINE CATHETER INSERT KIT NO SUPPLIES	YES		1/1/2024
S8030	TANTALUM RING APPLICATION FOR LOCALIZA LESION	YES		1/1/2024
S8035	MAGNETIC SOURCE IMAGING	YES		1/1/2024
S8040	TOPOGRAPHIC BRAIN MAPPING	YES		1/1/2024
S8042	MAGNETIC RESONANCE IMAGING, LOW FIELD	YES		1/1/2024

S8055	ULTRASOUND GUIDANCE MULTIFETAL PREG REDUCTION	YES		1/1/2024
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE IMAGING	YES		1/1/2024
S8097	ASTHMA KIT	YES		1/1/2024
S8110	PEAK EXPIRATORY FLOW RATE (PHYSICIAN SERVICE)	YES		1/1/2024
S8120	O2 CONTENTS GASEOUS 1 CUBIC FT EQUAL 1 UNIT	YES		1/1/2024
S8121	O2 CONTENTS LIQUID 1 LB EQUALS 1 UNIT	YES		1/1/2024
S8185	FLUTTER DEVICE	YES		1/1/2024
S8186	SWIVEL ADAPTOR	YES		1/1/2024
S8189	TRACHEOSTOMY SUPPLY NOC	YES		1/1/2024
S8210	MUCUS TRAP	YES		1/1/2024

S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	YES		1/1/2024
S8270	ENURESIS ALARM	YES		1/1/2024
S8301	INFECT CONTROL SUPPLIES NOS	YES		1/1/2024
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	YES		1/1/2024
S8420	CUSTOM GRADIENT PRESSURE AID SLEEVE & GLOOVE	YES		1/1/2024
S8421	READY GRADIENT PRESSURE AID SLEEVE & GLOOVE	YES		1/1/2024
S8425	CUSTOM GRADIENT AID GLOVE MEDIUM WEIGHT	YES		1/1/2024
S8427	READY GRADIENT PRESSURE AID GLOVE	YES		1/1/2024
S8428	READY GRADIENT PRESSURE AID GAUNTLET	YES		1/1/2024
S8430	PADDING FOR COMPRESSION BANDAGE ROLL	YES		1/1/2024

S8431	COMPRESSION BANDAGE ROLL	YES		1/1/2024
S8450	SPLINT PREFABRICATED DIGIT	YES		1/1/2024
S8451	SPLINT PREFABRICATED WRIST OR ANKLE	YES		1/1/2024
S8452	SPLINT PREFABRICATED ELBOW	YES		1/1/2024
S8460	CAMISOLE POST-MASTECTOMY	YES		1/1/2024
S8990	PHYSICAL OR MANIPULATIVE THERAPY FOR MAINTEN	YES		1/1/2024
S9001	HOME UTERINE MONITOR W/WO NURSING SERVICES	YES		1/1/2024
S9007	ULTRAFILTRATION MONITOR	YES		1/1/2024
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	YES		1/1/2024
S9034	ESWL, FOR GALLSTONES	YES		1/1/2024

S9055	PROCUREN OR OTHER GROWTH FACTOR PREPARATION	YES		1/1/2024
S9056	COMA STIMULATION PER DIEM	YES		1/1/2024
S9083	GLOBAL FEE URGENT CARE CENTERS	YES		1/1/2024
S9088	SERVICES PROVIDED IN URGENT CARE CENTER	YES		1/1/2024
S9090	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION	YES		1/1/2024
S9097	HOME VISIT, WOUND CARE	YES		1/1/2024
S9117	BACK SCHOOL PER VISIT	YES		1/1/2024
S9126	HOSPICE CARE, IN THE HOME, PER DIEM	YES		1/1/2024
S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	YES		1/1/2024
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	YES		1/1/2024

S9141	DIABETIC MANAGEMENT PROGRAM,FOLLOW-UP MD PROV	YES		1/1/2024
S9145	INSULIN PUMP INITIATION, INSTRUCT INITIAL USE	YES		1/1/2024
S9150	EVALUATION BY OCULARIST	YES		1/1/2024
S9209	HOME MANAGEMENT PPROM, PER DIEM	YES		1/1/2024
S9212	HOME MGT POSTPARTUM HYPERTENSION PER DIEM	YES		1/1/2024
S9430	PHARMACY COMPOUNDING/DISPENSING SERVICES	YES		1/1/2024
S9433	MEDICAL FOOD ORAL 100% NUTRITIONAL INTAKE	YES		1/1/2024
S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN	YES		1/1/2024
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	YES		1/1/2024
S9436	LAMAZE CLASSES NON-MD PROVIDER, PER SESSION	YES		1/1/2024

S9437	CHILDBIRTH REFRESHER CLASSES NON-MD PER SESSN	YES		1/1/2024
S9438	CESAREAN BIRTH CLASSES, NON-MD, PER SESSION	YES		1/1/2024
S9439	VBAC CLASSES, NON-PHYSICIAN, PER SESSION	YES		1/1/2024
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	YES		1/1/2024
S9474	ENTEROSTOMAL THERAPY, RN CERTIFIED, PER DIEM	YES		1/1/2024
S9475	AMBULATORY SETTING SUBSTNCE ABUSE TRTMNT/DIEM	YES		1/1/2024
S9484	CRISIS INTERVENTION MENTAL HEALTH SERV /HOUR	YES		1/1/2024
S9529	VENIPUNCTURE HOME/SKILLED NURSING FACILITY PT	YES		1/1/2024
S9538	HOME TRANSFUSION OF BLOOD PRODUCTS /DIEM	YES		1/1/2024
S9559	HOME INJECTABLE THERAPY, INTERFERON, PER DIEM	YES		1/1/2024



S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB,PER DIEM	YES		1/1/2024
S9590	HOME THERAPY, IRRIGATION THERAPY, PER DIEM	YES		1/1/2024
S9810	HOME THERAPY, PROFESSIONAL PHARMACY NOC /HOUR	YES		1/1/2024
S9981	MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE	YES		1/1/2024
S9982	MEDICAL RECORDS COPYING FEE, PER PAGE	YES		1/1/2024
S9986	NOT MEDICALLY NECESSARY SERVICE	YES		1/1/2024
S9989	SERVICES PROVIDED OUTSIDE OF US	YES		1/1/2024
S9992	TRANSPORTATION COSTS TO/FROM TRIAL LOCATION	YES		1/1/2024
S9994	LODGING COSTS FOR CLINICAL TRIAL PARTICIPANT	YES		1/1/2024
S9996	MEALS FOR CLINICAL TRIAL PARTICIPANT AND COMP	YES		1/1/2024

S9999	SALES TAX	YES		1/1/2024
S0390	ROUTINE FOOT CARE MAINTENANCE, PER VISIT	YES		1/1/2024
S0207	PARAMEDIC INTRCEPT NONHOSPITAL, NON-TRANSPORT	YES		1/1/2024
S0208	PARAMED INTRCEPT NON-VOLUNTARY, NON-TRANSPORT	YES		1/1/2024
T2010	PASRR LEVEL I ID SCREEN, PER SCREEN	YES		1/1/2024
T2011	PASRR LEVEL II ID SCREEN, PER SCREEN	YES		1/1/2024
A0021	OUTSIDE STATE AMBULANCE SERVICE PER MILE	YES		1/1/2024
A0080	NONINTEREST ESCORT IN NON EMERGENCY PER MILE	YES		1/1/2024
A0090	INTEREST ESCORT IN NON-EMERGENCY PER MILE	YES		1/1/2024
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	YES		1/1/2024

A0110	NON-EMERGENCY TRANSPORTATION; BUS	YES		1/1/2024
A0130	NON-EMERGENCY TRANSPORT WHEEL- CHAIR VAN	YES		1/1/2024
A0140	NON-EMERGENCY TRANSPORT AIR TRAVEL	YES		1/1/2024
A0160	NON-EMERGENCY TRANSPORT CASE WORKER PER MILE	YES		1/1/2024
A0180	NON-EMERG TRANSPORT LODGNG RECIP; ANCILLARY	YES		1/1/2024
A0190	NON-EMERG TRANSPORT MEALS RECIP; ANCILLARY	YES		1/1/2024
A0200	NON-EMERG TRANSPORT LODGNG ESCRT; ANCILLARY	YES		1/1/2024
A0210	NON-EMERG TRANSPORT MEALS ESCORT; ANCILLARY	YES		1/1/2024
A0380	BASIC LIFE SUPPORT MILEAGE: PER MILE	YES		1/1/2024
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE	YES		1/1/2024

V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	YES		1/1/2024
V2615	TELESCOPIC/OTHER COMPOUND LENS SYSTEM	YES		1/1/2024
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	YES		1/1/2024
V2788	PRESBYOPIA CORRECT FUNCTION INTRAOCULAR LENS	YES		1/1/2024
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	YES		1/1/2024
31830	REVISION TRACHEOSTOMY SCAR	YES		1/1/2024
77090	TBS TECHL PREP&TRANSMIS DATA	YES		1/1/2024
88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	YES		1/1/2024
88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	YES		1/1/2024
88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	YES		1/1/2024

88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	YES		1/1/2024
88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	YES		1/1/2024
88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	YES		1/1/2024
88264	CHRMSM ANALYZE 20-25 CELLS	YES		1/1/2024
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	YES		1/1/2024
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	YES		1/1/2024
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	YES		1/1/2024
88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	YES		1/1/2024
88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	YES		1/1/2024
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	YES		1/1/2024

88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	YES		1/1/2024
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	YES		1/1/2024
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	YES		1/1/2024
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	YES		1/1/2024
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	YES		1/1/2024
88291	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	YES		1/1/2024
70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	YES		1/1/2024
70559	MRI BRAIN OPEN INTRACRANIAL PX W/O &W/CONTRAST	YES		1/1/2024
76999	ECHO EXAMINATION PROCEDURE	YES		1/1/2024
E1500	CENTRIFUGE FOR DIALYSIS	YES		1/1/2024

E1530	AIR BUBBLE DETECTOR HEMODIALYSIS REPLACEMENT	YES		1/1/2024
E1540	PRESSURE ALARM FOR HEMODIALYSIS REPLACEMENT	YES		1/1/2024
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH	YES		1/1/2024
E1560	BLOOD LEAK DETECTOR HEMODIALYSIS REPLACEMENT	YES		1/1/2024
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOS	YES		1/1/2024
E0457	CHEST SHELL/CUIRASS	YES		1/1/2024
E0459	CHEST WRAP	YES		1/1/2024
E0370	AIR PRESSURE PAD ELEVATOR FOR HEEL	YES		1/1/2024
E0487	ELECTRONIC SPIROMETER	YES		1/1/2024
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMRY	YES		1/1/2024

E1352	O2 ACCS FLOW REG POS INSPIRATORY PRESSURE	YES		1/1/2024
E1357	BATTERY CHARGER, PORTABLE CONCENTRATOR	YES		1/1/2024
E1358	DC POWER ADAPTER, PORTABLE CONCENTRATOR	YES		1/1/2024
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	YES		1/1/2024
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	YES		1/1/2024
E1575	TRANSDUCER PROTECTOR/FLUID BARRIER PER 10	YES		1/1/2024
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	YES		1/1/2024
E1590	HEMODIALYSIS MACHINE	YES		1/1/2024
E1592	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM	YES		1/1/2024
E1600	DELIVERY/INSTALLATION CHARGE DIALYSIS EQUIPMT	YES		1/1/2024



E1610	REVERSE OSMOSIS WATER PURIFICATION DIALYSIS	YES		1/1/2024
E1615	DEIONIZER WATER PURIFICATION FOR HEMODIALYSIS	YES		1/1/2024
E1620	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT	YES		1/1/2024
E1625	WATER SOFTENING SYSTEM FOR HEMODIALYSIS	YES		1/1/2024
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	YES		1/1/2024
E1632	WEARABLE ARTIFICIAL KIDNEY EACH	YES		1/1/2024
E1634	PERITONEAL DIALYSIS CLAMPS EACH	YES		1/1/2024
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM	YES		1/1/2024
E1636	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10	YES		1/1/2024
E1637	HEMOSTATS FOR DIALYSIS, EACH	YES		1/1/2024

E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED	YES		1/1/2024
A4633	UVL REPLACEMENT BULB/LAMP FOR UVL THERAPY, EA	YES		1/1/2024
E0780	MECH AMB INFUSION PUMP REUSE LESS THAN 8HRS	YES		1/1/2024
K0601	REPLACEMENT BATTERY SILVER OXIDE 1.5 VOLT EA	YES		1/1/2024
K0602	REPLACEMENT BATTERY SILVER OXIDE 3 VOLT EACH	YES		1/1/2024
K0603	REPLACEMENT BATTERY ALKALINE 1.5 VOLT EACH	YES		1/1/2024
K0604	REPLACEMENT BATTERY LITHIUM 3.6 VOLT EACH	YES		1/1/2024
E0433	PORTABLE LIQUID OXYGEN SYS, RENTAL, W OR W/O SUP	YES		1/1/2024
E0160	SITZ TYPE BATH OR EQUIPMENT PORTABLE	YES		1/1/2024
E0161	SITZ BATH/EQUIP PORTABLE W/FAUCET ATTACHMNTS	YES		1/1/2024

E0162	SITZ BATH CHAIR	YES		1/1/2024
E0371	NONPOWERED STD LENGTH/WIDTH MATTRESS OVERLAY	YES		1/1/2024
E0372	POWERED STD LENGTH/WIDTH AIR MATTRESS OVERLAY	YES		1/1/2024
E0373	NONPOWERED ADVANCD PRESSURE REDUCING MATTRESS	YES		1/1/2024
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	YES		1/1/2024
E0572	AEROSOL COMPRESSOR ADJUST PRESSURE LIGHT DUTY	YES		1/1/2024
E0574	ULTRASONC/ELEC AEROSOL GENERATOR W/SM VOL NEB	YES		1/1/2024
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	YES		1/1/2024
E0605	VAPORIZER ROOM TYPE	YES		1/1/2024
E0610	PACEMAKER MONITER SELFCONTAIN AUDIBLE/VISIBLE	YES		1/1/2024

E0615	PACEMAKER MONITER SELFCONTAIN DIGITAL/VISIBLE	YES		1/1/2024
E0779	MECH AMB INFUSION PUMP REUSE 8 HRS OR GREATR	YES		1/1/2024
E0786	IMPLANTABLE PROGRAMMABLE INFUS PUMP REPLACMNT	YES		1/1/2024
E0860	OVERDOOR TRACTION EQUIPMENT CERVICAL TRACTION	YES		1/1/2024
E0920	FRACTURE FRAME ATTACHED TO BED INCL WEIGHTS	YES		1/1/2024
E0930	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	YES		1/1/2024
E0947	FRACTURE FRAME ATTACHMNTS COMPLEX PELVIC TRX	YES		1/1/2024
E2000	GASTRIC SUCTION PUMP HOME MODEL STATNRY/PORT	YES		1/1/2024
E2100	BLOOD GLUCOSE MONITOR W INT VOICE SYNTHESIZER	YES		1/1/2024
E2101	BLOOD GLUCOSE MONITOR W LANCING/BLOOD SAMPLE	YES		1/1/2024

K0730	CTRL DOSE INH DRUG DELIVERY SYSTEM	YES		1/1/2024
J0270	ALPROSTADIL, PER 1.25 MCG, INJECTION	YES		1/1/2024
J0275	ALPROSTADIL URETHRAL SUPPOSITORY	YES		1/1/2024
J0591	INJECTION DEOXYCHOLIC ACID 1 MG	YES		1/1/2024
65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	YES		1/1/2024
65600	MULTIPLE PUNCTURES ANTERIOR CORNEA	YES		1/1/2024
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	YES		1/1/2024
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	YES		1/1/2024
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	YES		1/1/2024
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	YES		1/1/2024

65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	YES		1/1/2024
65820	GONIOTOMY	YES		1/1/2024
65850	TRABECULOTOMY AB EXTERNO	YES		1/1/2024
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	YES		1/1/2024
65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	YES		1/1/2024
65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	YES		1/1/2024
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	YES		1/1/2024
65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	YES		1/1/2024
65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	YES		1/1/2024
66020	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	YES		1/1/2024

66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	YES		1/1/2024
67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	YES		1/1/2024
67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	YES		1/1/2024
67031	SEVERING VITREOUS STRANS LASER 1/> STAGES	YES		1/1/2024
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	YES		1/1/2024
67218	TREATMENT OF RETINAL LESION	YES		1/1/2024
67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	YES		1/1/2024
67314	STRABISMUS RECESSIION/RESCJ 1 VER MUSC	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67316	STRABISMUS RECESSIION/RESCJ 2/MORE VER MUSC	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024

67320	TRANSPPOSITION PROCEDURE EXTRAOCULAR MUSC	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	YES		1/1/2024
67334	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSIO	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67340	STRABISMUS EXPL&/RPR DETACHED EXTROCLAR MUSC	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67500	RETROBULBAR INJECTION MEDICATION SPX	YES		1/1/2024
67505	RETROBULBAR INJECTION ALCOHOL	YES		1/1/2024
67550	ORBITAL IMPLANT INSERTION	YES		1/1/2024
67570	OPTIC NERVE DECOMPRESSION	YES		1/1/2024



67710	SEVERING TARSORRHAPHY	YES		1/1/2024
67715	CANTHOTOMY SEPARATE PROCEDURE	YES		1/1/2024
67835	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	YES		1/1/2024
67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPHY	YES		1/1/2024
67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	YES		1/1/2024
67911	CORRECTION LID RETRACTION	YES		1/1/2024
67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	YES		1/1/2024
67914	REPAIR ECTROPION SUTURE	YES		1/1/2024
67915	REPAIR ECTROPION THERMOCAUTERIZATION	YES		1/1/2024
67921	REPAIR ENTROPION SUTURE	YES		1/1/2024

67922	REPAIR ENTROPION THERMOCAUTERIZATION	YES		1/1/2024
67961	EXCISION & REPAIR EYELID < ONE- FOURTH LID MARGIN	YES		1/1/2024
67966	EXCISION & REPAIR EYELID ONE- FOURTH LID MARGIN	YES		1/1/2024
67971	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG	YES		1/1/2024
67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	YES		1/1/2024
67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	YES		1/1/2024
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	YES		1/1/2024
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	YES		1/1/2024
68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	YES		1/1/2024
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	YES		1/1/2024

68328	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	YES		1/1/2024
68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	YES		1/1/2024
68335	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	YES		1/1/2024
68340	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	YES		1/1/2024
68360	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	YES		1/1/2024
68362	CONJUNCTIVAL FLAP TOTAL	YES		1/1/2024
68371	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	YES		1/1/2024
68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	YES		1/1/2024
68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	YES		1/1/2024
68720	DACRYOCSTORHINOSTOMY	YES		1/1/2024

68745	CONJUNCTIVORHINOSTOMY W/O TUBE	YES		1/1/2024
68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	YES		1/1/2024
68801	DILATION LACRIMAL PUNCTUM W/WO IRRIGATION	YES		1/1/2024
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	YES		1/1/2024
81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	YES		1/1/2024
G0068	PS ADM ANTI-INF PM ADM CD H E 15M	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
86413	SARS-COV-2 ANTB QUANTITATIVE	YES		1/1/2024
15852	DRESSING CHANGE UNDER ANESTHESIA	YES		1/1/2024
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	YES		1/1/2024
54110	EXCISION OF PENILE PLAQUE	YES		1/1/2024

54111	EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	YES		1/1/2024
54112	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	YES		1/1/2024
54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	YES		1/1/2024
54120	AMPUTATION PENIS PARTIAL	YES		1/1/2024
54130	AMPUTATION PENIS RADW/BI INGUINFEMORAL LMPHADE	YES		1/1/2024
54135	AMPUTATION PENIS RADICAL W/LYMPH NODES	YES		1/1/2024
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	YES	NO AUTH REQUIRED UNTIL OVER 5 YEARS OF AGE	1/1/2024
54200	INJECTION PEYRONIE DISEASE	YES		1/1/2024
54205	NJX PEYRONIE W/SURG EXPOS PLAQUE	YES		1/1/2024
54231	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	YES		1/1/2024

54240	PENILE PLETHYSMOGRAPHY	YES		1/1/2024
54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	YES		1/1/2024
54360	PLASTIC RPR PENIS CORRECT ANGULATION	YES		1/1/2024
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	YES		1/1/2024
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	YES		1/1/2024
54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	YES		1/1/2024
54440	PLASTIC OPERATION PENIS INJURY	YES		1/1/2024
54522	ORCHIECTOMY PARTIAL	YES		1/1/2024
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	YES		1/1/2024
54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	YES		1/1/2024

54680	TRANSPLANTATION TESTIS TO THIGH	YES		1/1/2024
54860	EPIDIDYMECTOMY UNILATERAL	YES		1/1/2024
54861	EPIDIDYMECTOMY BILATERAL	YES		1/1/2024
54865	EXPLORATION EPIDIDYMIS W/WO BIOPSY	YES		1/1/2024
55150	RESECTION SCROTUM	YES		1/1/2024
55200	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	YES		1/1/2024
55300	VASOTOMY VASOGRAMS UNI/BI	YES		1/1/2024
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	YES		1/1/2024
55530	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	YES		1/1/2024
55535	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	YES		1/1/2024

55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	YES		1/1/2024
55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE	YES		1/1/2024
55600	VESICULOTOMY	YES		1/1/2024
55605	VESICULOTOMY COMPLICATED	YES		1/1/2024
55650	VESICULECTOMY ANY APPROACH	YES		1/1/2024
55680	EXCISION MULLERIAN DUCT CYST	YES		1/1/2024
55801	PROSTATECTOMY PERINEAL SUBTOTAL	YES		1/1/2024
55810	PROSTATECTOMY PERINEAL RADICAL	YES		1/1/2024
55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	YES		1/1/2024
55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	YES		1/1/2024



55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	YES		1/1/2024
55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	YES		1/1/2024
55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	YES		1/1/2024
55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	YES		1/1/2024
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	YES		1/1/2024
55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	YES		1/1/2024
55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	YES		1/1/2024
55870	ELECTROEJACULATION	YES		1/1/2024
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	YES		1/1/2024
55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	YES		1/1/2024

A4218	STERILE SALINE OR WATER, 10 ML	YES		1/1/2024
A4262	TEMPORARY TEAR DUCT PLUG, EACH	YES		1/1/2024
A4263	PERMANENT TEAR DUCT PLUG, EACH	YES		1/1/2024
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	YES		1/1/2024
A4281	REPLACEMENT BREAST PUMP TUBE	YES		1/1/2024
A4282	REPLACEMENT BREAST PUMP ADAPTER	YES		1/1/2024
A4283	REPLACEMENT BREAST PUMP CAP	YES		1/1/2024
A4284	REPLACEMENT BREAST PUMP SHIELD	YES		1/1/2024
A4286	REPLACEMENT BREAST PUMP LOCKING RING	YES		1/1/2024
A4300	CATH IMPL VASC ACCESS PORTAL, EXTERNAL ACCESS	YES		1/1/2024

A4305	DRUG DELIVERY SYSTEM >=50 ML PER HOUR	YES		1/1/2024
A4483	MOISTURE EXCHANGER, FOR MECHAN VENT, DISPOSAB	YES		1/1/2024
A4559	COUPLING GEL OR PASTE, FOR ULTRASOUND, PER OZ	YES		1/1/2024
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	YES		1/1/2024
A4652	MICROCAPILLARY TUBE SEALANT	YES		1/1/2024
A4657	DIALYSIS SYRINGE W/WO NEEDLE, EACH	YES		1/1/2024
A4660	ESRD BLOOD PRESSURE DEVICE W CUFF AND STETH	YES		1/1/2024
A4663	ESRD BLOOD PRESSURE CUFF ONLY	YES		1/1/2024
A4671	DISPOSABLE CYCLER SET FOR CYCLER DIALYSIS, EA	YES		1/1/2024
A4714	TREATED WATER FOR PERITONEAL DIALYSIS PER GA	YES		1/1/2024

A4719	Y SET TUBING FOR PERITONEAL DIALYSIS	YES		1/1/2024
A4720	DIALYSAT SOL FLD VOL >249CC, FOR PERITONEAL	YES		1/1/2024
A4721	DIALYSAT SOL FLD VOL >999CC <1999CC, FOR PERI	YES		1/1/2024
A4722	DIALYS SOL FLD VOL >1999CC <2999CC, FOR PERI	YES		1/1/2024
A4723	DIALYS SOL FLD VOL >2999CC <3999CC, FOR PERI	YES		1/1/2024
A4724	DIALYS SOL FLD VOL >3999CC <4999CC, FOR PERI	YES		1/1/2024
A4725	DIALYS SOL FLD VOL >4999CC <5999CC, FOR PERI	YES		1/1/2024
A4726	DIALYSATE SOLUTN FLUID VOL >5999CC, FOR PERI	YES		1/1/2024
A4728	DIALYSATE SOLUTION, NON-DEX, 500 ML	YES		1/1/2024
A4730	FISTULA CANNULATION SET FOR DIALYSIS, EACH	YES		1/1/2024

A4740	ESRD SHUNT ACCESSORY, ANY TYPE, EACH	YES		1/1/2024
A4755	ARTERIAL AND VENOUS TUBING FOR DIALYSIS, EACH	YES		1/1/2024
A4760	STANDARD TESTING SOL FOR PERI DIALYSIS, EACH	YES		1/1/2024
A4765	DIALYSATE CONCENTRATE	YES		1/1/2024
A4766	DIALYSATE CONC SOL ADD PERI DIALYS, PER 10 ML	YES		1/1/2024
A4771	BLOOD CLOTTING TIME TUBE, DIALYSIS, PER 50	YES		1/1/2024
A4774	AMMONIA TEST PAPER, FOR DIALYSIS, PER 50	YES		1/1/2024
A4802	PROTAMINE SULFATE FOR DIALYSIS, PER 50 MG	YES		1/1/2024
A4870	PLUMBING/ELECTRICAL WORK FOR HOME DIALYSIS EQ	YES		1/1/2024
A4890	CONTRACTS/REPAIR/MAINTENANCE FOR HEMODIALYSIS	YES		1/1/2024

A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	YES		1/1/2024
A4913	ESRD SUPPLY MISCELLANEOUS, NOC	YES		1/1/2024
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH	YES		1/1/2024
A4929	TOURNIQUET FOR DIALYSIS, EACH	YES		1/1/2024
A6011	COLLAGEN GEL/PASTE WOUND FILLER, PER GRAM	YES		1/1/2024
A6022	COLLAGEN DRESSING PAD >16<=48 SQ IN, EACH	YES		1/1/2024
A6023	COLLAGEN DRESSING PAD >48 SQ IN, EACH	YES		1/1/2024
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	YES		1/1/2024
A7525	TRACHEOSTOMY MASK, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A9150	MISC/EXPERIMENTAL NON-PRESCRIPTION DRUGS	YES		1/1/2024

A9284	NON-ELECTRONIC SPIROMETER	YES		1/1/2024
A4641	RADIOPHARM DIAGNOSTIC IMAGING AGENT, NOC	YES		1/1/2024
A4642	SATUMOMAB PENDETIDE, IMAGING AGENT, PER DOSE	YES		1/1/2024
A9286	HYGIENIC ITEM OR DEVICE, DISP OR NONDISP, EACH	YES		1/1/2024
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, MILLICURIE	YES		1/1/2024
A9530	TH I-131 SODIUM IODIDE SOLUTION, PER MILLICU	YES		1/1/2024
A9563	NA PHOSPHATE P-32, THERAPEUTIC PER MCI	YES		1/1/2024
A9564	CHROMIC PHOSPHATE P-32 THERAPEUTIC PER MCI	YES		1/1/2024
A9600	STRONTIUM-89 CHLORIDE, PER MCI	YES		1/1/2024
A9604	SM-153 LEXIDRONAM, THER, PER DOSE, UP TO 150 MC	YES		1/1/2024

A9698	NON-RADACTIVE CONTRAST IMAGING MATERIAL NOC	YES		1/1/2024
A9699	NOC THERAPEUTIC RADIOPHARM IMAGING AGENT	YES		1/1/2024
A9700	ECHOCARDIOGRAPHY CONTRAST, PER STUDY	YES		1/1/2024
E0785	REPLACEMENT IMPLANT INTRASPINAL PUMP CATHETER	YES		1/1/2024
A4672	DRAINAGE EXTENS LINE, DIALYSIS, STERILE, EACH	YES		1/1/2024
A4673	EXTENS LINE W EASY LOCK CONNECT, FOR DIALYSIS	YES		1/1/2024
A4674	CHEM/ANTISEPT SOLUTION DIALYSIS EQUIP, 8 OZ	YES		1/1/2024
A4680	ACTIVATED CARBON FILTERS FOR HEMODIALYSIS, EA	YES		1/1/2024
A4690	DIALYZERS, ANY TYPE, FOR HEMODIALYSIS, EACH	YES		1/1/2024
A4706	BICARBONATE CONC SOL FOR HEMODIALYSIS PER GAL	YES		1/1/2024



A4707	BICARB CONC POWDER FOR HEMODIAL, PER PACKET	YES		1/1/2024
A4708	ACETATE CONC SOL FOR HEMODIALYSIS PER GALLON	YES		1/1/2024
A4709	ACID CONCENTR SOL FOR HEMODIALYSIS PER GALLON	YES		1/1/2024
A4736	TOPICAL ANESTHETIC FOR DIALYSIS, PER GRAM	YES		1/1/2024
A4737	INJECTION ANESTHETIC FOR DIALYSIS, PER 10 ML	YES		1/1/2024
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	YES		1/1/2024
87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	YES		1/1/2024
87913	NFCT AGT GNTYP ALYS SARSCOV2	YES		1/1/2024
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	YES		1/1/2024
81165	BRCA1 GENE FULL SEQ ALYS	YES		1/1/2024

81166	BRCA1 GENE FULL DUP/DEL ALYS	YES		1/1/2024
81167	BRCA2 GENE FULL DUP/DEL ALYS	YES		1/1/2024
81273	KIT GENE ANALYSIS D816 VARIANT(S)	YES		1/1/2024
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	YES		1/1/2024
0004M	SCOLIOSIS 53 SNPS SALIVA PROGNOSTIC RISK SCORE	YES		1/1/2024
0006M	HEPATIC CARCINOMA TUMOR TISSUE MOPATH ASSAY	YES		1/1/2024
0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	YES		1/1/2024
0015M	ADRNL CORTCL TUM BCHM ASY 25	YES		1/1/2024
0016M	ONC BLADDER MRNA 209 GEN ALG	YES		1/1/2024
0017M	ONC DLBCL MRNA 20 GENES ALG	YES		1/1/2024

81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	YES		1/1/2024
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	YES		1/1/2024
78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	YES		1/1/2024
79101	RP THERAPY INTRAVENOUS ADMINISTRATION	YES		1/1/2024
79200	RP THERAPY INTRACAVITARY ADMINISTRATION	YES		1/1/2024
79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	YES		1/1/2024
79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	YES		1/1/2024
L0120	CERVICAL FLEXIBLE NON-ADJUSTABLE	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0130	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0172	CERVICAL COLLAR THERMOPLASTIC FOAM 2 PIECE	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024

L0174	CERVICAL COLLAR FOAM 2 PIECE WITH THORACIC	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0458	TLSO 2MODULAR SYMPHYIS-XIPHOID PREFABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0466	TLSO RIGID FRAME PREFABRICATED SOFT APRON	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0467	TLSO R FRAM SOFT PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0469	TLSO RIG FRAM PELVIC PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0859	MRI COMPATIBLE SYSTEM	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L0972	LSO CORSET FRONT	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1652	HO BILATERAL THIGH CUFFS W/SPREADER BAR PREFA	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024

L1810	KNEE ORTHOSIS ELASTIC W/JOINTS PREFABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1812	KNEE ORTHO ELASTIC W/JOINTS PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1820	KO ELASTIC WITH CONDYLAR PADS & JOINTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1830	KO IMMOBILIZER CANVAS LONGITUDINAL PREFABRIC	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1832	KO ADJUSTABLE POSITIONAL RIGID SUPPORT PREFAB	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1836	KO RIGID WITHOUT JOINTS SOFT INTERFACE PREFAB	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1848	KNEE ORTHO DBL UPRIGHT W/AIR PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1902	AFO ANKLE GAUNTLET PREFABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1907	AFO SUPRAMALLEOLAR WITH STRAPS CUSTOM FABRIC	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L1930	AFO PLASTIC OTHER MATERIAL PREFABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024

L1971	AFO PLASTIC WITH ANKLE JOINT, PREFABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2034	KAFO PLASTIC SINGLE UPRIGHT W/WO KNEE/ANK CUS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2270	VARUS/VALGUS CORRECTION T STRAP PADDED/LINED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2275	ADD TO LOWER EXT, PLASTIC MODIFICATION PADDED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2387	ADD LE POLYCENTRIC KNEE JOINT CUSTOM KAFO	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2425	ADD KNEE JOINT DISC/DIAL LOCK FOR ADJUST KNEE	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2430	ADD KNEE JOINT RATCHET LOCK FOR ACTIVE EA JNT	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2795	ADD L EXT ORTHOSIS KNEE CONTROL FULL KNEECAP	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L2820	ADD TO ORTHOSIS SOFT INTRFC BELOW KNEE SECTN	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3670	SHOULDER ACROMIO/CLAVICULAR CANVAS & WEBBING	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024

L3674	SO AIRPLANE W/WO JOINT CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3675	SO VEST TYPE ABDUCTION CANVAS & WEBBING/EQUAL	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3678	SHOULDER ORTHO HARD PLAS STABIL PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3702	EO W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3760	EO WITH ADJUSTABLE LOCKING JOINT, PREFABRICAT	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3762	EO RIGID WITHOUT JOINTS SOFT MATERIAL	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3763	EWHO RIGID W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3764	EWHO W/JOINT(S) CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3765	EWHFO RIGID W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3807	WHFO WITHOUT JOINTS PREFABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024

L3808	WHFO RIGID W/O JOINT(S) PREFABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3809	WHF ORTHO W/O JOINTS PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3905	WHO W/NONTORSION JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L3906	WHO WRIST GAUNTLET CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3913	HFO W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3919	HO W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3921	HFO W/JOINT(S) CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3923	HFO, NO JOINT, PREFABRICATED, ANY TYPE	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3924	HAND FINGER ORTHOSIS WITHOUT JOINTS PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3927	FINGER ORTHOSIS PIP/DIP W/O JOINT/SPRING	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024



L3933	FO W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3935	FO NONTORSION JOINT CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3961	SEWHO CAP DESIGN W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3967	SEWHO AIRPLANE W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3971	SEWHO CAP DESIGN W/JOINT(S) CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3973	SEWHO AIRPLANE W/JOINT(S) CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3975	SEWHFO CAP DESIGN W/O JOINT CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3976	SEWHFO AIRPLANE W/O JOINTS CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3977	SEWHFO CAP DESGN W/JOINT(S) CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L3978	SEWHFO AIRPLANE W/JOINT(S) CUSTOM FABRICATED	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024

L4396	STATIC ANKLE FOOT ORTHOSIS SOFT INTERFACE	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L4397	STATIC OR DYNAMI AFO PRE OTS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
L4398	FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
C1062	VT MC PP APP SR IJ PHRMACL/BIOLOG AGT	YES		1/1/2024
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	YES		1/1/2024
C1823	GEN NEUROSTM NON-RECHRG TV S&STM LD	YES		1/1/2024
C1824	GENERATOR, CCM, IMPLANT	YES		1/1/2024
C1825	GN NROSTM NONRCHRGBL CR SN BR STM L	YES		1/1/2024
C1831	PERSONAL ANT&LAT INTERBODY CAGE IMP	YES		1/1/2024
C1833	MNTR CARD INC IC LEAD &ALL SYS COMP	YES		1/1/2024

C1840	TELESCOPIC INTRAOCULAR LENS	YES		1/1/2024
C1886	CATHETER, EXTRAVASC TISSUE ABLATION, ANY MODE	YES		1/1/2024
C1982	CATH, PRESSURE,VALVE-OCCLU	YES		1/1/2024
C2596	PROBE, ROBOTIC, WATER-JET	YES		1/1/2024
C2644	BRACHYTX CESIUM-131 CHLORIDE	YES		1/1/2024
C8918	MRA W/CONTRAST, PELVIS	YES		1/1/2024
C8919	MRA W/O CONTRAST, PELVIS	YES		1/1/2024
C8920	MRA W/O CONTRAST FOLLOW BY W/CONTRAST, PELVIS	YES		1/1/2024
C9046	COCAINE HCL NASAL SOLUTION	YES		1/1/2024
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG	YES		1/1/2024

C9067	GALLIUM GA-68 DOTATOC DIAG 0.01 MCI	YES		1/1/2024
C9088	INSTL BUPIV &MELOXICAM 1 MG/0.03 MG	YES		1/1/2024
C9089	BUPIVAC COLLAGEN-MATRIX IMPLNT 1 MG	YES		1/1/2024
C9257	BEVACIZUMAB INJECTION, 0.25 MG	YES		1/1/2024
C9362	IMPLANT, BONE VOID FILLER-STRIP, PER 0.5 CC	YES		1/1/2024
C9462	INJECTION DELAFLOXACIN 1 MG	YES		1/1/2024
C9488	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1	YES		1/1/2024
C9738	BLUE LIGHT CYSTO IMAG AGENT	YES		1/1/2024
C9739	CYSTOSCOPY PROSTATIC IMPLANT 1-3 IMPLANTS	YES		1/1/2024
C9740	CYSTOSCOPY PROSTATIC IMPLANT 4 OR MORE IMPLANTS	YES		1/1/2024

C9756	IO NIR FLUOR LM OF LYM W/ADMIN ICG	YES		1/1/2024
C9757	SPINE/LUMBAR DISK SURGERY	YES		1/1/2024
C9758	INTERATRIAL SHUNT IDE	YES		1/1/2024
C9761	CS URS&/PYLSCPY LTH&ASPR K CLL SYS	YES		1/1/2024
C9768	ENDO UG DIR MSR HEP PORTOSYS PSG	YES		1/1/2024
C9769	CS INSERTION TEMP PROS IMPL/STENT	YES		1/1/2024
C9770	VT MC PP APP SR IJ PHRMACL/BIOL AGT	YES		1/1/2024
C9771	NASAL/SINUS ENDO CRYO NSL TISS&/NRV	YES		1/1/2024
C9772	RVSC EVAR OPN/PERC TB/PA IVASC LITH	YES		1/1/2024
C9773	RVSC EVAR O/PC TB/PA;IVASC LTH&TSP	YES		1/1/2024

C9774	RVSC EVAR O/PC TIB/PA;IVASC LITH&AT	YES		1/1/2024
C9775	RVSC EVAR O/P TB/PA; IVL & TSP & AT	YES		1/1/2024
C9776	IO NIR FLUOR IMAG MAJ EXTRA-HEP BD	YES		1/1/2024
C9778	COLPOPEXY VAGINAL; MI EXP APPRCH	YES		1/1/2024
C9781	ARTHROSC SHLDR SX; W/IMP SA SPACER	YES		1/1/2024
C9899	INPATIENT IMPLANT PROSTHETIC DEVICE, NO COVERAGE	YES		1/1/2024
P9603	ONE-WAY ALLOW PRORATED MILES LAB SPECM,ACTUAL	YES		1/1/2024
P9604	ONE-WAY ALLOW PRORATED TRIP LAB SPEC TRIP CHG	YES		1/1/2024
G0088	P SVC INI V ADM ANT-INF PM H EA 15M	YES		1/1/2024
G0089	PROF SVC INI V ADM SUB IMT/OTH INF	YES		1/1/2024

G0090	PROF ADM IV CT/COP INFS RX H EA 15M	YES		1/1/2024
G0276	PILD/PLACEBO CONTROL CLIN TR	YES		1/1/2024
G0278	ILIAC ANGIOGRAPHY, SAME TIME AS CARDIAC CATH	YES		1/1/2024
G0288	RECON, COMPUTED TOMOG ANG AORTA FOR SURG PLAN	YES		1/1/2024
G0293	NON-COVERED SURG PROC, CLINICAL TRIAL PER DAY	YES		1/1/2024
G0294	NON-COVERED PROCEDURE, CLINICAL TRIAL PER DAY	YES		1/1/2024
G0459	TELEHEALTH INPATIENT PHARMACOLOGIC MANAGEMENT	YES		1/1/2024
G0490	HOME VISIT RN, LPN BY RHC/FQ	YES		1/1/2024
G6015	RADIATION TX DELIVERY IMRT, PER TX SESSION	YES		1/1/2024
G9187	BPCI HOME VISIT	YES		1/1/2024

G9473	CHAP SERVICES AT HOSPICE, EACH 15 MINUTES	YES		1/1/2024
G9474	DIET COUNSEL AT HOSPICE EACH 15 MINUTES	YES		1/1/2024
G9475	OTHER COUNSELOR AT HOSPICE EACH 15 MINUTES	YES		1/1/2024
G9476	VOLUN SERVICE AT HOSPICE EACH 15 MINUTES	YES		1/1/2024
G9477	CARE COORD AT HOSPICE EACH 15 MINUTES	YES		1/1/2024
G9478	OTHER THERAPIST AT HOSPICE EACH 15 MINUTES	YES		1/1/2024
G9479	PHARMACIST AT HOSPICE EACH 15 MINUTES	YES		1/1/2024
G9481	REMOTE E/M NEW PATIENT 10 MINUTES	YES		1/1/2024
G9482	REMOTE E/M NEW PATIENT 20 MINUTES	YES		1/1/2024
G9483	REMOTE E/M NEW PATIENT 30 MINUTES	YES		1/1/2024



G9484	REMOTE E/M NEW PATIENT 45 MINUTES	YES		1/1/2024
G9485	REMOTE E/M NEW PATIENT 60 MINUTES	YES		1/1/2024
G9486	REMOTE E/M EST. PATIENT 10 MINUTES	YES		1/1/2024
G9487	REMOTE E/M EST. PATIENT 15 MINUTES	YES		1/1/2024
G9488	REMOTE E/M EST. PATIENT 25 MINUTES	YES		1/1/2024
G9489	REMOTE E/M EST. PATIENT 40 MINUTES	YES		1/1/2024
G9490	JOINT REPLACEMENT MODEL HOME VISIT	YES		1/1/2024
G0155	SOCIAL WORK SERVICE, HH OR HOSPICE, EACH 15 MIN	YES		1/1/2024
G0157	HOME HEALTH CARE, PT ASSISTANT, EACH 15 MIN	YES		1/1/2024
G0158	HOME HEALTH CARE, OT ASSISTANT, EACH 15 MIN	YES		1/1/2024

G0161	HOME HEALTH CARE, SLP MAINTENANCE, EACH 15 MIN	YES		1/1/2024
G0327	CRC SCR; BLOOD-BASED BIOMARKER	YES		1/1/2024
G2169	SERVICES PERFORMED BY AN OCCUPATIONAL THERAPIST ASSISTANT IN	YES		1/1/2024
G2000	BLINDED ADMN OF CONVULSIVE TX PROC	YES		1/1/2024
0001U	RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	YES		1/1/2024
0002U	ONC CLRCT QUAN 3 UR METABOLITES ALG ADNMTS PLP	YES		1/1/2024
0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA&RNA 23 GENES	YES		1/1/2024
0046U	FLT3 GENE ITD VARIANTS QUAN	YES		1/1/2024
0049U	NPM1 GENE ANALYSIS QUAN	YES		1/1/2024
0052U	LPOPRTN BLD W/5 MAJ CLASSES	YES		1/1/2024

0058U	ONC MERKEL CLL CARC SRM QUAN	YES		1/1/2024
0059U	ONC MERKEL CLL CARC SRM +/-	YES		1/1/2024
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	YES		1/1/2024
0061U	TC MEAS 5 BMRK SFDI M-S ALYS	YES		1/1/2024
0063U	NEURO AUTISM 32 AMINES ALG	YES		1/1/2024
0066U	PAMG-1 IA CERVICO-VAG FLUID	YES		1/1/2024
0070U	CYP2D6 GEN COM&SLCT RAR VRNT	YES		1/1/2024
0071U	CYP2D6 FULL GENE SEQUENCE	YES		1/1/2024
0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	YES		1/1/2024
0074U	CYP2D6 GEN CYP2D7-2D6 HYBRID	YES		1/1/2024

0075U	CYP2D6 5' GENE DUP/MLT	YES		1/1/2024
0076U	CYP2D6 3' GENE DUP/MLT	YES		1/1/2024
0077U	IG PARAPROTEIN QUAL BLD/UR	YES		1/1/2024
0078U	PAIN MGT OPI USE GNOTYP PNL	YES		1/1/2024
0090U	ONC CUTAN MLNMA MRNA 23 GENE	YES		1/1/2024
0094U	GENOME RAPID SEQUENCE ALYS	YES		1/1/2024
0095U	INFLM EE ELISA ALYS ALG	YES		1/1/2024
0101U	HERED COLON CA DO 15 GENES	YES		1/1/2024
0102U	HERED BRST CA RLTD DO 17 GEN	YES		1/1/2024
0103U	HERED OVA CA PNL 24 GENES	YES		1/1/2024

0105U	NEPH CKD MULT ECLIA TUM NEC	YES		1/1/2024
0106U	GSTR EMPTG 7 TIMED BRTH SPEC	YES		1/1/2024
0107U	C DIFF TOX AG DETCJ IA STOOL	YES		1/1/2024
0108U	GI BARRETT ESOPH 9 PRTN BMRK	YES		1/1/2024
0110U	RX MNTR 1+ORAL ONC RX&SBSTS	YES		1/1/2024
0111U	ONC COLON CA KRAS&NRAS ALYS	YES		1/1/2024
0113U	ONC PRST8 PCA3&TMPRSS2-ERG	YES		1/1/2024
0114U	GI BARRETTS ESOPH VIM&CCNA1	YES		1/1/2024
0116U	RX MNTR NZM IA 35+ORAL FLU	YES		1/1/2024
0117U	PAIN MGMT 11 ENDOGENOUS ANAL	YES		1/1/2024

0118U	TRNSPLJ DON-DRV CLL-FR DNA	YES		1/1/2024
0120U	ONC B CLL LYMPHM MRNA 58 GEN	YES		1/1/2024
0121U	SC DIS VCAM-1 WHOLE BLOOD	YES		1/1/2024
0122U	SC DIS P-SELECTIN WHL BLOOD	YES		1/1/2024
0123U	MCHNL FRAGILITY RBC PRFLG	YES		1/1/2024
0129U	HERED BRST CA RLTD DO PANEL	YES		1/1/2024
0130U	HERED COLON CA DO MRNA PNL	YES		1/1/2024
0131U	HERED BRST CA RLTD DO PNL 13	YES		1/1/2024
0132U	HERED OVA CA RLTD DO PNL 17	YES		1/1/2024
0133U	HERED PRST8 CA RLTD DO 11	YES		1/1/2024

0134U	HERED PAN CA MRNA PNL 18 GEN	YES		1/1/2024
0135U	HERED GYN CA MRNA PNL 12 GEN	YES		1/1/2024
0136U	ATM MRNA SEQ ALYS	YES		1/1/2024
0137U	PALB2 MRNA SEQ ALYS	YES		1/1/2024
0138U	BRCA1 BRCA2 MRNA SEQ ALYS	YES		1/1/2024
0153U	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-G	YES		1/1/2024
0154U	ONCOLOGY (UROTHELIAL CANCER), RNA,	YES		1/1/2024
0155U	ONC BRST CA DNA PIK3CA GENE	YES		1/1/2024
0156U	COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SE	YES		1/1/2024
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL A	YES		1/1/2024

0177U	ONC BRST CA DNA PIK3CA 11	YES		1/1/2024
0220U	ONCOLOGY (BREAST CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INT	YES		1/1/2024
0221U	RED CELL ANTIGEN (ABO BLOOD GROUP) GENOTYPING (ABO), GENE AN	YES		1/1/2024
0222U	RED CELL ANTIGEN (RH BLOOD GROUP) GENOTYPING (RHD AND RHCE),	YES		1/1/2024
0243U	OB PE BIOCHEM ASSAY PGF ALG	YES		1/1/2024
0245U	ONC THYR MUT ALYS 10 GEN&37	YES		1/1/2024
0246U	RBC DNA GNOTYP 16 BLD GROUPS	YES		1/1/2024
0247U	OB PRTRM BRTH IBP4 SHBG MEAS	YES		1/1/2024
0306U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION T	YES		1/1/2024
0307U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]), NEXT-GENERATION T	YES		1/1/2024



0310U	PEDIATRICS (VASCULITIS, KAWASAKI DISEASE [KD]), ANALYSIS OF	YES		1/1/2024
0311U	INFECTIOUS DISEASE (BACTERIAL), QUANTITATIVE ANTIMICROBIAL S	YES		1/1/2024
0313U	ONCOLOGY (PANCREAS), DNA AND MRNA NEXT-GENERATION SEQUENCING	YES		1/1/2024
0314U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILIN	YES		1/1/2024
0315U	ONCOLOGY (CUTANEOUS SQUAMOUS CELL CARCINOMA), MRNA GENE EXPR	YES		1/1/2024
0322U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEA	YES		1/1/2024
L6621	FLEXION/EXTENSION WRIST W/WO FRICTION	YES		1/1/2024
L6638	ELECTRIC LOCKING ON MANUAL POWERED ELBOW	YES		1/1/2024
L6646	SHOULDER JOINT MULTIPOSITIONAL LOCKING FLEXIO	YES		1/1/2024
L6647	SHOULDER LOCK MECHANISM POWERED ACTUATOR	YES		1/1/2024

L6648	SHOULDER LOCK MECHANISM EXTERNAL POWERED ACUR	YES		1/1/2024
L6677	UE TRIPLE CONTROL HARNESS	YES		1/1/2024
L6697	CUSTOM ELBOW SKT IN NOT CON/ATYP	YES		1/1/2024
L6698	BELOW/ABOVE ELBOW LOCK MECHANISM	YES		1/1/2024
L6883	REPLC SOCKET BELOW ELBOW/WRIST DISARTICULATIO	YES		1/1/2024
L6884	REPLC SOCKET ABOVE ELBOW DISARTICULATION	YES		1/1/2024
L6885	REPLC SOCKET SHOULDER DISARTICUL/INTERSCAPULA	YES		1/1/2024
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	YES		1/1/2024
L7400	ADD UE PROST BELOW ELBOW/WRIST DISAR, ULTLITE	YES		1/1/2024
L7401	ADD UE PROST ABOVE/ELBOW ULTLITE MATERIAL	YES		1/1/2024

L7402	ADD UE PROST SHOULDER/INTRASCAPUL ULTLITE MAT	YES		1/1/2024
L7403	ADD UE PROST BELOW ELBOW/WRIST ACRYLIC MAT	YES		1/1/2024
L7404	ADD UE PROST ABOVE ELBOW ACRYLIC MATERIAL	YES		1/1/2024
L7405	ADD UE PROST SHOULDER DISARTIC/INTERS ACRYLIC	YES		1/1/2024
L7600	PROSTHETIC DONNING SLEEVE	YES		1/1/2024
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROST	YES		1/1/2024
L8512	GELATIN CAPSULE FOR TRACHEOESOPHAGEAL VOICE	YES		1/1/2024
L8513	CLEANING DEVICE TRACHEOESOPHAGEAL PROSTHESIS	YES		1/1/2024
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR REPLACEMNT	YES		1/1/2024
L8515	GELATIN CAP APP DEVICE FOR TRACHEOESOPHAGEAL	YES		1/1/2024

L8609	ARTIFICIAL CORNEA	YES		1/1/2024
L8631	METACARPAL PHALANGEAL JOINT REPLACE 2 OR MORE	YES		1/1/2024
L8659	INTERPHALANGEAL JOINT REPLACEMENT 2 OR MORE	YES		1/1/2024
L8679	IMP NEUROSTI PLS GN ANY TYPE	YES		1/1/2024
L8681	PT PRGRM FOR IMPLANTABLE NEUROSTIMULATOR	YES		1/1/2024
L8684	RADIOF TRSMTR IMPLANTABLE SACRAL NEUROSIMULAT	YES		1/1/2024
L8689	EXTERNAL RECHARGING SYSTEM INTERNAL	YES		1/1/2024
L8693	AUDITORY OSSEOINTEGRATED DEVICE, ABUTMENT	YES		1/1/2024
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY	YES		1/1/2024
L8696	EXT ANTENNA PHREN NERVE STIM	YES		1/1/2024

V2623	PLASTIC EYE PROSTHESIS, CUSTOM	YES		1/1/2024
V2624	POLISHING/RESURFACING OR OCULAR PROSTHESIS	YES		1/1/2024
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	YES		1/1/2024
V2626	REDUCTION OF OCULAR PROSTHESIS	YES		1/1/2024
V2627	SCLERAL COVER SHELL	YES		1/1/2024
V2628	FABRICATION & FITTING OF OCULAR CONFORMER	YES		1/1/2024
V2629	PROSTHETIC EYE, OTHER TYPE	YES		1/1/2024
Q2004	BLADDER CALCULI IRRIGATION SOLUT, PER 500 ML	YES		1/1/2024
Q2052	IVIG DEMO, SERVICES/SUPPLIES	YES		1/1/2024
Q3031	COLLAGEN SKIN TEST	YES		1/1/2024

Q4082	DRUG/BIO NOC PART B DRUG CAP	YES		1/1/2024
Q4251	VIM PER SQ CM	YES		1/1/2024
Q4252	VENDAJE PER SQ CM	YES		1/1/2024
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM	YES		1/1/2024
Q5004	HOSPICE IN SNF	YES		1/1/2024
Q5005	HOSPICE, INPATIENT HOSPITAL	YES		1/1/2024
Q5006	HOSPICE IN HOSPICE FACILITY	YES		1/1/2024
Q5007	HOSPICE IN LTCH	YES		1/1/2024
Q5008	HOSPICE IN INPATIENT PSYCHIATRIC FACILITY	YES		1/1/2024
Q5010	HOSPICE HOME CARE IN HOSPICE	YES		1/1/2024

Q9950	INJECTION, SULF HEXA LIPID MICROSPH, PER ML	YES		1/1/2024
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC PER STUDY DOSE	YES		1/1/2024
Q9983	FLORBETABEN F18 DIAGNOSTIC PER STUDY DOSE	YES		1/1/2024
Q5001	HOSPIC OR HOME HEALTH CARE IN HOME	YES		1/1/2024
Q5002	HOSPICE OR HOME HEALTH IN ASSISTED LIVING	YES		1/1/2024
Q5009	HOSPICE OR HOME HEALTH, PLACE NOS	YES		1/1/2024
Q0477	PWR MODULE PT CABLE LVAD RPL	YES		1/1/2024
Q0478	POWER ADAPTER, COMBO VASCULAR ACCESS DEVICE	YES		1/1/2024
Q0507	MISCELLANEOUS SUPPLY/ACCESSORY EXTERNAL VAD	YES		1/1/2024
Q0509	MISC SUPPLY/ACCES IMPLANTED VAD NO PAY MEDICARE	YES		1/1/2024

77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	YES		1/1/2024
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	YES		1/1/2024
77610	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	YES		1/1/2024
77615	HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	YES		1/1/2024
77620	HYPERTHERMIA INTRACAVITARY PROBES	YES		1/1/2024
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	YES		1/1/2024
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	YES		1/1/2024
30120	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	YES		1/1/2024
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	YES		1/1/2024
30150	RHINECTOMY PARTIAL	YES		1/1/2024



30160	RHINECTOMY TOTAL	YES		1/1/2024
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	YES		1/1/2024
30465	REPAIR NASAL VESTIBULAR STENOSIS	YES		1/1/2024
30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	YES		1/1/2024
30630	REPAIR NASAL SEPTAL PERFORATIONS	YES		1/1/2024
31020	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	YES		1/1/2024
31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	YES		1/1/2024
31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	YES		1/1/2024
31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	YES		1/1/2024
31050	SINUSOTOMY SPHENOID W/WO BIOPSY	YES		1/1/2024

31051	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	YES		1/1/2024
31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	YES		1/1/2024
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	YES		1/1/2024
31080	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	YES		1/1/2024
31081	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	YES		1/1/2024
31084	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	YES		1/1/2024
31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	YES		1/1/2024
31086	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	YES		1/1/2024
31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	YES		1/1/2024
31090	SINUSOT UNI 3/> PARANSL SINUSES	YES		1/1/2024

31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	YES		1/1/2024
31201	ETHMOIDECTOMY INTRANASAL TOTAL	YES		1/1/2024
31205	ETHMOIDECTOMY EXTRANASAL TOTAL	YES		1/1/2024
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	YES		1/1/2024
31230	MAXILLECTOMY W/ORBITAL EXENTERATION	YES		1/1/2024
31295	NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	YES		1/1/2024
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	YES		1/1/2024
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	YES		1/1/2024
31298	NASAL/SINUS NDSC W/FRONTAL & SPHEN SINS DILATION	YES		1/1/2024
31300	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	YES		1/1/2024

31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	YES		1/1/2024
31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	YES		1/1/2024
31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	YES		1/1/2024
31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	YES		1/1/2024
31370	PARTIAL LARYNGECTOMY HEMILARYNGECTOMY HORIZONTAL	YES		1/1/2024
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	YES		1/1/2024
31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	YES		1/1/2024
31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	YES		1/1/2024
31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	YES		1/1/2024
31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	YES		1/1/2024

K1001	ELECTRONIC POSA TREATMENT	YES		1/1/2024
K1004	LO FREQ US DIATHERMY DEVICE	YES		1/1/2024
K1006	SP HOME MODEL ELEC USE EXT URINE MS	YES		1/1/2024
K1030	EXT RCHG SYS BAT IM CRD CCM GR ONLY	YES		1/1/2024
K0900	CUSTOME DME OTHER THAN WHEELCHAIR	YES		1/1/2024
K1007	BIL HKAFO DEVC PWR PELV COMP UP KJ	YES		1/1/2024
K1009	SPCH VOL MOD SYS INCL ALL CMP & ACC	YES		1/1/2024
A0382	BASIC SUPPORT ROUTINE DISPOSABLE SUPPLIES	YES		1/1/2024
A0384	BLS DEFIBRILLATION DISPOSABLE SUPPLIES	YES		1/1/2024
A0424	EXTRA AMBULANCE ATTENDANT: REQ MEDICAL REVIEW	YES		1/1/2024

A0420	AMBULANCE WAITING 1/2 HR INCREMENTS	YES		1/1/2024
V2600	HAND HELD LOW VISION AIDS/OTHER NONSPECTACLE	YES		1/1/2024
V2756	EYE GLASS CASE	YES		1/1/2024
T1040	MEDICAID CERT COM BH CLINIC SRVC PD	YES		1/1/2024
T1041	MEDICAID CERT COM BH CLINIC SRVC PM	YES		1/1/2024
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
42830	ADENOIDECTOMY PRIMARY <AGE 12	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
42831	ADENOIDECTOMY PRIMARY AGE 12/>	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024

42835	ADENOIDECTOMY SECONDARY<AGE 12	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
42836	ADENOIDECTOMY SECONDARY AGE 12/>	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	YES		1/1/2024
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	YES		1/1/2024
15786	ABRASION 1 LESION	YES		1/1/2024
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	YES		1/1/2024
15819	CERVICOPLASTY	YES		1/1/2024
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	YES		1/1/2024
17360	CHEMICAL EXFOLIATION ACNE	YES		1/1/2024

20932	OSTEOART ALGRFT W/SURF & B1	YES		1/1/2024
20933	HEMICRT INTRCLRY ALGRFT PRTL	YES		1/1/2024
20934	INTERCALARY ALGRFT COMPL	YES		1/1/2024
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	YES		1/1/2024
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	YES		1/1/2024
20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	YES		1/1/2024
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	YES		1/1/2024
21031	EXCISION TORUS MANDIBULARIS	YES		1/1/2024
21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	YES		1/1/2024
21085	IMPRESSION&PREPARATION ORAL SURGICAL SPLINT	YES		1/1/2024



21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	YES		1/1/2024
21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	YES		1/1/2024
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	YES		1/1/2024
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	YES		1/1/2024
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	YES		1/1/2024
22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	YES		1/1/2024
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	YES		1/1/2024
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	YES		1/1/2024
22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	YES		1/1/2024
22220	OSTEOT DSC ANT 1 VRT SGM CRV	YES		1/1/2024

22222	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	YES		1/1/2024
22224	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	YES		1/1/2024
22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	YES		1/1/2024
22505	MANIPULATION SPINE REQUIRING ANESTHESIA	YES		1/1/2024
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	YES		1/1/2024
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	YES		1/1/2024
22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	YES		1/1/2024
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	YES		1/1/2024
22819	KYPHECTOMY 3 OR MORE SEGMENTS	YES		1/1/2024
22830	EXPLORATION SPINAL FUSION	YES		1/1/2024

22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	YES		1/1/2024
22848	PELVIC FIXATION OTHER THAN SACRUM	YES		1/1/2024
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	YES		1/1/2024
22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	YES		1/1/2024
22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	YES		1/1/2024
22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	YES		1/1/2024
23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	YES		1/1/2024
23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	YES		1/1/2024
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	YES		1/1/2024
23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	YES		1/1/2024

23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	YES		1/1/2024
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	YES		1/1/2024
23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	YES		1/1/2024
23101	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	YES		1/1/2024
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	YES		1/1/2024
23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	YES		1/1/2024
23107	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	YES		1/1/2024
23120	CLAVICULECTOMY PARTIAL	YES		1/1/2024
23125	CLAVICULECTOMY TOTAL	YES		1/1/2024
23195	RESECTION HUMERAL HEAD	YES		1/1/2024

23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	YES		1/1/2024
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	YES		1/1/2024
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	YES		1/1/2024
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	YES		1/1/2024
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	YES		1/1/2024
23800	ARTHRODESIS GLENOHUMERAL JOINT	YES		1/1/2024
23802	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	YES		1/1/2024
24360	ARTHROPLASTY ELBOW W/MEMBRANE	YES		1/1/2024
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	YES		1/1/2024
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	YES		1/1/2024

24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	YES		1/1/2024
24365	ARTHROPLASTY RADIAL HEAD	YES		1/1/2024
24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT	YES		1/1/2024
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	YES		1/1/2024
25076	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	YES		1/1/2024
27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	YES		1/1/2024
27120	ACETABULOPLASTY	YES		1/1/2024
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	YES		1/1/2024
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	YES		1/1/2024
27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	YES		1/1/2024

27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	YES		1/1/2024
27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	YES		1/1/2024
27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	YES		1/1/2024
27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	YES		1/1/2024
27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	YES		1/1/2024
27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	YES		1/1/2024
27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	YES		1/1/2024
27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	YES		1/1/2024
27158	OSTEOTOMY PELVIS BILATERAL	YES		1/1/2024
27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	YES		1/1/2024

27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	YES		1/1/2024
27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	YES		1/1/2024
27175	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	YES		1/1/2024
27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	YES		1/1/2024
27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	YES		1/1/2024
27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	YES		1/1/2024
27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	YES		1/1/2024
27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	YES		1/1/2024
27185	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	YES		1/1/2024
27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	YES		1/1/2024



27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA	YES		1/1/2024
27282	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	YES		1/1/2024
27284	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	YES		1/1/2024
27286	ARTHROD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	YES		1/1/2024
27290	INTERPELVIABDOMINAL AMPUTATION	YES		1/1/2024
27295	DISARTICULATION HIP	YES		1/1/2024
27325	NEURECTOMY HAMSTRING MUSCLE	YES		1/1/2024
27326	NEURECTOMY POPLITEAL	YES		1/1/2024
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	YES		1/1/2024
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	YES		1/1/2024

27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	YES		1/1/2024
27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	YES		1/1/2024
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	YES		1/1/2024
27347	EXCISION LESION MENISCUS/CAPSULE KNEE	YES		1/1/2024
27350	PATELLECTOMY/HEMIPATELLECTOMY	YES		1/1/2024
27425	LATERAL RETINACULAR RELEASE OPEN	YES		1/1/2024
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	YES		1/1/2024
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	YES		1/1/2024
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	YES		1/1/2024
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	YES		1/1/2024

27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVTCT	YES		1/1/2024
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	YES		1/1/2024
27443	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	YES		1/1/2024
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	YES		1/1/2024
27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	YES		1/1/2024
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	YES		1/1/2024
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	YES		1/1/2024
27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	YES		1/1/2024
27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	YES		1/1/2024
27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	YES		1/1/2024

27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	YES		1/1/2024
27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	YES		1/1/2024
27466	OSTEOPLASTY FEMUR LENGTHENING	YES		1/1/2024
27468	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	YES		1/1/2024
27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	YES		1/1/2024
27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	YES		1/1/2024
27475	ARREST EPIPHYSEAL DISTAL FEMUR	YES		1/1/2024
27477	ARREST EPIPHYSEAL TIBIA&FIBULA PROXIMAL	YES		1/1/2024
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	YES		1/1/2024
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	YES		1/1/2024

27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	YES		1/1/2024
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	YES		1/1/2024
27495	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	YES		1/1/2024
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	YES		1/1/2024
27580	ARTHRODESIS KNEE ANY TECHNIQUE	YES		1/1/2024
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	YES		1/1/2024
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	YES		1/1/2024
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	YES		1/1/2024
29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	YES		1/1/2024
29873	ARTHROSCOPY KNEE LATERAL RELEASE	YES		1/1/2024

29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	YES		1/1/2024
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	YES		1/1/2024
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	YES		1/1/2024
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	YES		1/1/2024
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	YES		1/1/2024
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	YES		1/1/2024
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	YES		1/1/2024
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	YES		1/1/2024
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	YES		1/1/2024
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	YES		1/1/2024

29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	YES		1/1/2024
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	YES		1/1/2024
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	YES		1/1/2024
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	YES		1/1/2024
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	YES		1/1/2024
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	YES		1/1/2024
29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	YES		1/1/2024
29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	YES		1/1/2024
29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	YES		1/1/2024
30468	RPR NSL VLV COLLAPSE W/IMPLT	YES		1/1/2024

31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	YES		1/1/2024
31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	YES		1/1/2024
33216	INSERT 1 ELECTRODE PM-DEFIB	YES		1/1/2024
33217	INSERT 2 ELECTRODE PM-DEFIB	YES		1/1/2024
33274	TCAT INSJ/RPL PERM LDLS PM	YES		1/1/2024
36468	1/MLT NJXS SCLRSR SLNS SPIDER VEINS LIMB/TRUNK	YES		1/1/2024
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	YES		1/1/2024
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	YES		1/1/2024
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	YES		1/1/2024
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	YES		1/1/2024



37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	YES		1/1/2024
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	YES		1/1/2024
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	YES		1/1/2024
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	YES		1/1/2024
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	YES		1/1/2024
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	YES		1/1/2024
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	YES		1/1/2024
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	YES		1/1/2024
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	YES		1/1/2024
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	YES		1/1/2024

40840	VESTIBULOPLASTY ANTERIOR	YES		1/1/2024
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	YES		1/1/2024
40843	VESTIBULOPLASTY POSTERIOR BILATERAL	YES		1/1/2024
40844	VESTIBULOPLASTY ENTIRE ARCH	YES		1/1/2024
40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	YES		1/1/2024
41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	YES		1/1/2024
41870	PERIODONTAL MUCOSAL GRAFTING	YES		1/1/2024
41872	GINGIVOPLASTY EACH QUADRANT SPECIFY	YES		1/1/2024
41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY	YES		1/1/2024
42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX	YES		1/1/2024

42509	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	YES		1/1/2024
42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	YES		1/1/2024
42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	YES		1/1/2024
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	YES		1/1/2024
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	YES		1/1/2024
47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	YES		1/1/2024
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	YES		1/1/2024
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	YES		1/1/2024
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	YES		1/1/2024

48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	YES		1/1/2024
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	YES		1/1/2024
51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	YES		1/1/2024
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	YES		1/1/2024
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	YES		1/1/2024
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	YES		1/1/2024
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	YES		1/1/2024
53444	INSERTION TANDEM CUFF	YES		1/1/2024
53451	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEV	YES		1/1/2024
53452	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEV	YES		1/1/2024

53453	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEV	YES		1/1/2024
53454	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEV	YES		1/1/2024
54125	AMPUTATION PENIS COMPLETE	YES		1/1/2024
54160	CIRCUMCISION NEONATE	YES	NO AUTH REQUIRED UNTIL OVER 5 YEARS OF AGE	1/1/2024
54161	CIRCUMCISION AGE >28 DAYS	YES	NO AUTH REQUIRED UNTIL OVER 5 YEARS OF AGE	1/1/2024
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	YES		1/1/2024
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	YES		1/1/2024
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	YES	DMAS 3004 FORM MUST BE SUBMITTED FOR CLAIM PAYMENT	1/1/2024
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	YES		1/1/2024
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	YES	DMAS 3004 FORM MUST BE SUBMITTED FOR CLAIM PAYMENT	1/1/2024

58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	YES	DMAS 3004 FORM MUST BE SUBMITTED FOR CLAIM PAYMENT	1/1/2024
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	YES		1/1/2024
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	YES		1/1/2024
61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	YES		1/1/2024
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	YES		1/1/2024
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	YES		1/1/2024
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	YES		1/1/2024
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	YES		1/1/2024
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	YES		1/1/2024
62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	YES		1/1/2024

62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	YES		1/1/2024
62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	YES		1/1/2024
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	YES		1/1/2024
63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	YES		1/1/2024
63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	YES		1/1/2024
63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	YES		1/1/2024
63046	LAM FACETEC & FORAMOT THRC	YES		1/1/2024
63055	TRANSPEDICULAR DCMRPN SPINAL CORD 1 SEG THORACIC	YES		1/1/2024
63064	COSTOVERTEBRAL DCMRPN SPINAL CORD THORACIC 1 SEG	YES		1/1/2024
63066	COSTOVERTEBRAL DCMRPN SPINE CORD THORACIC EA SEG	YES		1/1/2024

63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	YES		1/1/2024
63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	YES		1/1/2024
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	YES		1/1/2024
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	YES		1/1/2024
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	YES		1/1/2024
63197	LAM W/CORDOTOMY 1STG THRC	YES		1/1/2024
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	YES		1/1/2024
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	YES		1/1/2024
63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	YES		1/1/2024
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	YES		1/1/2024



63306	VERTEBRAL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	YES		1/1/2024
63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	YES		1/1/2024
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	YES		1/1/2024
63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	YES		1/1/2024
63610	STRCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	YES		1/1/2024
63700	REPAIR OF SPINAL HERNIATION	YES		1/1/2024
63704	REPAIR OF SPINAL HERNIATION	YES		1/1/2024
64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	YES		1/1/2024
64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	YES		1/1/2024
64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	YES		1/1/2024

64451	NJX AA&/STRD NRV NRVTG SI JT	YES		1/1/2024
64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	YES		1/1/2024
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	YES		1/1/2024
64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	YES		1/1/2024
64580	OPN IMPLTJ NEA NEUROMUSCULAR	YES		1/1/2024
64625	RF ABLTJ NRV NRVTG SI JT	YES		1/1/2024
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	YES		1/1/2024
64629	TRML DSTRJ IOS BVN EA ADDL	YES		1/1/2024
64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	YES		1/1/2024
64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	YES		1/1/2024

64704	NEUROPLASTY NERVE HAND/FOOT	YES		1/1/2024
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	YES		1/1/2024
64714	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	YES		1/1/2024
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	YES		1/1/2024
64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	YES		1/1/2024
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	YES		1/1/2024
64722	DECOMPRESSION UNSPECIFIED NERVE	YES		1/1/2024
64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	YES		1/1/2024
64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	YES		1/1/2024
67311	STRABISMUS RECEPTION/RESCJ 1 HRZNTL MUSC	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024

67312	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
69676	TYMPANIC NEURECTOMY	YES		1/1/2024
81162	BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS	YES		1/1/2024
81163	BRCA1&2 GENE FULL SEQ ALYS	YES		1/1/2024
81327	SEPT9 METHYLATION ANALYSIS	YES		1/1/2024
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	YES		1/1/2024
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	YES		1/1/2024
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	YES		1/1/2024
81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	YES		1/1/2024

81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	YES		1/1/2024
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	YES		1/1/2024
81425	GENOME SEQUENCE ANALYSIS	YES		1/1/2024
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	YES		1/1/2024
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	YES		1/1/2024
81490	AUTOIMMUNE RHEUMATOID ARTHRITS ANALYS 12 BIOMRKRS	YES		1/1/2024
81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	YES		1/1/2024
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	YES		1/1/2024
81513	NFCT DS BV RNA VAG FLU ALG	YES		1/1/2024
81514	NFCT DS BV&VAGINITIS DNA ALG	YES		1/1/2024

81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	YES		1/1/2024
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	YES		1/1/2024
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	YES		1/1/2024
81560	TRANSPLANTATION MEDICINE (ALLOGRAFT REJECTION, PEDIATRIC LIV	YES		1/1/2024
82681	ASSAY DIR MEAS FR ESTRADIOL	YES		1/1/2024
83006	GROWTH STIMULATION EXPRESSED GENE 2	YES		1/1/2024
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	YES		1/1/2024
87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	YES		1/1/2024
87338	IAAD IA HPYLORI STOOL	YES		1/1/2024
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	YES		1/1/2024

90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	YES		1/1/2024
90587	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	YES		1/1/2024
90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	YES		1/1/2024
90626	TIC-BRN ENCEPH VAC 0.25ML IM	YES		1/1/2024
90627	TIC-BRN ENCEPH VAC 0.5ML IM	YES		1/1/2024
90668	IIV VACCINE PANDEMIC IM	YES		1/1/2024
90758	ZAIRE EBOLAVIRUS VAC LIVE IM	YES		1/1/2024
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	YES		1/1/2024
92314	RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	YES		1/1/2024

92317	RX CONTACT CORNEOSCLERAL LENS	YES		1/1/2024
92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	YES		1/1/2024
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	YES		1/1/2024
92341	FITTING SPECTACLES XCPT APHAKIA BIFOVAL	YES		1/1/2024
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOVAL	YES		1/1/2024
92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOVAL	YES		1/1/2024
92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOVAL	YES		1/1/2024
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	YES		1/1/2024
92541	SPONTANEOUS NYSTAGMUS TEST	YES		1/1/2024
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	YES		1/1/2024



92545	OSCILLATING TRACKING TEST W/RECORDING	YES		1/1/2024
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	YES		1/1/2024
92547	USE VERTICAL ELECTRODES	YES		1/1/2024
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	YES		1/1/2024
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	YES		1/1/2024
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	YES		1/1/2024
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	YES	NO AUTH REQUIRED UNTIL 36 VISITS IN 12 WEEKS	1/1/2024
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	YES		1/1/2024
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	YES		1/1/2024
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX	YES		1/1/2024

95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	YES		1/1/2024
95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	YES	NO AUTH REQUIRED UNDER AGE 18	1/1/2024
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	YES		1/1/2024
95966	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS 1 MODALITY	YES		1/1/2024
95967	MAGNETOENCEPHALOGRAPHY EVOKED FIELDS EACH ADDL	YES		1/1/2024
96000	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	YES		1/1/2024
96001	COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	YES		1/1/2024
96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	YES		1/1/2024
96003	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	YES		1/1/2024

96004	PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	YES		1/1/2024
96116	NUBHVL STATUS XM PR HR W/PT INTERPJ&PREPJ	YES		1/1/2024
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	YES		1/1/2024
96931	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	YES		1/1/2024
96932	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	YES		1/1/2024
96933	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	YES		1/1/2024
96934	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	YES		1/1/2024
96935	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	YES		1/1/2024
96936	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	YES		1/1/2024
97151	BHV ID ASSMT BY PHYS/QHP	YES		1/1/2024

97153	ADAPTIVE BEHAVIOR TX BY TECH	YES		1/1/2024
97154	GRP ADAPT BHV TX BY TECH	YES		1/1/2024
97155	ADAPT BEHAVIOR TX PHYS/QHP	YES		1/1/2024
97156	FAM ADAPT BHV TX GDN PHY/QHP	YES		1/1/2024
97157	MULT FAM ADAPT BHV TX GDN	YES		1/1/2024
97158	GRP ADAPT BHV TX BY PHY/QHP	YES		1/1/2024
97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	YES		1/1/2024
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
99174	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	YES		1/1/2024

99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	YES		1/1/2024
99377	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
99378	SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	YES		1/1/2024
99379	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
99380	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	YES		1/1/2024
99490	CHRONIC CARE MGMT STAFF 1ST 20	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
99500	HOME VISIT PRENATAL MONITORING & ASSESSMENT	YES		1/1/2024

99501	HOME VISIT POSTNATAL ASSMT&F-UP CARE	YES		1/1/2024
99502	HOME VISIT NEWBORN CARE & ASSESSMENT	YES		1/1/2024
99503	HOME VISIT RESPIRATORY THERAPY CARE	YES		1/1/2024
99504	HOME VISIT MECHANICAL VENTILATION CARE	YES		1/1/2024
99505	HOME VISIT STOMA CARE&MAINT CLST&CSTOST	YES		1/1/2024
99506	HOME VISIT INTRAMUSCULAR INJECTIONS	YES		1/1/2024
99507	HOME VISIT CARE&MAINT CATH	YES		1/1/2024
99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	YES		1/1/2024
99511	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	YES		1/1/2024
99512	HOME VISIT HEMODIALYSIS	YES		1/1/2024

99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	YES	NO AUTHORIZATION REQUIRED FOR DOULA SERVICES (HD MODIFIER) UNTIL DMAS LIMITS REACHED, EFFECTIVE DATE 7/1/2022	1/1/2024
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH	YES		1/1/2024
0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH	YES		1/1/2024
0003U	ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR	YES		1/1/2024
0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	YES		1/1/2024
0007U	RX TEST PRESUMPTIVE URINE W/DEF CONFIRMATION	YES		1/1/2024
0008U	HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA	YES		1/1/2024
0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP	YES		1/1/2024
0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	YES		1/1/2024

0011M	ONC PRST8 CA MRNA 12 GEN ALG	YES		1/1/2024
0011U	RX MNTR DRUGS PRESENT LC-MS/MS ORAL FLUID PR DOS	YES		1/1/2024
0012M	ONC MRNA 5 GENES UR ALG RISK UROTHELIAL CANCER	YES		1/1/2024
0013M	ONC MRNA 5 GENES UR ALG RISK RECR UROTHELIAL CA	YES		1/1/2024
0014M	LIVER DISEASE, ANALYSIS OF 3 BIOMARKERS (HYALURONIC ACID [HA	YES		1/1/2024
0016U	ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW	YES		1/1/2024
0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW	YES		1/1/2024
0018U	ONC THYR 10 MICRORNA SEQ +/- RSLT MOD HI RSK MAL	YES		1/1/2024
0019U	ONC RNA WHL TRANSCRIPTOME SEQ TISS PREDCT ALG	YES		1/1/2024
0021U	ONC PRST8 DETCJ 8 AUTOANTIBODIES ALG RSK SCOR	YES		1/1/2024



0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ	YES		1/1/2024
0024U	GLYCA NUC MR SPECTRSC QUAN	YES		1/1/2024
0025U	TENOFOVIR LIQ CHROM UR QUAN	YES		1/1/2024
0027U	JAK2 GENE TRGT SEQ ALYS	YES		1/1/2024
0029U	RX METAB ADVRS TRGT SEQ ALYS	YES		1/1/2024
0030U	RX METAB WARF TRGT SEQ ALYS	YES		1/1/2024
0031U	CYP1A2 GENE	YES		1/1/2024
0032U	COMT GENE	YES		1/1/2024
0033U	HTR2A HTR2C GENES	YES		1/1/2024
0034U	TPMT NUDT15 GENES	YES		1/1/2024

0035U	NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	YES		1/1/2024
0036U	EXOME TUMOR TISSUE & NORMAL SPECIMEN SEQ ALYS	YES		1/1/2024
0038U	VITAMIN D SERUM MICROSAMPLE QUANTITATIVE	YES		1/1/2024
0039U	DNA ANTIBODY DOUBLE STRANDED HIGH AVIDITY	YES		1/1/2024
0040U	BCR/ABL1 GENE TLCJ ALYS MAJOR BP QUANTITATIVE	YES		1/1/2024
0041U	B BURGDORFERI ANTB 5 PRTN GRP IMMUNOBLOT IGM	YES		1/1/2024
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	YES		1/1/2024
0042U	B BURGDORFERI ANTB 12 PRTN GRP IMMUNOBLOT IGG	YES		1/1/2024
0043U	TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGM	YES		1/1/2024
0044U	TBRF B GRP ANTB DETCJ 4 RECOMB PRTN IMUNOBLT IGG	YES		1/1/2024

0045U	ONC BRST DUX CARC IS 12 GENE	YES		1/1/2024
0048U	ONC SLD ORG NEO DNA 468 GENE	YES		1/1/2024
0050U	TRGT GEN SEQ DNA 194 GENES	YES		1/1/2024
0051U	RX MNTR LC-MS/MS UR 31 PNL	YES		1/1/2024
0054U	RX MNTR 14+ DRUGS & SBSTS	YES		1/1/2024
0055U	CARD HRT TRNSPL 96 DNA SEQ	YES		1/1/2024
0062U	AI SLE IGG&IGM ALYS 80 BMRK	YES		1/1/2024
0064U	ANTB TP TOTAL&RPR IA QUAL	YES		1/1/2024
0065U	SYFLS TST NONTREPONEMAL ANTB	YES		1/1/2024
0067U	ONC BRST IMHCHEM PRFL 4 BMRK	YES		1/1/2024

0068U	CANDIDA SPECIES PNL AMP PRB	YES		1/1/2024
0069U	ONC CLRCT MICRORNA MIR-31-3P	YES		1/1/2024
0079U	CMPRTV DNA ALYS MLT SNPS	YES		1/1/2024
0082U	RX TEST DEF 90+ RX/SBSTS UR	YES		1/1/2024
0083U	ONC RSPSE CHEMO CNTRST TOMOG	YES		1/1/2024
0086U	NFCT DS BACT&FNG ORG ID 6+	YES		1/1/2024
0092U	ONC LNG 3 PRTN BMRK PLSM ALG	YES		1/1/2024
0093U	RX MNTR 65 COM DRUGS URINE	YES		1/1/2024
0096U	HPV HI RISK TYPES MALE URINE	YES		1/1/2024
0109U	ID ASPERGILLUS DNA 4 SPECIES	YES		1/1/2024

0112U	IADI 16S&18S RRNA GENES	YES		1/1/2024
0119U	CRD CERAMIDES LIQ CHROM PLSM	YES		1/1/2024
0140U	INFECTIOUS DISEASE (FUNGI), FUNGAL PATHOGEN IDENTIFICATION,	YES		1/1/2024
0141U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-POSITIVE ORGAN	YES		1/1/2024
0142U	INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-NEGATIVE BACTE	YES		1/1/2024
0143U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, UR	YES		1/1/2024
0144U	DRUG ASSAY, DEFINITIVE, 160 OR MORE DRUGS OR METABOLITES, UR	YES		1/1/2024
0145U	DRUG ASSAY, DEFINITIVE, 65 OR MORE DRUGS OR METABOLITES, URI	YES		1/1/2024
0146U	DRUG ASSAY, DEFINITIVE, 80 OR MORE DRUGS OR METABOLITES, URI	YES		1/1/2024
0147U	DRUG ASSAY, DEFINITIVE, 85 OR MORE DRUGS OR METABOLITES, URI	YES		1/1/2024

0148U	DRUG ASSAY, DEFINITIVE, 100 OR MORE DRUGS OR METABOLITES, UR	YES		1/1/2024
0149U	DRUG ASSAY, DEFINITIVE, 60 OR MORE DRUGS OR METABOLITES, URI	YES		1/1/2024
0150U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, UR	YES		1/1/2024
0152U	NFCT DS DNA UNTRGT NGNRJ SEQ	YES		1/1/2024
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECT	YES		1/1/2024
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SY	YES		1/1/2024
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SY	YES		1/1/2024
0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG,	YES		1/1/2024
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQU	YES		1/1/2024
0163U	ONC CLRCT SCR 3 PRTN ALG	YES		1/1/2024

0164U	GI IBS IA ANTI-CDTB&VINCULIN	YES		1/1/2024
0165U	PEANUT ALLERGEN-SPECIFIC QUANTITATIVE ASSESSMENT OF MULTIPLE	YES		1/1/2024
0166U	LIVER DS 10 BIOCHEM ASY SRM	YES		1/1/2024
0167U	CHORNC GONADOTROPIN HCG IA	YES		1/1/2024
0176U	CDTB&VINCULIN IGG ANTIB IA	YES		1/1/2024
0178U	PEANUT ALLG ASMT EPI CLIN RX	YES		1/1/2024
0203U	AUTOIMMUNE (INFLAMMATORY BOWEL DISEASE), MRNA, GENE EXPRESSI	YES		1/1/2024
0206U	NEUROLOGY (ALZHEIMER DISEASE); CELL AGGREGATION USING MORPHO	YES		1/1/2024
0207U	NEUROLOGY (ALZHEIMER DISEASE); QUANTITATIVE IMAGING OF PHOSP	YES		1/1/2024
0210U	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUANTIT	YES		1/1/2024

0223U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INF	YES		1/1/2024
0225U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INF	YES		1/1/2024
0227U	RX ASY PRSMV 30+RX/METABLT	YES		1/1/2024
0242U	TRGT GEN SEQ ALYS PNL 55-74	YES		1/1/2024
0244U	ONC SOLID ORGN DNA 257 GENES	YES		1/1/2024
0248U	ONC BRN SPHRD CLL 12 RX PNL	YES		1/1/2024
0251U	HEPCIDIN-25 ELISA SERUM/PLSM	YES		1/1/2024
0312U	AUTOIMMUNE DISEASES (EG, SYSTEMIC LUPUS ERYTHEMATOSUS [SLE])	YES		1/1/2024
0316U	BORRELIA BURGDORFERI (LYME DISEASE), OSPA PROTEIN EVALUATION	YES		1/1/2024
0321U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), GEN	YES		1/1/2024



A4233	ALKALINE BATTERY FOR GLUCOSE MONITOR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4257	REPLACE LENS SHIELD CARTRIDGE, EACH	YES		1/1/2024
A4258	SPRING- POWERED LANCET DEVICE ,EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4332	LUBRICANT INDIVIDUAL STERILE PACKET EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4351	STRAIGHT TIP URINE CATHETER, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4361	OSTOMY FACE PLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4362	SOLID SKIN BARRIER, 4 X 4 EQUIVALENT, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4364	OSTOMY/CATHETER ADHESIVE, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4367	OSTOMY BELT, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4369	SKIN BARRIER LIQUID, SPRAY, BRUSH,ETC.,PER OZ	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4371	SKIN BARRIER POWDER PER OZ	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4377	DRAINABLE PLASTIC POUCH W/O FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4381	URINARY PLASTIC POUCH W/O FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4398	IRRIGATION SUPPLY BAGS, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4399	OSTOMY IRRIGATION CONE/CATHETER, INCL BRUSH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4404	OSTOMY RING EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4405	NONPECTIN BASED OSTOMY PASTE, PER OZ	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4406	PECTIN BASED OSTOMY PASTE, PER OZ	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4414	OSTOMY SKIN BARRIER W FLANG <=4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4415	OSTOMY SKIN BARRIER W FLANGE >4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4416	OSTOMY POUCH CLOSED W BARRIER/FILTER, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4417	OST POUCH W BAR/BLTINCONV/FLTR, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4418	OST POUCH CLSD W/O BAR W FLTR, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4419	OST POUCH FOR BAR W FLANGE/FLT, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4420	OST POUCH CLSD FOR BAR W LK FL, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4423	OST POUCH FOR BAR W LK FL/FLTR, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4424	OST POUCH DRAIN W BAR & FILTER, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4425	OST POUCH DRAIN FOR BARRIER FL, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4426	OST POUCH DRAIN 2 PIECE SYSTEM, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4427	OST PCH DRAIN/BARR LK FLNG/FILTR, 2 PIECE, EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4429	URINE OSTOMY POUCH W BLTINCONV, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4431	OST POUCH URINE W BARRIER/TAPV, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4432	OST PCH URINE W BAR/FLANGE/TAP, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4433	URINE OST POUCH BAR W LOCK FLN, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4434	OST POUCH URINE W LOCK FLNG/FT, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4436	IRRIGATION SUPPLY SLV REUSE PER MTH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4437	IRRIGATION SUPPLY SLV DISP PER MNTN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4452	WATERPROOF TAPE, PER 18 SQ INCHES	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4453	RECT CTH W/MAN PUMP OPER ENEMA RPLC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4455	ADHESIVE REMOVER OR SOLVENT PER OUNCE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4467	BELT, STRAP, SLEEVE, GARMENT, COVERING, ANY TYPE	YES	NO AUTH REQUIRED UNDER AGE 21	1/1/2024
A4554	DISPOSABLE UNDERPADS, ALL SIZES, E.G., CHUX	YES		1/1/2024
A4604	TUBING WITH HEATING ELEMENT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4639	INFRARED HEATING SYSTEM REPLACEMENT PAD, EACH	YES		1/1/2024
A5051	CLOSED OSTOMY POUCH W/BARRIER ATTACH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5052	CLOSED OSTOMY POUCH W/O BARRIER, 1 PIECE EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5053	CLOSED OSTOMY POUCH FOR USE W/FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5054	CLOSED OSTOMY POUCH USE W/BAR W/FLNG, 2 PC EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5055	STOMA CAP	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A5056	1 PIECE OSTOMY POUCH W FILTER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5057	1 PC OSTOMY POUCH W BUILT-IN CONVEXITY	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5061	OSTOMY POUCH DRNBLE W BARRIER ATTACH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5062	DRAINABLE OSTOMY POUCH W/O BARRIER, 1 PC EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5063	DRNBLE OSTOMY POUCH USE W/BAR W/FLNG, 2 PC EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5071	URINARY OSTOMY POUCH W/BARRIER ATTCH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5072	URNRY OSTOMY POUCH W/O BARRIER ATTCH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5073	URINRY OSTOMY POUCH USE W/BAR W/FLNG, 2 PC EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5081	CONTINENT STOMA PLUG	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5082	CONTINENT STOMA CATHETER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A5083	STOMA ABSORPTIVE COVER, CONTINENT DEVICE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5093	OSTOMY ACCESSORY, CONVEX INSERT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5120	SKIN BARRIER, WIPE OR SWAB	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5121	SOLID SKIN BARRIER 6X6 OR EQUIVALENT, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5122	SOLID SKIN BARRIER 8X8 OR EQUIVALENT, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5126	ADHESIVE OR NON-ADHESIVE, DISC/FOAM PAD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A5508	DIABETIC DELUXE FEATURE SHOE, PER SHOE	YES		1/1/2024
A6000	NON-CONTACT WOUND WARMING WOUND COVER	YES		1/1/2024
A6010	COLLAGEN BASED WOUND FILLER, PER GRAM	YES		1/1/2024
A7027	COMBINATION ORAL/NASAL MASK, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A7028	REPLACEMENT ORAL CUSHION COMBO MASK, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7029	REPLACEMENT ORAL/NASAL PILLOW COMB MASK, PAIR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7030	CPAP FULL FACE MASK, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7031	REPLACEMENT FACE MASK INTERFACE, FULL, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7032	REPLACEMENT NASAL CUSHION FOR NASAL DEV, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7033	REPLACEMENT NASAL PILLOWS FOR NASAL DEV, PAIR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7034	NASAL INTERFACE USED W PAP, W/WO HEAD STRAP	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7035	HEADGEAR USED W/ POSITIVE AIRWAY PRESSURE DEV	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7036	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEV	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7037	TUBING USED W/ POSITIVE AIRWAY PRESSURE DEV	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024



A7038	POSITIVE AIRWAY PRESSURE DISPOSABLE FILTER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7039	POSITIVE AIRWAY PRESSURE NONDISPOSABLE FILTER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7046	REPLACEMENT WATER CHAMBER, PAP DEVICE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7507	HEAT/MOIST EXCH SYS INTGRD FILTER&HOLDER, EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7508	HEAT/MOIST EXCH SYS/VLV HSNG&INTGRD ADHS, EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7520	TRACHEOSTOMY/LARYNGECT TUBE NON-CUFFED, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE CUFFED, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A9900	DME SUPPLY/ACCESSORY/SERVICE, MISCELLANEOUS	YES		1/1/2024
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOS	YES		1/1/2024
D7270	TOOTH REIMPLANTATION/STABILIZATION	YES		1/1/2024

E0163	COMMODE CHAIR MOBILE WITH FIXED ARM	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0167	COMMODE CHAIR PAIL OR PAN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0168	HEAVYDUTY/EXTRA WIDE COMMODE CHAIR ANY TYPE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0190	POSITIONING CUSHION/WEDGE ANY SHAPE/SIZE	YES		1/1/2024
E0221	INFRARED HEATING PAD SYSTEM	YES		1/1/2024
E0231	NONCONTACT WOUND WARMING DEVICE	YES		1/1/2024
E0232	WARMING CARD FOR NONCONTACT WOUND WARM DEVICE	YES		1/1/2024
E0241	BATH TUB WALL RAIL EACH	YES		1/1/2024
E0242	BATH TUB RAIL FLOOR BASE	YES		1/1/2024
E0481	INTERPULMNRY PERCUSSV VENT SYSTEM AND ACCESRY	YES		1/1/2024

E0562	HUMIDIFIER HEATED USED W/POSITIVE AIRWAY PRES	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0570	NEBULIZER WITH COMPRESSOR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0604	HOSPITAL GRADE HEAVY DUTY ELECTRC BREAST PUMP	YES		1/1/2024
E0620	CAPILLARY BLOOD SKIN PIERCING LASER DEVICE EA	YES		1/1/2024
E0761	NONTHERM PULSE HIGH FREQ ELECTROMGNTC DEVICE	YES		1/1/2024
E0762	TRANSCUTANEOUS ELECTRIC JOINT STIM DEVICE SYS	YES		1/1/2024
E0830	AMBULATORY TRACTION DEVICE ALL TYPES EACH	YES		1/1/2024
E0840	CERVICAL TRACTION FRAME ATTACH TO HEADBOARD	YES		1/1/2024
E0850	CERVICAL TRACTION STAND FREE STANDING	YES		1/1/2024
E0856	CERVICAL COLLAR WITH AIR BLADDER	YES		1/1/2024

E1300	WHIRLPOOL PORTABLE	YES		1/1/2024
E1700	JAW MOTION REHABILITATION SYSTEM	YES		1/1/2024
E1701	REPLACE CUSHIONS FOR JAW MOTION REHAB PKG 6	YES		1/1/2024
E1702	REPACEL MEASURING SCALES JAW MOTION PKG 200	YES		1/1/2024
E2120	PULSE GEN SYS TREAT INNER EAR ENDOLYMP FLUID	YES		1/1/2024
G0151	PT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN	YES	NO AUTHORIZATION REQUIRED FOR EI WAIVER SERVICES. DMAS LIMITS APPLY	1/1/2024
G0152	OT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN	YES	NO AUTHORIZATION REQUIRED FOR EI WAIVER SERVICES. DMAS LIMITS APPLY	1/1/2024
G0153	SPEECH\LANG, HOME HEALTH OR HOSPICE, EACH 15 MIN	YES	NO AUTHORIZATION REQUIRED FOR EI WAIVER SERVICES. DMAS LIMITS APPLY	1/1/2024
G0289	ARTHROSCOPY, LOOSE BODY/DEBRIDE/CHONDROPLASTY	YES		1/1/2024
G0455	FECAL MICROBIOTA PREPARATION AND INSTILLATION	YES		1/1/2024

G0493	RN CARE EA 15 MIN HH OR HOSPICE	YES		1/1/2024
G0494	LPN CARE EA 15MIN HH OR HOSPICE	YES		1/1/2024
G2168	SERVICES PERFORMED BY A PHYSICAL THERAPIST ASSISTANT IN THE	YES		1/1/2024
H0007	ALCOHOL AND/OR DRUG SERVICES CRISIS INTERVENT	YES		1/1/2024
H0008	ALCOHOL/DRUG SERV SUBACUTE DETOX HOSP INPT	YES		1/1/2024
H0009	ALCOHOL/DRUG SERVICES ACUTE DETOX HOSP INPT	YES		1/1/2024
H0010	ALCOHOL/DRUG SERV SUBACUTE DETOX RESIDENT INPT	YES		1/1/2024
H0011	ALCOHOL/DRUG SERVICES ACUTE DETOX RESIDENT INPT	YES		1/1/2024
H0012	ALCOHOL/DRUG SERV SUBACUTE DETOX RESIDENT OUTPT	YES		1/1/2024
H0013	ALCOHOL/DRUG SERVICES ACUTE DETOX RESIDENT OUTPT	YES		1/1/2024

H0016	ALCOHOL AND/OR DRUG SERVICES MEDICAL/SOMATIC	YES		1/1/2024
H0017	BEHAVIORAL HEALTH RESIDENT WO RM/BRD PER DIEM	YES		1/1/2024
H0018	BEHAVIORAL HEALTH SHT TERM WO RM/BRD PER DIEM	YES		1/1/2024
H0019	BEHAVIORAL HEALTH LNG TERM WO RM/BRD PER DIEM	YES		1/1/2024
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	YES		1/1/2024
H0026	ALCOHOL AND/OR DRUG PREVENTION PROCESS SERV	YES		1/1/2024
H0027	ALCOHOL AND/OR DRUG PREVENTION ENVIRONM SERV	YES		1/1/2024
H0028	ALCOHOL AND/OR DRUG PREVENTION PROB ID/REFERL	YES		1/1/2024
H0029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATE SERV	YES		1/1/2024
H0032	MENTAL HEALTH SERVICE PLAN DEVELOP BY NON-MD	YES		1/1/2024

H0037	COMMUNITY PSYCH SUPPORT TX PROGRAM PER DIEM	YES		1/1/2024
H0039	ASSERTIVE COMMUNITY TX FACE-FACE PER 15 MINS	YES		1/1/2024
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM	YES		1/1/2024
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH	YES		1/1/2024
H0044	SUPPORTED HOUSING, PER MONTH	YES		1/1/2024
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICE NOS	YES		1/1/2024
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
H2001	REHABILITATION PROGRAM PER 1/2 DAY	YES		1/1/2024
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	YES		1/1/2024
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	YES		1/1/2024

H2024	SUPPORTED EMPLOYMENT, PER DIEM	YES		1/1/2024
H2028	SEX OFFENDER TREATMENT SERVICE, PER 15 MINUTE	YES		1/1/2024
H2029	SEX OFFENDER TREATMENT SERVICE, PER DIEM	YES		1/1/2024
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINS	YES		1/1/2024
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	YES		1/1/2024
H2034	ALCOHOL/DRUG ABUSE HALFWAY HOUSE SVC PER DIEM	YES		1/1/2024
H2035	ALCOHOL/DRUG ABUSE TREATMNT PROGRAM, PER HOUR	YES		1/1/2024
H2038	SKILLS TRAINING & DVLPMNT PER DIEM	YES		1/1/2024
J0121	INJECTION OMADACYCLINE 1 MG	YES		1/1/2024
J0172	INJECTION, ADUCANUMAB-AVWA 2 MG	YES		1/1/2024



J0190	BIPERIDEN LACTATE, PER 5 MG, INJECTION	YES		1/1/2024
J0205	ALGLUCERASE, PER 10 UNITS, INJECTION	YES		1/1/2024
J0219	INJ AVALGLUCOSIDASE ALFA-NGPT 4 MG	YES		1/1/2024
J0220	ALGLUCOSIDASE ALFA INJECTION 10MG, NOS	YES		1/1/2024
J0364	APO MORPHINE HYDROCHLORIDE INJECTION, 1MG	YES		1/1/2024
J0365	APROTONIN, 10,000 KIU	YES		1/1/2024
J0401	INJ ARIPIRAZOLE EXT RELEASE 1MG	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J0461	ATROPINE SULFATE INJECTION, 0.01 MG	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J0470	DIMECAPROL, PER 100 MG, INJECTION	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J0475	BACLOFEN. 10 MG, INJECTION	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024

J0480	BASILIXIMAB, INJECTION, 20 MG	YES		1/1/2024
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG	YES		1/1/2024
J0565	INJ, BEZLOTOXUMAB, 10 MG	YES		1/1/2024
J0586	ABOBOTULINUMTOXINA INJECTION, 5 UNITS	YES		1/1/2024
J0599	INJ C-1 ESTERASE INHIBITOR 10 UNITS	YES		1/1/2024
J0699	INJECTION CEFIDEROCOL 10 MG	YES		1/1/2024
J1943	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J1944	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J2426	PALIPERIDONE PALMITATE INJECTION, 1 MG	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J2440	PAPAVERIN HYDROCHLORIDE, UP TO 60 MG, INJECTN	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024

J2460	OXYTETRACYCLINE HCL, UP TO 50 MG, INJECTION	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J2469	PALONOSETRON HCL 25 MCGC	YES	NO AUTH REQUIRED OVER AGE 18	1/1/2024
J7527	ORAL EVEROLIMUS, 0.25 MG	YES		1/1/2024
J7686	TREPROSTINIL, NON-COMP UNIT DOSE FORM 1.74 MG	YES		1/1/2024
J8501	ORAL APREPITANT 5 MG	YES		1/1/2024
J8510	BUSULFAN, 2 MG, ORAL	YES		1/1/2024
J8520	CAPECITABINE, 150 MG, ORAL	YES	COVERED UNDER PHARMACY BENEFIT	1/1/2024
J8521	CAPECITABINE, 500 MG, ORAL	YES	COVERED UNDER PHARMACY BENEFIT	1/1/2024
J8530	CYCLOPHOSPHAMIDE, 25 MG, ORAL	YES		1/1/2024
J8540	ORAL DEXAMETHASONE, 0.25MG	YES		1/1/2024

J8560	ETOPOSIDE, 50 MG, ORAL	YES		1/1/2024
J8562	ORAL FLUDARABINE PHOSPHATE, 10 MG	YES	VALID NDC REQUIRED	1/1/2024
J8597	ANTIEMETIC DRUG ORAL, NOS	YES		1/1/2024
J8600	MELPHALAN, 2 MG, ORAL	YES		1/1/2024
J8610	METHOTREXATE, 2.5 MG, ORAL	YES		1/1/2024
J8650	NABILONE ORAL, 1 MG	YES	VALID NDC REQUIRED	1/1/2024
J8670	ROLAPITANT, ORAL, 1 MG	YES		1/1/2024
J8700	TEMOZOLMIDE, 5 MG, ORAL	YES		1/1/2024
J8705	TOPOTECAN ORAL, 0.25 MG	YES		1/1/2024
J8999	ORAL PRESCRIPTION DRUG CHEMOTHERAPEUTIC NOS	YES	COVERED UNDER PHARMACY BENEFIT	1/1/2024

K0669	WHEELCHAIR SEAT/BACK NO WRITTEN VER DME PDAC	YES		1/1/2024
K1002	CES SYSTEM W/SUPPLIES ACCESS	YES		1/1/2024
K1003	WHIRLPOOL TUB WALKIN PORTABL	YES		1/1/2024
K1016	TRANSCUT ELEC N STIM ELEC STIM TG N	YES		1/1/2024
K1017	MONTHLY SPL USE DEVC CODED K1016	YES		1/1/2024
K1034	PROV COVID-19 TST NP 1 TST CNT	YES	NO AUTH REQUIRED UNTIL 8 PER CALENDAR MONTH LIMIT	1/1/2024
L5969	ADDITION AK/FT POWER ASST INCL MOTORS	YES		1/1/2024
L5990	LWR LIMB PROSTHESIS USER ADJUSTABLE HEEL HGT	YES		1/1/2024
L8033	NIPPLE PROSTHESIS CUSTOM, EA	YES		1/1/2024
L8605	INJECTABLE BULKING AGENT, ANAL CANAL, 1 ML	YES		1/1/2024

L8701	ELBOW WRIST HAND DEVC PWR UP JOINT	YES		1/1/2024
L8702	EWHF0 DEVC PWR UP ANY TYPE JNT	YES		1/1/2024
Q0508	MISCELLANEOUS SUPPLY/ACCESSORY IMPLANTED VAD	YES		1/1/2024
Q4206	FLUID FLOW OR FLUID GF 1 CC	YES		1/1/2024
S0500	DISPOSABLE CONTACT LENS, PER LENS	YES	NOT COVERED OVER 21	1/1/2024
S0504	SINGLE VISION PRESCRIPTION LENS, PER LENS	YES	NOT COVERED OVER 21	1/1/2024
S0506	BIFOCAL VISION PRESCRIPTION LENS, PER LENS	YES	NOT COVERED OVER 21	1/1/2024
S0508	TRIFOCAL PRESCRIPTION LENS, PER LENS	YES	NOT COVERED OVER 21	1/1/2024
S0510	NON-PRESCRIPTION LENS, PER LENS	YES	NOT COVERED OVER 21	1/1/2024
S0512	DAILY WEAR SPECILITY CONTACT LENS, PER LENS	YES	NOT COVERED OVER 21	1/1/2024

S0515	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS	YES		1/1/2024
S0518	SUNGLASSES FRAMES	YES		1/1/2024
S0580	POLYCARBONATE LENS	YES	NOT COVERED OVER 21	1/1/2024
S0581	NONSTANDARD LENS	YES	NOT COVERED OVER 21	1/1/2024
S0590	MISCELLANEOUS INTEGRAL LENS SERVICE	YES	NOT COVERED OVER 21	1/1/2024
S0595	NEW LENSES IN PATIENTS OLD FRAME	YES	NOT COVERED OVER 21	1/1/2024
S0596	PHAKIC IOL FOR CORRECTION OF REFRACTIVE ERROR	YES	NOT COVERED OVER 21	1/1/2024
S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)	YES		1/1/2024
S2080	LASER ASSISTED UVULOPLASTY (LAUP)	YES		1/1/2024
S2095	TRANSCATH EMBOLIZATN YTTRIUM-90 MICROSPHERES	YES		1/1/2024

S2117	ARTHROEREISIS, SUBTALAR	YES		1/1/2024
S2300	ARTHROSCOPY, SHOULDER, SURGICAL THERML CAPSUL	YES		1/1/2024
S2348	DECOMPRESS DISC RF LUMBAR	YES		1/1/2024
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	YES		1/1/2024
S5109	HOME CARE TRAINING TO HOME CARE PT, /SESSION	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
S5116	NONFAMILY HOME CARE TRAINING, PER SESSION	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
S8130	INTERFERENTIAL CURRENT STIMULATOR 2 CHANNEL	YES		1/1/2024
S8131	INTERFERENTIAL CURRENT STIMULATOR 4 CHANNEL	YES		1/1/2024
S8930	AURICULAR ELECTROSTIMULATION, EACH 15 MINUTES	YES		1/1/2024
S8948	LOW-LEVEL LASER TREATMENT, EACH 15 MIN	YES		1/1/2024



S9024	PARANASAL SINUS ULTRASOUND	YES		1/1/2024
S9098	HOME VISIT, PHOTOTHERAPY SERVICES, PER DIEM	YES		1/1/2024
S9110	TELEMONITORING/HOME EQUIP/MAINT/EDUC, PER MONTH	YES		1/1/2024
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	YES		1/1/2024
S9482	FAMILY STABILIZATION 15 MIN	YES		1/1/2024
S9485	CRISIS INTERVENTION MENTAL HEALTH SERV /DIEM	YES		1/1/2024
S9960	AMB SERV CON AIR NONEMERG ONE WAY FIXED WING	YES		1/1/2024
S9961	AMB SERV CONV AIR NONEMERG ONE WAY ROTARY WING	YES		1/1/2024
T1009	CHILD SITTING SERV, CHILD OF ALC/SUB ABUSE PT	YES		1/1/2024
T4538	DIAPER SERV REUSABLE DIAPER	YES		1/1/2024

T5999	SUPPLY, NOS	YES		1/1/2024
V2524	CONTCT LENS HPI SPH PC ADD PER LENS	YES		1/1/2024
V2525	CONTACT LENS HPHI DUAL FOC PER LENS	YES	NOT COVERED OVER 21	1/1/2024
V2787	ASTIGMATISM-CORRECTING FUNCTION OF LENS	YES		1/1/2024
V5171	HA CONTRALAT RTE DVC MONAURAL ITE	YES	NOT COVERED OVER 21	1/1/2024
V5230	HEARING AID, BICROS, GLASSES	YES	NOT COVERED OVER 21	1/1/2024
V5240	DISPENSING FEE, HEARING AID, BICROS	YES	NOT COVERED OVER 21	1/1/2024
E0656	SEGMENTAL PNEUMATIC TRUNK	YES		1/1/2024
E0657	SEGMENTAL PNEUMATIC CHEST	YES		1/1/2024
0327U	FTL ANEUPLOIDY TRSMY DNA SEQ	YES		1/1/2024

0331U	ONC HL NEO OPT GEN MAPPING	YES		1/1/2024
J1306	INJECTION, INCLISIRAN, 1 MG	YES		1/1/2024
J1551	INJ CUTAQUIG 100 MG	YES		1/1/2024
J2356	INJ TEZEPELUMAB-EKKO, 1MG	YES		1/1/2024
J2779	INJ, SUSVIMO 0.1 MG	YES		1/1/2024
J2998	INJ PLASMINOGEN TVMH 1MG	YES		1/1/2024
J9332	INJ EFGARTIGIMOD 2MG	YES		1/1/2024
G0310	IM CNSL PHYS VAC NA SME DOS 5-15 M	YES		1/1/2024
G0311	IM CNSL PHYS VAC NA SME DOS 16-30 M	YES		1/1/2024
G0312	IM CNSL PHYS V NA S DOS A<21 5-15 M	YES		1/1/2024

G0313	IM CNSL PH V NA S DOS A<21 16-30 M	YES		1/1/2024
G0314	IM CNSL PHYS/HCP COV-19 A<21 16-30M	YES		1/1/2024
G0315	IM CNSL PHYS/HCP COV-19 A<21 5-15 M	YES		1/1/2024
90611	SMALLPOX&MONKEYPOX VAC 0.5ML	YES	NO AUTH REQUIRED UNTIL UNDER 18 YEARS OF AGE	1/1/2024
90622	VACCINIA VRS VAC 0.3 ML PERQ	YES	NO AUTH REQUIRED UNTIL UNDER 18 YEARS OF AGE	1/1/2024
0341U	FTL ANEUP DNA SEQ CMPR ALYS	YES		1/1/2024
0351U	NFCT DS BCT/VIRAL TRAIL IP10	YES		1/1/2024
A2014	OMEZA COLLAGEN MATRIX, PER 100 MG	YES		1/1/2024
A9607	LUTETIUM LU 177 VIPIVOTIDE	YES		1/1/2024
J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG	YES		1/1/2024

92552	PURE TONE AUDIOMETRY AIR ONLY	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92553	PURE TONE AUDIOMETRY AIR & BONE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92592	HEARING AID CHECK MONAURAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92593	HEARING AID CHECK BINAURAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
99359	PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	YES		1/1/2024
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A0999	UNLISTED AMBULANCE SERVICE	YES		1/1/2024
A4215	STERILE NEEDLE, ANY SIZE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4216	STERILE WATER/SALINE, 10 ML	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4217	STERILE WATER/SALINE, 500 ML	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4234	J-CELL BATTERY FOR GLUCOSE MONITOR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4235	LITHIUM BATTERY FOR GLUCOSE MONITOR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4236	SILVER OXIDE BATTERY GLUCOSE MONITOR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4245	ALCOHOL WIPES, PER BOX	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4250	URINE REAGENT STRIPS/TABLETS 100 TABS/STRIPS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4253	BLOOD GLUCOSE/REAGENT STRIPS, PER 50 STRIPS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4256	CALIBRATOR SOLUTION/CHIPS NORMAL HIGH LOW	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4259	LANCETS PER BOX OF 100	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4333	URINARY CATHETER ANCHOR DEVICE ADHESIVE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4334	URINARY CATHETER LEG STRAP, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4349	DISPOSABLE MALE EXTERNAL CATHETER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4366	OSTOMY VENT, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4368	OSTOMY FILTER, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4372	SKIN BARRIER SOLID 4X4 EQUIV W CONVEX, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4373	SKIN BARRIER WITH FLANGE, W CONVEXITY, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4375	DRAINABLE PLASTIC POUCH W FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4376	DRAINABLE RUBBER POUCH W FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4378	DRAINABLE RUBBER POUCH W/O FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4379	URINARY PLASTIC POUCH W FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4380	URINARY RUBBER POUCH W FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4382	URINARY HVY PLSTC PCH W/O FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4383	URINARY RUBBER POUCH W/O FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4384	OSTOMY FACEPLATE EQUIV, SILICONE RING, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4385	OST SKN BARRIER SLD EXT WEAR W/O CONVEX, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4387	OST CLSD POUCH W ATT ST BARR W CONVEX, 1 EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4388	DRAINABLE PCH W EXT WEAR BARR, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4389	DRAINABLE PCH W STAN WEAR BARR, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4390	DRAINABLE PCH EXT WEAR CONVEX, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024



A4391	URINARY POUCH W EX WEAR BARR, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4392	URINARY POUCH W STA WEAR BARR W CONVEX, 1, EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4393	URINE PCH W EXT WEAR BAR CONV W CONVEX, 1, EA	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4394	OSTOMY POUCH LIQ DEODORANT, PER FL OZ	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4395	OSTOMY POUCH SOLID DEODORANT, PER TABLET	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4396	PERISTOMAL HERNIA SUPPORT BELT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4400	OSTOMY IRRIGATION SET	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4407	EXT WEAR OSTOMY SKIN BARR <=4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4408	EXTEND WEAR OSTOMY SKIN BARR >4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4409	OSTOMY SKIN BARRIER W FLANG <=4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4410	OSTOMY SKIN BARRIER W FLANGE >4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4411	OSTOMY SKIN BARRIER EXTEND =4SQ	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4412	OSTOMY POUCH DRAIN HIGH OUTPUT USE ON BARRIER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4413	2 PC DRAINABLE OSTOMY POUCH, W FILTER, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4422	OSTOMY POUCH ABSORBENT MATERIAL, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4428	URINE OSTOMY POUCH W FAUCET/TAP, 1PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4430	OST URINE POUCH W B/BLTIN CONV, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4435	OST POUCH DRAIN HIGH OUTPUT, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4458	REUSABLE ENEMA BAG W TUBING	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4605	TRACHEAL SUCTION CATHETER CLOSE SYSTEM	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4606	OXYGEN PROBE USED W OXIMETER, REPLACEMENT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4614	HAND-HELD PEAK EXPIRATORY FLOW RATE METER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4627	SPACER BAG/RESERVOIR W/WO MASK, FOR MDI	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4772	DEXTROSTICK/GLUCOSE STRIPS, DIALYSIS, PER 50	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4930	STERILE, GLOVES PER PAIR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4931	REUSABLE ORAL THERMOMETER, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A4932	REUSABLE RECTAL THERMOMETER, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A5200	PERCUTANEOUS CATH/TUBE ANCHOR, ADHES SKIN ATT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6231	HYDROGEL DSG <=16 SQ IN, EACH DRESSING	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6232	HYDROGEL DRESSNG >16 <=48 SQ IN, EACH DRESSING	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6233	HYDROGEL DRESSING >48 SQ IN, EACH DRESSING	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6407	PACKING STRIPS, NON-IMPREG, UP TO 2IN W, PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6410	STERILE EYE PAD, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6441	PAD BAND, NON-ELASTIC W >=3 INCH <5 INCH PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6442	CONFORM BAND NON-ELASTIC N/S W<3 INCH PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6443	CONFORM BAND NON-ELASTIC N/S W>=3 INCH<5 IN/YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6444	CONFORM BAND NON-ELASTIC N/S W>=5 INCH PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A6445	CONFORMING BAND NON-ELASTIC ST W <3 INCH PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6446	CONFORM BAND NON-ELASTIC ST W>=3 INCH <5 INCH/YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6447	CONFORMING BAND NON-ELASTIC ST W>=5 INCH PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6448	LIGHT COMPRESSION BAND ELASTIC W <3 INCH PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6449	LT COMPRESSION BAND ELASTIC W>=3 INCH <5 INCH/YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6452	HIGH COMPRESSION BAND ELASTIC W>=3 IN<5 IN/YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6453	SELF-ADHERING BAND ELASTIC W <3 INCH PER YARD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6454	SELF-ADHERING BAND ELASTIC W>=3IN <5IN PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6455	SELF-ADHERING BAND ELASTIC W>=5 INCH PER YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A6456	ZINC PASTE BAND NON-ELASTIC W>=3 IN <5 IN /YD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A7001	NONDISPOSABLE SUCTION PUMP CANISTER, EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7004	DISPOSABLE NEBULIZER SMALL VOLUME NONFILTERED	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7007	LG VOLUME NEBULIZER DISPOSABLE USE W AEROSOL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7008	DISPOSABLE NEBULIZER PREFILL, USE W AEROSOL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7010	DISP CORRUGATE TUBNG USED W/LG VOL NEB, 100FT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7014	NON-DISPOSABLE AEROSOL COMPRESSOR FILTER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7016	NEBULIZER DOME & MOUTHPIECE USE W SML NEB	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7017	NEBULIZER , DURABLE, GLASS NOT USED W OXYGEN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7018	WATER DISTILLED W/NEBULIZER, NOT USED W OXYGN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
A7047	RESP SUCTION ORAL INTERFACE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

A9901	DELIVERY/SET UP/DISPENSING DME	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0100	CANE ALL MATERIALS ADJUSTABLE/FIXED WITH TIP	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0105	CANE ALL MATER ADJUSTABLE/FIXED QUAD/3 PRONG	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0110	CRUTCH ADJUST/FIXED FOREARM PAIR W/TIPS GRIPS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0111	CRUTCH ADJUST/FIXED FOREARM EACH W/TIPS GRIPS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0112	CRUTCH ADJUSTABLE/FIXED UNDERARM PAIR WOOD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0113	CRUTCH ADJUSTABLE/FIXED UNDERARM EACH WOOD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0114	CRUTCH UNDERARM ADJUST/FIXED PAIR ALUMINUM	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0116	CRUTCH UNDERARM ADJUST/FIXED EACH ALUMINUM	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0117	UNDERARM SPRING ASSISTED ARTICUL CRUTCH EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

E0130	WALKER RIGID/PICKUP ADJUSTABLE/FIXED HEIGHT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0135	WALKER FOLDING/PICKUP ADJUSTABLE/FIXED HEIGHT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0140	WALKER W TRUNK SUPPORT ADJUST/FIXED HEIGHT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0141	WALKER RIGID WHEELED ADJUST/FIXED HEIGHT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0143	WALKER FOLDING WHEELED ADJUST/FIXED HEIGHT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0148	HEAVY DUTY WALKER NO WHEELS RIGID/FOLD EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0149	HEAVY DUTY WHEELED WALKER RIGID/FOLD ANY TYPE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0153	FOREARM CRUTCH PLATFORM ATTACHMENT EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0154	WALKER PLATFORM ATTACHMENT EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0155	WALKER RIGID PICK-UP/WHEEL ATTACHMNT PER PAIR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024



E0157	WALKER CRUTCH ATTACHMENT EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0158	WALKER LEG EXTENSIONS PER SET OF FOUR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0159	BRAKE ATTACHMNT REPLACE FOR WHEEL WALKER EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0165	COMMUNE CHAIR WITH DETACHABLE ARM	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0602	BREAST PUMP MANUAL ANY TYPE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
E0607	BLOOD GLUCOSE MONITOR HOME	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
J1457	GALLIUM NITRATE INJECTION 1MG	YES	VALID NDC REQUIRED	1/1/2024
J9200	FLOXURIDINE, 500 MG, INJECTION	YES	VALID NDC REQUIRED	1/1/2024
J9225	VANTAS IMPLANT 50 MG	YES	VALID NDC REQUIRED	1/1/2024
S1015	IV TUBING EXTENSION SET	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

S5035	HOME INFUSION THERAPY, ROUTINE DEVICE MAINTNC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
S8490	100 INSULIN SYRINGES	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
S8999	RESUSCITATION BAG	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4521	ADULT SIZE BRIEF/DIAPER SMALL EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4522	ADULT SIZE BRIEF/DIAPER MEDIUM EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4523	ADULT SIZE BRIEF/DIAPER LARGE EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4524	ADULT SIZE BRIEF/DIAPER EXTRALARGE EACH	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4525	ADULT SIZE PULL-ON SMALL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4526	ADULT SIZE PULL-ON MEDIUM	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4527	ADULT SIZE PULL-ON LARGE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

T4528	ADULT SIZE PULL-ON EXTRALARGE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4529	PED SIZE BRIEF/DIAPER SM/MED	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4530	PED SIZE BRIEF/DIAPER LARGE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4531	PED SIZE PULL-ON SM/MED	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4532	PED SIZE PULL-ON LARGE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4533	YOUTH SIZE BRIEF/DIAPER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4534	YOUTH SIZE PULL-ON	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4535	DISPOSABLE LINER/SHIELD/PAD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4536	REUSABLE PULL-ON ANY SIZE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4537	REUSABLE UNDERPAD BED SIZE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024

T4539	REUSE DIAPER/BRIEF ANY SIZE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4540	REUSABLE UNDERPAD CHAIR SIZE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4541	LARGE DISPOSABLE UNDERPAD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4542	SMALL DISPOSABLE UNDERPAD	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4543	DISPOSABLE BARIATRIC BRIEF/DIAPER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
T4544	ADULT SIZED DISP INC UND/PULL UP ABV XL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT IS REACHED	1/1/2024
V5011	HEARING AID FITTING/CHECKING/ORIENTATION	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5014	HEARING AID REPAIR/MODIFYING	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5030	BODY-WORN MONAURAL HEARING AID, AIR CONDUCTN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5040	BODY-WORN MONAURAL HEARING AID, BONE CONDUCTN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

V5060	BODY-WORN MONAURAL HEARING AID, BEHIND EAR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5070	GLASSES, AIR CONDUCTION	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5080	GLASSES, BONE CONDUCTION	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5090	UNSPECIFIED HEARING AID DISPENSING FEE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5100	BODY-WORN BILATERAL HEARING AID	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5110	HEARING AID DISPENSING FEE, BILATERAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5120	BINAURAL; BODY	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5130	BINAURAL; IN THE EAR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

V5140	BINAURAL; BEHIND THE EAR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5150	BINAURAL; GLASSES	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5160	DISPENSING FEE, BINAURAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5200	DISPENSING FEE, HEARING AID, CROS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5242	HEARING AID, ANALOG, MONAURAL, CIC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5243	HEARING AID, ANALOG, MONAURAL, ITC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5244	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, CIC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5245	HEARING AID, PROGRAMMABLE ANALOG, MONAURA ITC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

V5246	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, ITE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5247	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, BTE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5248	HEARING AID, ANALOG, BINAURAL, CIC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5249	HEARING AID, ANALOG BINAURAL, ITC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5250	HEARING AID, PROGRAMMABLE ANALOG, BINAUR, CIC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5251	HEARING AID, PROGRAMMABLE ANALOG, BINAUR, ITC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5252	HEARING AID, PROGRAMMABLE BINAURAL, ITE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5253	HEARING AID, PROGRAMMABLE BINAURAL, BTE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

V5255	HEARING AID, DIGITAL, MONAURAL, ITC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024



V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5266	BATTERY FOR USE IN HEARING DEVICE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5273	ASSISTIVE LISTENING DEV, FOR COCHLEAR IMPLANT	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5274	ASSISTIVE LISTENING DEVICE, UNSPECIFIED	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5281	ASSISTIVE LISTEN DEVICE, FM/DM SYSTEM, MONAURAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5282	ASSISTIVE LISTEN DEVICE, FM/DM SYSTEM, BINAURAL	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5283	ASSISTIVE LISTEN DEVICE, LOOP INDUCTION RECEIVER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5284	ASSISTIVE LISTEN DEVICE, FM/DM EAR LEVEL RECEIVR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5285	ASSISTIVE LISTEN DEVICE, AUDIO INPUT RECEIVER	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

V5286	ASSISTIVE LISTEN DEVICE, BLU TOOTH FM/DM RECEIVR	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5287	ASSISTIVE LISTEN DEVICE, FM/DM RECEIVER, NOS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5288	ASSISTIVE LISTEN DEVICE, FM/DM, ASSIST LISTN DEV	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5289	ASSIST LISTEN DEVICE, FM/DM ADAPTER/BOOT COUPLIN	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5290	ASSISTIVE LISTEN DEVICE, TRANSMITTER MICROPHONE	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5298	HEARING AID, NOC	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5299	HEARING SERVICE, MISCELLANEOUS	YES	NO AUTH REQUIRED UNTIL DMAS LIMIT REACHED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
H0045	RESPITE CARE SERVICES NOT-IN-HOME PER DIEM	NOT COVERED		1/1/2024
T1010	MEALS FOR INDIVIDUALS RECEIVING ALC/SUB SERV	NOT COVERED		1/1/2024

T1016	CASE MANAGEMENT, EACH 15 MINUTES	NOT COVERED		1/1/2024
T1018	SCHOOL-BASED IEP SERVICES, BUNDLED	NOT COVERED		1/1/2024
T2047	HABIL PREVOC WAIVER; PER 15 MINS	NOT COVERED		1/1/2024
G0128	CORF DIRECT SKILLED NURSING EA 10 MIN AFT 5MI	NOT COVERED		1/1/2024
Q0510	DISPENSE FEE IMMUNOSUPPRESSIVE	NOT COVERED		1/1/2024
Q0511	SUPPLY FEE ANTI-EMTIC,ANTI-CANCER,IMMUNOSUPPR	NOT COVERED		1/1/2024
Q0512	SUPPLY FEE ANTI-CANCER SUBSEQUENT PRESCRIP	NOT COVERED		1/1/2024
Q0513	DISPENSING FEE INHALATION DRUGS/30 DAYS	NOT COVERED		1/1/2024
Q0514	DISPENSING FEE INHALALATION DRUGS/90 DAYS	NOT COVERED		1/1/2024
S9401	ANTICOAGULATION CLINIC, NO LAB, PER SESSION	NOT COVERED		1/1/2024

G0027	SEMEN ANALYSIS PRESENCE/MOTILITY SPERM	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	NOT COVERED		1/1/2024
54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	NOT COVERED		1/1/2024
58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	NOT COVERED		1/1/2024
58672	LAPAROSCOPY FIMBRIOPLASTY	NOT COVERED		1/1/2024
58760	FIMBRIOPLASTY	NOT COVERED		1/1/2024
58770	SALPINGOSTOMY	NOT COVERED		1/1/2024
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
69090	EAR PIERCING	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
82757	ASSAY OF FRUCTOSE SEMEN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024

86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88005	NECROPSY GROSS EXAMINATION W/BRAIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88016	NECROPSY GROSS EXAM MACERATED STILLBORN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88020	NECROPSY GROSS & MICROSCOPIC W/O CNS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024

88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88036	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88037	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88040	NECROPSY FORENSIC EXAMINATION	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88045	NECROPSY CORONER CALL	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88125	CYTOPATHOLOGY FORENSIC	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRYO	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024

89258	CRYOPRSRV EMBRYO	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
89259	CRYOPRSRV SPRM	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
98970	QNHP OL DIG E/M SVC 5-10MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
98971	QNHP OL DIG EM SVC 11-20MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
98972	QNHP OL DIG E/M SVC 21+ MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99027	HOSPITAL MANDATED CALL SVC OUT- OF-HOSPITAL EA HR	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024

99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99053	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99075	MEDICAL TESTIMONY	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99242	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99244	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99245	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99252	INPATIENT CONSULTATION	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024



99253	INPATIENT CONSULTATION	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99254	INPATIENT CONSULTATION	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99455	WORK RELATED/MED DBLT XM TREATING PHYS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99456	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
H2026	ONGOING SUPPORT MAINTAIN EMPLOYMENT, PER DIEM	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
L7900	MALE VACUUM ERECTION SYSTEM	NOT COVERED		1/1/2024
L7902	TENSION RING, VACUUM ERECTION DEVICE, REPLACEMNT	NOT COVERED		1/1/2024

Q9001	ASSESSMENT BY DVA CHAPLAIN SERVICES	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
Q9002	COUNSELING IND BY DVA CHAPLAIN SVCS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
Q9003	COUNSELING GRP BY DVA CHAPLAIN SVCS	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
S0317	DISEASE MANAGEMENT PROGRAM, PER DIEM	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
S4035	STIMULATED INTRAUTERINE INSEMINATN, CASE RATE	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
S4042	OVULATION MGMT PER CYCLE	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
S9900	CHRISTIAN SCIENCE PRACTITIONER VISIT,PER DIEM	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
T2030	ASSISTED LIVING WAIVER, PER MONTH	NOT COVERED		1/1/2024
91302	SARSCOV2 VAC 5X1010VP/.5MLIM	NOT COVERED		1/1/2024
0021A	ADM SARSCOV2 5X1010VP/.5ML 1	NOT COVERED		1/1/2024

0022A	ADM SARSCOV2 5X1010VP/.5ML 2	NOT COVERED		1/1/2024
A9270	NON-COVERED ITEM OR SERVICE	NOT COVERED		1/1/2024
M0247	IV INF SOTROVIMAB INC INF & PA MON	NOT COVERED		1/1/2024
Q0247	INJECTION SOTROVIMAB 500 MG	NOT COVERED		1/1/2024
Q9004	DPT VETERAN AF WHOLE HLTH PRTNR SRV	NOT COVERED		1/1/2024
S0592	COMPREHENSIVE CONTACT LENS EVALUATION	NOT COVERED		1/1/2024
S9901	CHRISTIAN SCI NURSE VISIT, PER HOUR	NOT COVERED		1/1/2024
92551	SCREENING TEST PURE TONE AIR ONLY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92555	SPEECH AUDIOMETRY THRESHOLD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

92557	COMPRES AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92562	LOUDNESS BALANCE BINAURAL/MONAURAL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92563	TONE DECAY TEST	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92565	STENGER TEST PURE TONE	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92567	TYMPANOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92568	ACOUSTIC REFLEX THRESHOLD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92571	FILTERED SPEECH TEST	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92572	STAGGERED SPONDAIC WORD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92575	SENSORINEURAL ACUITY LEVEL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

92577	STENGER TEST SPEECH	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92579	VISUAL REINFORCEMENT AUDIOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92582	CONDITIONING PLAY AUDIOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92583	SELECT PICTURE AUDIOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92584	ELECTROCOCHLEOGRAPHY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92588	DISTR T PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92590	HEARING AID EXAMINATION & SELECTION MONAURAL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92591	HEARING AID EXAMINATION & SELECTION BINAURAL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92595	ELECTROACOUS EVAL HEARING AID BINAURAL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPT 1ST 60 MIN	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPT EA 15 MIN	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92625	ASSESSMENT TINNITUS	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5008	HEARING SCREENING	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

V5010	ASSESSMENT FOR HEARING AID	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5020	CONFORMITY EVALUATION	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
V5275	EAR IMPRESSION, EACH	NATIONS	NOT COVERED UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024