

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

PROCEDURE CODE	CODE DESCRIPTION	MEDICARE AUTH REQUIREMENT	MEDICARE EXCEPTION	EFFECTIVE DATE
92551	SCREENING TEST PURE TONE AIR ONLY	NATIONS		1/1/2024
92552	PURE TONE AUDIOMETRY AIR ONLY	NATIONS		1/1/2024
92553	PURE TONE AUDIOMETRY AIR & BONE	NATIONS		1/1/2024
92555	SPEECH AUDIOMETRY THRESHOLD	NATIONS		1/1/2024
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	NATIONS		1/1/2024
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	NATIONS		1/1/2024
92562	LOUDNESS BALANCE BINAURAL/MONAURAL	NATIONS		1/1/2024
92563	TONE DECAY TEST	NATIONS		1/1/2024

92565	STENGER TEST PURE TONE	NATIONS		1/1/2024
92567	TYMPANOMETRY	NATIONS		1/1/2024
92568	ACOUSTIC REFLEX THRESHOLD	NATIONS		1/1/2024
92571	FILTERED SPEECH TEST	NATIONS		1/1/2024
92572	STAGGERED SPONDAIC WORD	NATIONS		1/1/2024
92575	SENSORINEURAL ACUITY LEVEL	NATIONS		1/1/2024
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	NATIONS		1/1/2024
92577	STENGER TEST SPEECH	NATIONS		1/1/2024
92579	VISUAL REINFORCEMENT AUDIOMETRY	NATIONS		1/1/2024

92582	CONDITIONING PLAY AUDIOMETRY	NATIONS		1/1/2024
92583	SELECT PICTURE AUDIOMETRY	NATIONS		1/1/2024
92584	ELECTROCOCHLEOGRAPHY	NATIONS		1/1/2024
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	NATIONS		1/1/2024
92588	DISTRD PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	NATIONS		1/1/2024
92590	HEARING AID EXAMINATION & SELECTION MONAURAL	NATIONS		1/1/2024
92591	HEARING AID EXAMINATION & SELECTION BINAURAL	NATIONS		1/1/2024
92592	HEARING AID CHECK MONAURAL	NATIONS		1/1/2024
92593	HEARING AID CHECK BINAURAL	NATIONS		1/1/2024

92595	ELECTROACOUS EVAL HEARING AID BINAURAL	NATIONS		1/1/2024
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	NATIONS		1/1/2024
92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	NATIONS		1/1/2024
92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	NATIONS		1/1/2024
92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	NATIONS		1/1/2024
92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	NATIONS		1/1/2024
92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	NATIONS		1/1/2024
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPT 1ST 60 MIN	NATIONS		1/1/2024
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPT EA 15 MIN	NATIONS		1/1/2024

92625	ASSESSMENT TINNITUS	NATIONS		1/1/2024
V5008	HEARING SCREENING	NATIONS		1/1/2024
V5010	ASSESSMENT FOR HEARING AID	NATIONS		1/1/2024
V5011	HEARING AID FITTING/CHECKING/ORIENTATION	NATIONS		1/1/2024
V5014	HEARING AID REPAIR/MODIFYING	NATIONS		1/1/2024
V5020	CONFORMITY EVALUATION	NATIONS		1/1/2024
V5030	BODY-WORN MONAURAL HEARING AID, AIR CONDUCTN	NATIONS		1/1/2024
V5040	BODY-WORN MONAURAL HEARING AID, BONE CONDUCTN	NATIONS		1/1/2024
V5060	BODY-WORN MONAURAL HEARING AID, BEHIND EAR	NATIONS		1/1/2024

V5070	GLASSES, AIR CONDUCTION	NATIONS		1/1/2024
V5080	GLASSES, BONE CONDUCTION	NATIONS		1/1/2024
V5090	UNSPECIFIED HEARING AID DISPENSING FEE	NATIONS		1/1/2024
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHSIS	NATIONS		1/1/2024
V5100	BODY-WORN BILATERAL HEARING AID	NATIONS		1/1/2024
V5110	HEARING AID DISPENSING FEE, BILATERAL	NATIONS		1/1/2024
V5120	BINAURAL; BODY	NATIONS		1/1/2024
V5130	BINAURAL; IN THE EAR	NATIONS		1/1/2024
V5140	BINAURAL; BEHIND THE EAR	NATIONS		1/1/2024

V5150	BINAURAL; GLASSES	NATIONS		1/1/2024
V5160	DISPENSING FEE, BINAURAL	NATIONS		1/1/2024
V5200	DISPENSING FEE, HEARING AID, CROS	NATIONS		1/1/2024
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	NATIONS		1/1/2024
V5242	HEARING AID, ANALOG, MONAURAL, CIC	NATIONS		1/1/2024
V5243	HEARING AID, ANALOG, MONAURAL, ITC	NATIONS		1/1/2024
V5244	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, CIC	NATIONS		1/1/2024
V5245	HEARING AID, PROGRAMMABLE ANALOG, MONAURA ITC	NATIONS		1/1/2024
V5246	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, ITE	NATIONS		1/1/2024

V5247	HEARING AID, PROGRAMMABLE ANALOG, MONAUR, BTE	NATIONS		1/1/2024
V5248	HEARING AID, ANALOG, BINAURAL, CIC	NATIONS		1/1/2024
V5249	HEARING AID, ANALOG BINAURAL, ITC	NATIONS		1/1/2024
V5250	HEARING AID, PROGRAMMABLE ANALOG, BINAUR, CIC	NATIONS		1/1/2024
V5251	HEARING AID, PROGRAMMABLE ANALOG, BINAUR, ITC	NATIONS		1/1/2024
V5252	HEARING AID, PROGRAMMABLE BINAURAL, ITE	NATIONS		1/1/2024
V5253	HEARING AID, PROGRAMMABLE BINAURAL, BTE	NATIONS		1/1/2024
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	NATIONS		1/1/2024
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	NATIONS		1/1/2024

V5256	HEARING AID, DIGITAL, MONAURAL, ITE	NATIONS		1/1/2024
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	NATIONS		1/1/2024
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	NATIONS		1/1/2024
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	NATIONS		1/1/2024
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	NATIONS		1/1/2024
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	NATIONS		1/1/2024
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	NATIONS		1/1/2024
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	NATIONS		1/1/2024
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	NATIONS		1/1/2024

V5266	BATTERY FOR USE IN HEARING DEVICE	NATIONS		1/1/2024
V5273	ASSISTIVE LISTENING DEV, FOR COCHLEAR IMPLANT	NATIONS		1/1/2024
V5274	ASSISTIVE LISTENING DEVICE, UNSPECIFIED	NATIONS		1/1/2024
V5275	EAR IMPRESSION, EACH	NATIONS		1/1/2024
V5281	ASSISTIVE LISTEN DEVICE, FM/DM SYSTEM, MONAURAL	NATIONS		1/1/2024
V5282	ASSISTIVE LISTEN DEVICE, FM/DM SYSTEM, BINAURAL	NATIONS		1/1/2024
V5283	ASSISTIVE LISTEN DEVICE, LOOP INDUCTION RECEIVER	NATIONS		1/1/2024
V5284	ASSISTIVE LISTEN DEVICE, FM/DM EAR LEVEL RECEIVR	NATIONS		1/1/2024
V5285	ASSISTIVE LISTEN DEVICE, AUDIO INPUT RECEIVER	NATIONS		1/1/2024

V5286	ASSISTIVE LISTEN DEVICE, BLU TOOTH FM/DM RECEIVR	NATIONS		1/1/2024
V5287	ASSISTIVE LISTEN DEVICE, FM/DM RECEIVER, NOS	NATIONS		1/1/2024
V5288	ASSISTIVE LISTEN DEVICE, FM/DM, ASSIST LISTN DEV	NATIONS		1/1/2024
V5289	ASSIST LISTEN DEVICE, FM/DM ADAPTER/BOOT COUPLIN	NATIONS		1/1/2024
V5290	ASSISTIVE LISTEN DEVICE, TRANSMITTER MICROPHONE	NATIONS		1/1/2024
V5298	HEARING AID, NOC	NATIONS		1/1/2024
V5299	HEARING SERVICE, MISCELLANEOUS	NATIONS		1/1/2024
V5190	HEARING AID, CROS, GLASSES	NOT COVERED		1/1/2024
V5268	ASSISTIVE LISTENING DEVIC TELEPHONE AMPLIFIER	NOT COVERED		1/1/2024

V5269	ASSISTIVE LISTENING DEVICE ALERTING, ANY TYPE	NOT COVERED		1/1/2024
V5270	ASSISTIVE LISTENING DEV,TV AMPLIFIER,ANY TYPE	NOT COVERED		1/1/2024
V5271	ASSISTIVE LISTENING DEVICE,TV CAPTION DECODER	NOT COVERED		1/1/2024
V5272	ASSISTIVE LISTENING DEVICE, TDD	NOT COVERED		1/1/2024
V5336	REPAIR/MODIFICATION COMMUNICATIVE SYST/DEVICE	NOT COVERED		1/1/2024
H0045	RESPIRE CARE SERVICES NOT-IN- HOME PER DIEM	NOT COVERED		1/1/2024
E0575	NEBULIZER ULTRASONIC LARGE VOLUME	NOT COVERED		1/1/2024
A4553	NON-DISPOSABLE UNDERPADS, ALL SIZES	NOT COVERED		1/1/2024
A4928	SURGICAL MASK, PER 20	NOT COVERED		1/1/2024

A9275	DISPOSABLE HOME GLUCOSE MONITOR	NOT COVERED		1/1/2024
T2007	TRANSPORT WAIT TIME,AIR AMB/NON-EMRG /HALF HR	NOT COVERED		1/1/2024
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	NOT COVERED		1/1/2024
G9014	ESRD DEMO EXPANDED BUNDLE-LEVEL II	NOT COVERED		1/1/2024
G9016	DEMO-SMOKING CESSATION COUNSELING PER SESSION	NOT COVERED		1/1/2024
S0014	TACRINE HYDROCHLORIDE, 10 MG	NOT COVERED		1/1/2024
S3722	DOSE OPTIMIZATION AUC ANALYSIS - INFUSIONAL 5FU	NOT COVERED		1/1/2024
S8120	O2 CONTENTS GASEOUS 1 CUBIC FT EQUAL 1 UNIT	NOT COVERED		1/1/2024

58121	O2 CONTENTS LIQUID 1 LB EQUALS 1 UNIT	NOT COVERED		1/1/2024
58189	TRACHEOSTOMY SUPPLY NOC	NOT COVERED		1/1/2024
T1040	MEDICAID CERT COM BH CLINIC SRVC PD	NOT COVERED		1/1/2024
T1041	MEDICAID CERT COM BH CLINIC SRVC PM	NOT COVERED		1/1/2024
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	NOT COVERED		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
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
82757	ASSAY OF FRUCTOSE SEMEN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
88125	CYTOPATHOLOGY FORENSIC	NOT COVERED		1/1/2024
89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRYO	NOT COVERED		1/1/2024

89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	NOT COVERED		1/1/2024
89258	CRYOPRSRV EMBRYO	NOT COVERED		1/1/2024
89259	CRYOPRSRV SPRM	NOT COVERED		1/1/2024
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	NOT COVERED		1/1/2024
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	NOT COVERED		1/1/2024
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	NOT COVERED		1/1/2024
92314	RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	NOT COVERED		1/1/2024
97151	BHV ID ASSMT BY PHYS/QHP	NOT COVERED		1/1/2024
97153	ADAPTIVE BEHAVIOR TX BY TECH	NOT COVERED		1/1/2024

97155	ADAPT BEHAVIOR TX PHYS/QHP	NOT COVERED		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		1/1/2024
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	NOT COVERED		1/1/2024
99075	MEDICAL TESTIMONY	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024

99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	NOT COVERED		1/1/2024
99174	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	NOT COVERED		1/1/2024
99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	NOT COVERED		1/1/2024
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	NOT COVERED		1/1/2024
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	NOT COVERED		1/1/2024
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	NOT COVERED		1/1/2024
99455	WORK RELATED/MED DBLT XM TREATING PHYS	NOT COVERED		1/1/2024
99456	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	NOT COVERED		1/1/2024
99502	HOME VISIT NEWBORN CARE & ASSESSMENT	NOT COVERED		1/1/2024

A4337	INCONTINENT RECTAL INSERT, ANY TYPE, EACH	NOT COVERED		1/1/2024
A4453	RECT CTH W/MAN PUMP OPER ENEMA RPLC	NOT COVERED		1/1/2024
A4467	BELT, STRAP, SLEEVE, GARMENT, COVERING, ANY TYPE	NOT COVERED		1/1/2024
A4639	INFRARED HEATING SYSTEM REPLACEMENT PAD, EACH	NOT COVERED		1/1/2024
D7270	TOOTH REIMPLANTATION/STABILIZATION	NOT COVERED		1/1/2024
H0003	ALCOHOL AND/OR DRUG SCREEN LAB ANALYS DRUG/ALC	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0007	ALCOHOL AND/OR DRUG SERVICES CRISIS INTERVENT	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0008	ALCOHOL/DRUG SERV SUBACUTE DETOX HOSP INPT	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0009	ALCOHOL/DRUG SERVICES ACUTE DETOX HOSP INPT	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024

H0012	ALCOHOL/DRUG SERV SUBACUTE DETOX RESIDT OUTPT	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0013	ALCOHOL/DRUG SERVICES ACUTE DETOX RESDT OUTPT	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0016	ALCOHOL AND/OR DRUG SERVICES MEDICAL/SOMATIC	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0017	BEHAVIORAL HEALTH RESIDENT WO RM/BRD PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0018	BEHAVIORAL HEALTH SHT TERM WO RM/BRD PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0019	BEHAVIORAL HEALTH LNG TERM WO RM/BRD PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0026	ALCOHOL AND/OR DRUG PREVENTION PROCESS SERV	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0027	ALCOHOL AND/OR DRUG PREVENTION ENVIRONM SERV	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024

H0028	ALCOHOL AND/OR DRUG PREVENTION PROB ID/REFERL	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATE SERV	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0033	ORAL MEDICATION ADMINISTRA DIRECT OBSERVATION	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0034	MEDICATION TRAINING & SUPPORT PER 15 MINUTES	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0037	COMMUNITY PSYCH SUPPORT TX PROGRAM PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0039	ASSERTIVE COMMUNITY TX FACE-FACE PER 15 MINS	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024

H0044	SUPPORTED HOUSING, PER MONTH	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICE NOS	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0048	SPECIMEN COLLECTION NON-BLOOD: ALC/DRUG TEST	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0049	ALCOHOL/DRUG SCREENING	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H0050	ALCOHOL/DRUG SERVICE, PER 15 MINUTES	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H1011	FAMILY ASSESSMENT BY LICENS BEHAV HEALTH PROF	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2001	REHABILITATION PROGRAM PER 1/2 DAY	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2010	COMPREHENSIVE MEDICATION SERVICES PER 15 MINS	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2013	PSYCHIATRIC HEALTH FACILTY SERVICE, PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024

H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINS	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2024	SUPPORTED EMPLOYMENT, PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2027	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2028	SEX OFFENDER TREATMENT SERVICE, PER 15 MINUTE	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2029	SEX OFFENDER TREATMENT SERVICE, PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINS	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2032	ACTIVITY THERAPY, PER 15 MINUTES	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024

H2035	ALCOHOL/DRUG ABUSE TREATMNT PROGRAM, PER HOUR	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2037	DEVELOPMENTAL DELAY PREVENT DEP CHILD, 15 MIN	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
H2038	SKILLS TRAINING & DVLPMNT PER DIEM	NOT COVERED	NOT A VALID CODE FOR MEDICARE	1/1/2024
S9024	PARANASAL SINUS ULTRASOUND	NOT COVERED		1/1/2024
T1009	CHILD SITTING SERV, CHILD OF ALC/SUB ABUSE PT	NOT COVERED		1/1/2024
T2030	ASSISTED LIVING WAIVER, PER MONTH	NOT COVERED		1/1/2024
T5999	SUPPLY, NOS	NOT COVERED		1/1/2024
V2525	CONTACT LENS HPHI DUAL FOC PER LENS	NOT COVERED		1/1/2024
V5171	HA CONTRALAT RTE DVC MONAURAL ITE	NOT COVERED		1/1/2024

V5230	HEARING AID, BICROS, GLASSES	NOT COVERED		1/1/2024
V5240	DISPENSING FEE, HEARING AID, BICROS	NOT COVERED		1/1/2024
G0310	IM CNSL PHYS VAC NA SME DOS 5-15 M	NOT COVERED		1/1/2024
G0312	IM CNSL PHYS V NA S DOS A<21 5-15 M	NOT COVERED		1/1/2024
78350	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
78351	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
80055	OBSTETRIC PANEL	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
91302	SARSCOV2 VAC 5X1010VP/.5MLIM	NOT COVERED		1/1/2024
92370	RPR&REFITG SPECTACLES EXCEPT APHAKIA	NOT COVERED		1/1/2024

99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT < 1YR	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVEN >30 MIN	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	NOT COVERED		1/1/2024
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	NOT COVERED		1/1/2024
99464	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	NOT COVERED		1/1/2024
99465	DELIVERY/BIRTHING ROOM RESUSCITATION	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
A4250	URINE REAGENT STRIPS/TABLETS 100 TABS/STRIPS	NOT COVERED		1/1/2024

A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	NOT COVERED		1/1/2024
A4400	OSTOMY IRRIGATION SET	NOT COVERED		1/1/2024
A4458	REUSABLE ENEMA BAG W TUBING	NOT COVERED		1/1/2024
A4575	TOPICAL HYPERBARIC O2 CHAMBER, DISPOSABLE	NOT COVERED		1/1/2024
A4606	OXYGEN PROBE USED W OXIMETER, REPLACEMENT	NOT COVERED		1/1/2024
A4627	SPACER BAG/RESERVOIR W/WO MASK, FOR MDI	NOT COVERED		1/1/2024
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	NOT COVERED		1/1/2024
A6413	ADHESIVE BANDAGE, FIRST-AID, ANY SIZE, EACH	NOT COVERED		1/1/2024
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	NOT COVERED		1/1/2024

A9273	HOT/COLD H2O BOTTLE, CAP/COLLAR, HEAT/COLD WRAP	NOT COVERED		1/1/2024
C1830	POWERED BONE MARROW BIOPSY NEEDLE	NOT COVERED		1/1/2024
C8931	MRA, WITH DYE, SPINAL CANAL	NOT COVERED		1/1/2024
C8932	MRA, WITHOUT DYE, SPINAL CANAL	NOT COVERED		1/1/2024
C8933	MRA, WITHOUT AND WITH DYE, SPINAL CANAL	NOT COVERED		1/1/2024
E0117	UNDERARM SPRING ASSISTED ARTICUL CRUTCH EACH	NOT COVERED		1/1/2024
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	NOT COVERED		1/1/2024
E0218	WATER CIRCULATING COLD PAD WITH PUMP	NOT COVERED		1/1/2024
G0122	COLORECTAL CANCER SCREENING, BARIUM ENEMA	NOT COVERED		1/1/2024

G1012	CLINICAL DECISION SUPPORT MECHANISM AGILEMD, AS DEFINED BY T	NOT COVERED		1/1/2024
G1013	CLINICAL DECISION SUPPORT MECHANISM EVIDENCECARE IMAGING ADV	NOT COVERED		1/1/2024
G1014	CLINICAL DECISION SUPPORT MECHANISM INVENIQA SEMANTIC ANSWER	NOT COVERED		1/1/2024
G1015	CLINICAL DECISION SUPPORT MECHANISM RELIANT MEDICAL GROUP, A	NOT COVERED		1/1/2024
G1016	CLINICAL DECISION SUPPORT MECHANISM SPEED OF CARE, AS DEFINE	NOT COVERED		1/1/2024
G1017	CLINICAL DECISION SUPPORT MECHANISM HEALTHHELP, AS DEFINED B	NOT COVERED		1/1/2024
G1018	CLINICAL DECISION SUPPORT MECHANISM INFINX, AS DEFINED BY TH	NOT COVERED		1/1/2024
G1019	CLINICAL DECISION SUPPORT MECHANISM LOGICNETS, AS DEFINED BY	NOT COVERED		1/1/2024
G1020	COLOREC CANCR SCR;COLNSCPY BA ENEMA	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024

G1021	COLOREC CNCR SCR;COLNSCPY NO HI RSK	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
G1022	COLOREC CANCER SCREENING; BA ENEMA	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
G1023	SCR CERV/VAG THIN LAY W/PHYS SUP	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
G2022	BENEF REFUSES SERVICE, MOD	NOT COVERED	NOT A COVERED BENEFIT	1/1/2024
G9147	OUTPT INTRAVENOUS INSULIN TREATMENT (OIVIT)	NOT COVERED		1/1/2024
H0004	BEHAVIORAL HEALTH COUNSEL/THERAPY PER 15 MINS	NOT COVERED		1/1/2024
H0005	ALCOHOL AND/OR DRUG SERVICES GROUP COUNSELING	NOT COVERED		1/1/2024
H0020	ALCOHOL AND/OR DRUG SERVICES METHADONE ADMIN	NOT COVERED		1/1/2024
H0031	MENTAL HEALTH ASSESS BY NON-PHYSICIAN	NOT COVERED		1/1/2024

J7296	KYLEENA, 19.5 MG	NOT COVERED		1/1/2024
J7307	ETONOGESTREL IMPLANT SYSTEM CONTRACEPTIVE	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
S0109	METHADONE, ORAL, 5 MG	NOT COVERED		1/1/2024
S0119	ONDANSETRON, ORAL, 4 MG	NOT COVERED		1/1/2024
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	NOT COVERED		1/1/2024
S8999	RESUSCITATION BAG	NOT COVERED		1/1/2024

S9441	ASTHMA EDUCATION, NON-MD, PER SESSION	NOT COVERED		1/1/2024
S9446	PATIENT EDUCATION NOC GROUP, NON-MD PER SESSN	NOT COVERED		1/1/2024
S9449	WEIGHT MANAGEMENT CLASSES NON-MD, PER SESSION	NOT COVERED		1/1/2024
S9451	EXERCISE CLASSES, NON-MD, PER SESSION	NOT COVERED		1/1/2024
S9452	NUTRITION CLASSES, NON-MD, PER SESSION	NOT COVERED		1/1/2024
S9454	STRESS MANAGEMENT CLASSES NON-MD, PER SESSION	NOT COVERED		1/1/2024
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	NOT COVERED		1/1/2024
T1024	TEAM EVALUATION & TREATMENT, HANDICAP CHILDRN	NOT COVERED		1/1/2024
T4545	INCONTIN PROD DISP PENILE WRAP EA	NOT COVERED		1/1/2024

V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	NOT COVERED		1/1/2024
V5362	SPEECH SCREENING	NOT COVERED		1/1/2024
V5363	LANGUAGE SCREENING	NOT COVERED		1/1/2024
V5364	DYSPHAGIA SCREENING	NOT COVERED		1/1/2024
A4481	TRACHEOSTOMA FILTER, ANY TYPE OR SIZE, EACH	YES	NO AUTH REQUIRED UNTIL 62 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A7502	REPLACEMENT DIAPHRAGM/FPLATE TRACH VALV, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A7503	HEAT/MOISTURE EXCH SYS FILTER HOLDER/CAP, EA	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A7504	TRACHEOSTOMA HEAT/MOISTURE EXCH SYS FILTER,EA	YES	NO AUTH REQUIRED UNTIL 62 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A7505	HEAT/MOISTURE EXCH SYS TRACH VALVE HOUSING,EA	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A7506	HEAT/MOISTURE EXCH SYS TRACH VLV ADHSV DSK,EA	YES	NO AUTH REQUIRED UNTIL 62 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7509	TRACHSTOMA HEAT/MOIST EXCH SYS FLTR HLD, EACH	YES	NO AUTH REQUIRED UNTIL 62 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7522	TRACHEOSTOMY/LARYNGECTMY TUBE STAINLESS, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 12 MONTHS LIMIT IS REACHED	1/1/2024
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	YES	NO AUTH REQUIRED UNTIL 31 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EAC	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER 3 MONTHS LIMIT IS REACHED	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 RECESSION/RESCJ 1 VER MUSC	YES		1/1/2024
67316	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	YES		1/1/2024
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	YES		1/1/2024
67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	YES		1/1/2024
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	YES		1/1/2024
67334	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	YES		1/1/2024

67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	YES		1/1/2024
67340	STRABISMUS EXPL&/RPR DETACHED EXTROCLAR MUSC	YES		1/1/2024
67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	YES		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/CANTHORRHAPY	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/XTNV REARRANGEMENT	YES		1/1/2024
68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	YES		1/1/2024
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNV 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 CONJUNCTIVAL 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		1/1/2024
86328	IA INFECTIOUS AGT ANTIBODY SARS- COV-2 COVID-19	YES		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 INGUINOFEMORAL 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		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		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 IMGAGING 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		1/1/2024
L0130	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED	YES		1/1/2024
L0172	CERVICAL COLLAR THERMOPLASTIC FOAM 2 PIECE	YES		1/1/2024

L0174	CERVICAL COLLAR FOAM 2 PIECE WITH THORACIC	YES		1/1/2024
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	YES		1/1/2024
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	YES		1/1/2024
L0458	TLSO 2MODULAR SYMPHYIS-XIPHOID PREFABRICATED	YES		1/1/2024
L0466	TLSO RIGID FRAME PREFABRICATED SOFT APRON	YES		1/1/2024
L0467	TLSO R FRAM SOFT PRE OTS	YES		1/1/2024
L0469	TLSO RIG FRAM PELVIC PRE OTS	YES		1/1/2024
L0859	MRI COMPATIBLE SYSTEM	YES		1/1/2024
L0972	LSO CORSET FRONT	YES		1/1/2024

L1652	HO BILATERAL THIGH CUFFS W/SPREADER BAR PREFA	YES		1/1/2024
L1810	KNEE ORTHOSIS ELASTIC W/JOINTS PREFABRICATED	YES		1/1/2024
L1812	KNEE ORTHO ELASTIC W/JOINTS PRE OTS	YES		1/1/2024
L1820	KO ELASTIC WITH CONDYLAR PADS & JOINTS	YES		1/1/2024
L1830	KO IMMOBILIZER CANVAS LONGITUDINAL PREFABRIC	YES		1/1/2024
L1832	KO ADJUSTABLE POSITIONAL RIGID SUPPORT PREFAB	YES		1/1/2024
L1836	KO RIGID WITHOUT JOINTS SOFT INTERFACE PREFAB	YES		1/1/2024
L1848	KNEE ORTHO DBL UPRIGHT W/AIR PRE OTS	YES		1/1/2024
L1902	AFO ANKLE GAUNTLET PREFABRICATED	YES		1/1/2024

L1907	AFO SUPRAMALLEOLAR WITH STRAPS CUSTOM FABRIC	YES		1/1/2024
L1930	AFO PLASTIC OTHER MATERIAL PREFABRICATED	YES		1/1/2024
L1971	AFO PLASTIC WITH ANKLE JOINT, PREFABRICATED	YES		1/1/2024
L2034	KAFO PLASTIC SINGLE UPRIGHT W/WO KNEE/ANK CUS	YES		1/1/2024
L2040	HKAFO TORSION BILATERAL ROTATION STRAPS PELVI	YES		1/1/2024
L2270	VARUS/VALGUS CORRECTION T STRAP PADDED/LINED	YES		1/1/2024
L2275	ADD TO LOWER EXT, PLASTIC MODIFICATION PADDED	YES		1/1/2024
L2387	ADD LE POLYCENTRIC KNEE JOINT CUSTOM KAFO	YES		1/1/2024
L2425	ADD KNEE JOINT DISC/DIAL LOCK FOR ADJUST KNEE	YES		1/1/2024

L2430	ADD KNEE JOINT RATCHET LOCK FOR ACTIVE EA JNT	YES		1/1/2024
L2795	ADD L EXT ORTHOSIS KNEE CONTROL FULL KNEECAP	YES		1/1/2024
L2820	ADD TO ORTHOSIS SOFT INTRFC BELOW KNEE SECTN	YES		1/1/2024
L3670	SHOULDER ACROMIO/CLAVICULAR CANVAS & WEBBING	YES		1/1/2024
L3674	SO AIRPLANE W/WO JOINT CUSTOM FABRICATED	YES		1/1/2024
L3675	SO VEST TYPE ABDUCTION CANVAS & WEBBING/EQUAL	YES		1/1/2024
L3678	SHOULDER ORTHO HARD PLAS STABILI PRE OTS	YES		1/1/2024
L3702	EO W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3760	EO WITH ADJUSTABLE LOCKING JOINT, PREFABRICAT	YES		1/1/2024

L3762	EO RIGID WITHOUT JOINTS SOFT MATERIAL	YES		1/1/2024
L3763	EWHO RIGID W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3764	EWHO W/JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L3765	EWHFO RIGID W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3807	WHFO WITHOUT JOINTS PREFABRICATED	YES		1/1/2024
L3808	WHFO RIGID W/O JOINT(S) PREFABRICATED	YES		1/1/2024
L3809	WHF ORTHO W/O JOINTS PRE OTS	YES		1/1/2024
L3905	WHO W/NONTORSION JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L3906	WHO WRIST GAUNTLET CUSTOM FABRICATED	YES		1/1/2024

L3913	HFO W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3919	HO W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3921	HFO W/JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L3923	HFO, NO JOINT, PREFABRICATED, ANY TYPE	YES		1/1/2024
L3924	HAND FINGER ORTHOSIS WITHOUT JOINTS PRE OTS	YES		1/1/2024
L3927	FINGER ORTHOSIS PIP/DIP W/O JOINT/SPRING	YES		1/1/2024
L3933	FO W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3935	FO NONTORSION JOINT CUSTOM FABRICATED	YES		1/1/2024
L3961	SEWHO CAP DESIGN W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024

L3967	SEWHO AIRPLANE W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3971	SEWHO CAP DESIGN W/JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L3973	SEWHO AIRPLANE W/JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L3975	SEWHFO CAP DESIGN W/O JOINT CUSTOM FABRICATED	YES		1/1/2024
L3976	SEWHFO AIRPLANE W/O JOINTS CUSTOM FABRICATED	YES		1/1/2024
L3977	SEWHFO CAP DESGN W/JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L3978	SEWHFO AIRPLANE W/JOINT(S) CUSTOM FABRICATED	YES		1/1/2024
L4396	STATIC ANKLE FOOT ORTHOSIS SOFT INTERFACE	YES		1/1/2024
L4397	STATIC OR DYNAMI AFO PRE OTS	YES		1/1/2024

L4398	FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE	YES		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
C8930	TTE W OR W/O CONTRAST, CONTINUOUS ECG	YES		1/1/2024
C8934	MRA, WITH DYE, UPPER EXTREMITY	YES		1/1/2024

C8935	MRA, WITHOUT DYE, UPPER EXTREMITY	YES		1/1/2024
C8936	MRA, WITHOUT AND WITH DYE, UPPER EXTREMITY	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
G0027	SEMEN ANALYSIS PRESENCE/MOTILITY SPERM	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 BARRETTES 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	TRANSPLJ 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

0205U	OPHTHALMOLOGY (AGE-RELATED MACULAR DEGENERATION), ANALYSIS O	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
L6706	TERMINAL DEVICE, MECHANICAL HOOK VOL OPENING	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, UTLITE	YES		1/1/2024
L7401	ADD UE PROST ABOVE/ELBOW UTLITE MATERIAL	YES		1/1/2024
L7402	ADD UE PROST SHOULDER/INTRASCAPUL UTLITE 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
V2631	IRIS SUPPORTED INTRAOCULAR LENS	YES		1/1/2024

V2756	EYE GLASS CASE	YES		1/1/2024
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	YES		1/1/2024
42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	YES		1/1/2024
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	YES		1/1/2024
42830	ADENOIDECTOMY PRIMARY <AGE 12	YES		1/1/2024
42831	ADENOIDECTOMY PRIMARY AGE 12/>	YES		1/1/2024
42835	ADENOIDECTOMY SECONDARY<AGE 12	YES		1/1/2024
42836	ADENOIDECTOMY SECONDARY AGE 12/>	YES		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
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 & CURTGT	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
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
22556	ARTHRO 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	ARTHROPLASTY ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	YES		1/1/2024
24363	ARTHROPLASTY 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	ARTHROPLASTY KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCCT	YES		1/1/2024
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	YES		1/1/2024
27443	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE DBRDMT&PRTL	YES		1/1/2024
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	YES		1/1/2024
27446	ARTHROPLASTY KNEE CONDYLE&PLATEAU MEDIAL/LAT COMPRT	YES		1/1/2024
27447	ARTHROPLASTY KNEE CONDYLE&PLATEAU 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
33216	INSERT 1 ELECTRODE PM-DEFIB	YES		1/1/2024
33217	INSERT 2 ELECTRODE PM-DEFIB	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
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
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
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

54125	AMPUTATION PENIS COMPLETE	YES		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		1/1/2024
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	YES		1/1/2024
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	YES		1/1/2024
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	YES		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
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	YES	NO AUTH REQUIRED UNTIL LIMIT OF 4 EPIDURAL INJECTION SESSIONS IN A ROLLING 12 MONTHS IS REACHED	1/1/2024
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	YES	NO AUTH REQUIRED UNTIL LIMIT OF 4 EPIDURAL INJECTION SESSIONS IN A ROLLING 12 MONTHS IS REACHED	1/1/2024
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	YES	NO AUTH REQUIRED UNTIL LIMIT OF 4 EPIDURAL INJECTION SESSIONS IN A ROLLING 12 MONTHS IS REACHED	1/1/2024
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	YES	NO AUTH REQUIRED UNTIL LIMIT OF 4 EPIDURAL INJECTION SESSIONS IN A ROLLING 12 MONTHS IS REACHED	1/1/2024
62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	YES		1/1/2024
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	YES		1/1/2024
62326	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	YES		1/1/2024
62327	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	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 DCMPRN SPINAL CORD 1 SEG THORACIC	YES		1/1/2024

63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	YES		1/1/2024
63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	YES		1/1/2024
63077	DISSECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	YES		1/1/2024
63078	DISSECTOMY 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	VERTEBRL 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 NRVGT SI JT	YES		1/1/2024
64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	YES		1/1/2024
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024

64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	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 NRV TG 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 SUPERIOR 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 &/TRANSPPOSITION ULNAR NERVE ELBOW	YES		1/1/2024
64719	NEUROPLASTY &/TRANSPPOSITION 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

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
81186	CACNA1A GEN KNOWN FAMIL VRNT	YES		1/1/2024
81240	F2 GENE ANALYSIS 20210G >A VARIANT	YES		1/1/2024
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	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
81425	GENOME SEQUENCE ANALYSIS	YES		1/1/2024
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	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

81522	ONC BREAST MRNA 12 GENES	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
86769	ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	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
90758	ZAIRE EBOLAVIRUS VAC LIVE IM	YES		1/1/2024
92317	RX CONTACT CORNEOSCLERAL LENS	YES		1/1/2024
92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	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 ANGIOPL 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

95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX	YES		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
97152	BHV ID SUPRT ASSMT BY 1 TECH	YES		1/1/2024
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
97803	MEDICAL NUTRITION RE- ASSMT&IVNTJ INDIV EA 15 M	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
99377	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	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

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
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 NGRJ 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 ANTB 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
0216U	NEUROLOGY (INHERITED ATAXIAS), GENOMIC DNA SEQUENCE ANALYSIS	YES		1/1/2024
0217U	NEUROLOGY (INHERITED ATAXIAS), GENOMIC DNA SEQUENCE ANALYSIS	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
0231U	CACNA1A FULL GENE ANALYSIS	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
0249U	ONC BRST ALYS 32 PHSPRTN ALG	YES		1/1/2024
0251U	HEPCIDIN-25 ELISA SERUM/PLSM	YES		1/1/2024
0285U	ONCOLOGY, RESPONSE TO RADIATION, CELL-FREE DNA, QUANTITATIVE	YES		1/1/2024
0289U	NEUROLOGY (ALZHEIMER DISEASE), MRNA, GENE EXPRESSION PROFILI	YES		1/1/2024

0296U	ONCOLOGY (ORAL AND/OR OROPHARYNGEAL CANCER), GENE EXPRESSION	YES		1/1/2024
0312U	AUTOIMMUNE DISEASES (EG, SYSTEMIC LUPUS ERYTHEMATOSUS [SLE])	YES		1/1/2024
0316U	BORRELIA BURGENDORFERI (LYME DISEASE), OSPA PROTEIN EVALUATION	YES		1/1/2024
0321U	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), GEN	YES		1/1/2024
A4258	SPRING- POWERED LANCET DEVICE ,EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 6 MONTHS IS MET	1/1/2024
A4314	CATHETER W/DRAINAGE 2-WAY LATEX WITH COATING	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A4315	CATHETER W/DRAINAGE 2-WAY ALL SILICONE	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A4316	CATH W/DRAINAGE 3-WAY, CONTINUOUS IRRIGATION	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A4332	LUBRICANT INDIVIDUAL STERILE PACKET EACH	YES	NO AUTH REQUIRED UNTIL 200 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A4351	STRAIGHT TIP URINE CATHETER, EACH	YES	NO AUTH REQUIRED UNTIL 200 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4352	COUDE TIP URINARY CATHETER, EACH	YES	NO AUTH REQUIRED UNTIL 200 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4353	INTERMITTENT URINARY CATHETER, W INSERTION	YES	NO AUTH REQUIRED UNTIL 200 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4354	CATHETER INSERTION TRAY W/BAG, W/O CATHETER	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A4356	EXT URETHRA CLAMP OR COMPRESSION DEVICE, EACH	YES		1/1/2024
A4358	URINARY LEG BAG W STRAPS, EACH	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4361	OSTOMY FACE PLATE, EACH	YES	NO AUTH REQUIRED UNTIL 3 UNITS PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A4362	SOLID SKIN BARRIER, 4 X 4 EQUIVALENT, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4364	OSTOMY/CATHETER ADHESIVE, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL 4 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A4367	OSTOMY BELT, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A4369	SKIN BARRIER LIQUID, SPRAY, BRUSH,ETC.,PER OZ	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4371	SKIN BARRIER POWDER PER OZ	YES	NO AUTH REQUIRED UNTIL 10 UNITS PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A4377	DRAINABLE PLASTIC POUCH W/O FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL 10 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4381	URINARY PLASTIC POUCH W/O FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL 10 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4398	IRRIGATION SUPPLY BAGS, EACH	YES	NO AUTH REQUIRED UNTIL LIMIT 1 UNIT EVERY 3 MONTHS IS REACHED	1/1/2024
A4399	OSTOMY IRRIGATION CONE/CATHETER, INCL BRUSH	YES	NO AUTH REQUIRED UNTIL LIMIT 1 UNIT EVERY 3 MONTHS IS REACHED	1/1/2024
A4404	OSTOMY RING EACH	YES	NO AUTH REQUIRED UNTIL 10 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4405	NONPECTIN BASED OSTOMY PASTE, PER OZ	YES	NO AUTH REQUIRED UNTIL 4 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A4406	PECTIN BASED OSTOMY PASTE, PER OZ	YES	NO AUTH REQUIRED UNTIL 4 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4414	OSTOMY SKIN BARRIER W FLANG <=4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4415	OSTOMY SKIN BARRIER W FLANGE >4 SQ INCH, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4416	OSTOMY POUCH CLOSED W BARRIER/FILTER, EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4417	OST POUCH W BAR/BLTINCONV/FLTR, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4418	OST POUCH CLSD W/O BAR W FILTR, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4419	OST POUCH FOR BAR W FLANGE/FLT, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4420	OST POUCH CLSD FOR BAR W LK FL, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4423	OST POUCH FOR BAR W LK FL/FLTR, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A4424	OST POUCH DRAIN W BAR & FILTER, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4425	OST POUCH DRAIN FOR BARRIER FL, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4426	OST POUCH DRAIN 2 PIECE SYSTEM, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4427	OST PCH DRAIN/BARR LK FLNG/FILTR, 2 PIECE, EA	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4429	URINE OSTOMY POUCH W BLTINCONV, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4431	OST POUCH URINE W BARRIER/TAPV, 1 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4432	OST PCH URINE W BAR/FLANGE/TAP, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4433	URINE OST POUCH BAR W LOCK FLN, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4434	OST POUCH URINE W LOCK FLNG/FT, 2 PIECE, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A4436	IRRIGATION SUPPLY SLV REUSE PER MTH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A4437	IRRIGATION SUPPLY SLV DISP PER MNTH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A4452	WATERPROOF TAPE, PER 18 SQ INCHES	YES	NO AUTH REQUIRED UNTIL 40 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4455	ADHESIVE REMOVER OR SOLVENT PER OUNCE	YES	NO AUTH REQUIRED UNTIL 16 UNITS PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	YES	NO AUTH REQUIRED UNTIL 50 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4604	TUBING WITH HEATING ELEMENT	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACH	YES	NO AUTH REQUIRED UNTIL 31 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5051	CLOSED OSTOMY POUCH W/BARRIER ATTACH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A5052	CLOSED OSTOMY POUCH W/O BARRIER, 1 PIECE EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5053	CLOSED OSTOMY POUCH FOR USE W/FACEPLATE, EACH	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5054	CLOSED OSTOMY POUCH USE W/BAR W/FLNG, 2 PC EA	YES	NO AUTH REQUIRED UNTIL 60 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5055	STOMA CAP	YES	NO AUTH REQUIRED UNTIL 31 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5056	1 PIECE OSTOMY POUCH W FILTER	YES	NO AUTH REQUIRED UNTIL 40 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5057	1 PC OSTOMY POUCH W BUILT-IN CONVEXITY	YES	NO AUTH REQUIRED UNTIL 40 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5061	OSTOMY POUCH DRNBLE W BARRIER ATTACH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5062	DRAINABLE OSTOMY POUCH W/O BARRIER, 1 PC EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS ER MONTH LIMIT IS REACHED	1/1/2024
A5063	DRNBLE OSTOMY POUCH USE W/BAR W/FLNG, 2 PC EA	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A5071	URINARY OSTOMY POUCH W/BARRIER ATTCH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5072	URNRY OSTOMY POUCH W/O BARRIER ATTCH, 1 PC EA	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5073	URINRY OSTOMY POUCH USE W/BAR W/FLNG, 2 PC EA	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5081	CONTINENT STOMA PLUG	YES	NO AUTH REQUIRED UNTIL 31 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5082	CONTINENT STOMA CATHETER	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A5083	STOMA ABSORPTIVE COVER, CONTINENT DEVICE	YES	NO AUTH REQUIRED UNTIL 150 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5093	OSTOMY ACCESSORY, CONVEX INSERT	YES	NO AUTH REQUIRED UNTIL 10 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5102	BEDSIDE BOTTLE W/WO TUBE RIGID/EXPANDABLE, EA	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A5120	SKIN BARRIER, WIPE OR SWAB	YES	NO AUTH REQUIRED UNTIL 1 UNIT EVERY 3 MONTHS LIMIT IS REACHED	1/1/2024

A5121	SOLID SKIN BARRIER 6X6 OR EQUIVALENT, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5122	SOLID SKIN BARRIER 8X8 OR EQUIVALENT, EACH	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A5126	ADHESIVE OR NON-ADHESIVE, DISC/FOAM PAD	YES	NO AUTH REQUIRED UNTIL 20 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A6010	COLLAGEN BASED WOUND FILLER, PER GRAM	YES		1/1/2024
A7012	LARGE VOL NEBULIZER WATER COLLECTION DEVICE	YES		1/1/2024
A7015	AEROSOL MASK USED WITH DME NEBULIZER	YES		1/1/2024
A7027	COMBINATION ORAL/NASAL MASK, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A7028	REPLACEMENT ORAL CUSHION COMBO MASK, EACH	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7029	REPLACEMENT ORAL/NASAL PILLOW COMB MASK, PAIR	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A7030	CPAP FULL FACE MASK, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A7031	REPLACEMENT FACE MASK INTERFACE, FULL, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER MONTH LIMIT IS REACHED	1/1/2024
A7032	REPLACEMENT NASAL CUSHION FOR NASAL DEV, EACH	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7033	REPLACEMENT NASAL PILLOWS FOR NASAL DEV, PAIR	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7034	NASAL INTERFACE USED W PAP, W/WO HEAD STRAP	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A7035	HEADGEAR USED W/ POSITIVE AIRWAY PRESSURE DEV	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A7036	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEV	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A7037	TUBING USED W/ POSITIVE AIRWAY PRESSURE DEV	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A7038	POSITIVE AIRWAY PRESSURE DISPOSABLE FILTER	YES	NO AUTH REQUIRED UNTIL 2 UNITS PER MONTH LIMIT IS REACHED	1/1/2024

A7039	POSITIVE AIRWAY PRESSURE NONDISPOSABLE FILTER	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A7046	REPLACEMENT WATER CHAMBER, PAP DEVICE, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 6 MONTHS LIMIT IS REACHED	1/1/2024
A7507	HEAT/MOIST EXCH SYS INTGRD FILTER&HOLDER, EA	YES	NO AUTH REQUIRED UNTIL 62 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7508	HEAT/MOIST EXCH SYS/VLV HSNG&INTGRD ADHS, EA	YES	NO AUTH REQUIRED UNTIL 62 UNITS PER MONTH LIMIT IS REACHED	1/1/2024
A7520	TRACHEOSTOMY/LARYNGECT TUBE NON-CUFFED, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS LIMIT IS REACHED	1/1/2024
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE CUFFED, EACH	YES	NO AUTH REQUIRED UNTIL 1 UNIT PER 3 MONTHS 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
E0163	COMMUNE CHAIR MOBILE WITH FIXED ARM	YES		1/1/2024

E0167	COMMODE CHAIR PAIL OR PAN	YES		1/1/2024
E0168	HEAVYDUTY/EXTRA WIDE COMMODE CHAIR ANY TYPE	YES		1/1/2024
E0570	NEBULIZER WITH COMPRESSOR	YES	NO AUTH REQUIRED UNTIL LIMIT IS REACHED	1/1/2024
E0604	HOSPITAL GRADE HEAVY DUTY ELECTRC BREAST PUMP	YES		1/1/2024
E0941	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	YES		1/1/2024
E2207	CRUTCH AND CANE HOLDER	YES		1/1/2024
G0151	PT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN	YES		1/1/2024
G0152	OT SERVICES, HOME HEALTH OR HOSPICE, EACH 15 MIN	YES		1/1/2024
G0153	SPEECH\LANG, HOME HEALTH OR HOSPICE, EACH 15 MIN	YES		1/1/2024

G0282	ELECT STIMULATE WOUND CARE NOT PRESSURE ULCER	YES		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
H0032	MENTAL HEALTH SERVICE PLAN DEVELOP BY NON-MD	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	APOMORPHINE HYDROCHLORIDE INJECTION, 1MG	YES		1/1/2024
J0365	APROTONIN, 10,000 KIU	YES		1/1/2024
J0401	INJ ARIPIRAZOLE EXT RELEASE 1MG	YES		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
J0775	COLLAGENASE, CLOSTRIDIUM HIST INJECTION, 0.01 MG	YES		1/1/2024
J0879	INJ DIFELIKEFALIN 0.1 MICROGRAM	YES		1/1/2024
J0887	EPOETIN BETA ESRD USE, 1 MG	YES		1/1/2024
J0888	EPOETIN BETA NON ESRD, 1 MG	YES		1/1/2024
J1943	INJECTN ARIPIPRAZOLE LAUROXIL 1 MG	YES		1/1/2024

J1944	INJECTN ARIPIRAZOLE LAUROXIL 1 MG	YES		1/1/2024
J2426	PALIPERIDONE PALMITATE INJECTION, 1 MG	YES		1/1/2024
J2547	INJECTION, PERAMIVIR, 1 MG	YES		1/1/2024
J7295	ETHIN ESTR&ETON 0.015 0.12MG/24H VG	YES		1/1/2024
J7297	LEVONORGESTREL IU 52 MG 3 YR DURATION	YES		1/1/2024
J7298	LEVONORGESTREL IU 52 MG 5 YR DURATION	YES		1/1/2024
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	YES		1/1/2024
J7301	SKYLA 13.5 MG	YES		1/1/2024
J7304	CONTRACEPTIVE HORMONE PATCH EACH	YES		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
J8562	ORAL FLUDARABINE PHOSPHATE, 10 MG	YES	VALID NDC REQUIRED	1/1/2024
J8600	MELPHALAN, 2 MG, ORAL	YES		1/1/2024
J8650	NABILONE ORAL, 1 MG	YES	VALID NDC REQUIRED	1/1/2024
J8705	TOPOTECAN ORAL, 0.25 MG	YES		1/1/2024
J9226	SUPPRELIN LA IMPLANT 50 MG	YES		1/1/2024
K0669	WHEELCHAIR SEAT/BACK NO WRITTEN VER DME PDAC	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

L0450	TLSO FLEXIBLE PREFABRICATED THORACIC	YES		1/1/2024
L0452	TLSO FLEXIBLE CUSTOM FABRICATED THORACIC	YES		1/1/2024
L0454	TLSO FLEXIBLE PREFABRICATED SACROCCYGEL-T9	YES		1/1/2024
L0462	TLSO 3MODULAR SACROCCYGEAL-SCAPULAR PREFABRIC	YES		1/1/2024
L0472	TLSO RIGID FRAME HYPEREXTENSION PREFABRICATED	YES		1/1/2024
L0488	TLSO RIGID LINED PREFABRICATED ONE PIECE	YES		1/1/2024
L0490	TLSO RIGID PLASTIC PREFABRICATED ONE PIECE	YES		1/1/2024
L0491	TLSO 2 PIECE RIGID SHELL	YES		1/1/2024
L0492	TLSO 3 PIECE RIGID SHELL	YES		1/1/2024

L0621	SIO FLEX PELVIC-SACRAL PREFABRICATED	YES		1/1/2024
L0622	SIO FLEX PELVIC- SACRAL CUSTOM FABRICATED	YES		1/1/2024
L0623	SIO PANEL PREFABRICATED	YES		1/1/2024
L0624	SIO PANEL CUSTOM FABRICATED	YES		1/1/2024
L0625	LO FLEXIBLE L1-BELOW L5 PREFABRICATED	YES		1/1/2024
L0626	LO SAGITTAL STAYS/PANELS PRE- FABRICATED	YES		1/1/2024
L0628	LO FLEXIBLE W/O RIGID STAYS PREFABRICATED	YES		1/1/2024
L0629	LSO FLEXIBLE W/RIGID STAYS CUSTOM FABRICATED	YES		1/1/2024
L0630	LSO POST RIGID PANEL PREFABRICATED	YES		1/1/2024

L0632	LSO SAGITTAL RIGID FRAME CUST FABRICATED	YES		1/1/2024
L0633	LSO FLEXION CORONAL CONTROL PREFABRICATED	YES		1/1/2024
L0634	LSO FLEXION CORONAL CONTROL CUSTOM FABRICATED	YES		1/1/2024
L0636	LSO SAGITTAL CORONAL RIGID PANEL CUS FABRICA	YES		1/1/2024
L0639	LSO SAGITTAL CORONAL SHELL/PANEL PREFABRICATE	YES		1/1/2024
L0641	LO RIG POS PNL L1-L5 PRE OTS	YES		1/1/2024
L0642	LO SAG RI AN/POS PNL PRE OTS	YES		1/1/2024
L0643	LSO SAG CTR RIGI POS PRE OTS	YES		1/1/2024
L0651	LSO SAG-CO SHELL/POS PANEL PREFAB OTS	YES		1/1/2024

L5781	LOWER LIMB PROSTHESIS VACUUM PUMP	YES		1/1/2024
L5782	HEAVY DUTY LOWER LIMB PROSTHESIS VACUUM PUMP	YES		1/1/2024
L5848	KNEE-SHIN SYSTEM HYDRAULIC STANCE DAMPENING	YES		1/1/2024
Q0508	MISCELLANEOUS SUPPLY/ACCESSORY IMPLANTED VAD	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
0338U	ONC SLD TUM CRCG TUM CL SLCT	YES		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

58300	INSERTION INTRAUTERINE DEVICE IUD	YES		1/1/2024
59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	YES		1/1/2024
61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	YES		1/1/2024
61540	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	YES		1/1/2024
61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	YES		1/1/2024
61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	YES		1/1/2024
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	YES		1/1/2024
86408	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME COR	YES		1/1/2024
86409	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME COR	YES		1/1/2024

92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	YES		1/1/2024
0224U	ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2	YES		1/1/2024
0226U	SURROGATE VIRAL NEUTRALIZATION TEST (SVNT), SEVERE ACUTE RES	YES		1/1/2024
A0999	UNLISTED AMBULANCE SERVICE	YES		1/1/2024
A4306	DRUG DELIVERY SYSTEM <=50 ML PER HOUR	YES		1/1/2024
A4321	URINARY CATHETER IRRIG THERAPEUTIC AGENT	YES		1/1/2024
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	YES		1/1/2024
A4470	GRAVLEE JET WASHER	YES		1/1/2024
A4550	SURGICAL TRAYS	YES		1/1/2024

C9363	INTEGRA MESHED BILAYER WOUND MATRIX, PER SQ. CM	YES		1/1/2024
E1009	WHEELCHAIR ADD MECH LINKED LEG ELEVATION EACH	YES		1/1/2024
E2230	MANUAL WHEELCHAIR ACC, STANDING SYSTEM	YES		1/1/2024
E2231	MANUAL WHEELCHAIR, SOLID SEAT SUPPORT BASE	YES		1/1/2024
E2295	PEDIATRIC DYNAMIC SEATING FRAME	YES		1/1/2024
E2310	ELECTRO CONNECTION BETWEEN CONTROL/SEAT SYSTE	YES		1/1/2024
E2311	ELECTRO CONNECTION BETWEEN CONTROL/MULT SEAT	YES		1/1/2024
E2622	ADJUSTABLE SKIN PROTECTN W/C CUSHION WIDTH <22IN	YES		1/1/2024
E2623	ADJUSTABLE SKIN PROTECTN W/C CUSHION WIDTH >=22IN	YES		1/1/2024

E2624	ADJUSTABLE SKIN PROTECTN/POSITION CUSHION <22IN	YES		1/1/2024
E2625	ADJUSTABLE SKIN PROTECTN/POSITION CUSHION>=22IN	YES		1/1/2024
G0162	HOME HEALTH CARE, RN E&M PLAN SERVICES,15 MIN EA	YES		1/1/2024
J0178	AFLIBERCEPT INJECTION, 1 MG	YES		1/1/2024
J1457	GALLIUM NITRATE INJECTION 1MG	YES	VALID NDC REQUIRED	1/1/2024
J1786	IMUGLUCERASE INJECTION, 10 UNITS	YES		1/1/2024
J2503	PEGAPTANIB SODIUM INJECTION, 0.3MG	YES		1/1/2024
J2778	RANIBIZUMAB INJECTION 0.1 MG	YES		1/1/2024
J3060	INJ, TALIGLUCERACE ALFA 10 UNITS	YES		1/1/2024

J3385	VELAGLUCERASE ALFA INJECTION, 100 UNITS	YES		1/1/2024
J7311	FLUOCINOLONE ACETONIDE IMPLANT	YES		1/1/2024
J7312	DEXAMETHASONE INTRAVITREAL IMPLANT, 0.1 MG	YES		1/1/2024
J7313	INJ, FLUOCINOL ACET INTRAVIT IMP, 0.01 MG	YES		1/1/2024
J7314	INJECT FA INTRAVITREAL IMPL 0.01 MG	YES		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
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	YES		1/1/2024
K0009	OTHER MANUAL WHEELCHAIR/BASE	YES		1/1/2024

K0013	CUSTOM POWER WHEELCHAIR BASE	YES		1/1/2024
K0039	LEG STRAP H STYLE EACH	YES		1/1/2024
K0040	ADJUSTABLE ANGLE FOOTPLATE	YES		1/1/2024
K0041	LARGE SIZE FOOTPLATE EACH	YES		1/1/2024
K0042	STANDARD SIZE FOOTPLATE EACH	YES		1/1/2024
K0043	FOOT REST LOWER EXTENSION TUBE	YES		1/1/2024
K0044	FOOT REST UPPER HANGER BRACKET	YES		1/1/2024
K0045	FOOT REST COMPLETE ASSEMBLY	YES		1/1/2024
K0046	ELEVATING LEG REST LOWER EXTENSION TUBE	YES		1/1/2024

K0047	ELEVATING LEG REST UPPER HANGER BRACKET	YES		1/1/2024
K0050	RATCHET ASSEMBLY	YES		1/1/2024
K0051	CAM RELESE ASSEMBLY FOOT REST/LEG REST	YES		1/1/2024
K0052	SWINGAWAY DETACHABLE FOOT RESTS	YES		1/1/2024
K0053	ELEVATING FOOT RESTS ARTICULATING	YES		1/1/2024
K0056	SEAT HEIGHT <17OR =>21 LIGHTWEIGHT WHEELCHAIR	YES		1/1/2024
K0070	REAR WHEEL ASSEMBLY COMPLETE PNEUMATIC TIRE	YES		1/1/2024
K0071	FRONT CASTER ASSEMBLY COMPLETE PNEUMATIC TIRE	YES		1/1/2024
K0073	CASTER PIN LOCK EACH	YES		1/1/2024

K0098	DRIVE BELT FOR POWER WHEELCHAIR	YES		1/1/2024
K0195	ELEVATING LEG RESTS PAIR RENTAL WHEELCHAIR	YES		1/1/2024
Q5103	INJECTION, INFLECTRA	YES		1/1/2024
Q5104	INJECTION, RENFLEXIS	YES		1/1/2024
0397T	ERCP W/OPTICAL ENDOMICROSCOPY	YES		1/1/2024
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	NATIONS		1/1/2024
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	NATIONS		1/1/2024