

**THE VIRGINIA PREMIER CODES BELOW WILL HAVE THE FOLLOWING COVERAGE
AND/OR AUTHORIZATION REQUIREMENT EFFECTIVE 1/1/2024-MEDICAID**

PROCEDURE CODE	CODE DESCRIPTION	MEDICAID AUTH REQUIREMENT	MEDICAID EXCEPTIONS	EFFECTIVE DATE
T2030	ASSISTED LIVING WAIVER, PER MONTH	NOT COVERED		1/1/2024
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION	YES		1/1/2024
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	YES		1/1/2024
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	YES		1/1/2024
15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	YES		1/1/2024
15277	SKN SUB GRFT F/N/HF/G CHILD	YES		1/1/2024

17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	YES		1/1/2024
17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	YES		1/1/2024
17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	YES		1/1/2024
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	YES		1/1/2024
20920	FASCIA LATA GRAFT BY STRIPPER	YES		1/1/2024
20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	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
20982	ABLATE BONE TUMOR(S) PERQ	YES		1/1/2024
20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	YES		1/1/2024
21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	YES		1/1/2024
22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	YES		1/1/2024

22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	YES		1/1/2024
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	YES		1/1/2024
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	YES		1/1/2024
24370	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	YES		1/1/2024
24371	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	YES		1/1/2024
27080	COCCYGECTOMY PRIMARY	YES		1/1/2024
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	YES		1/1/2024
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	YES		1/1/2024

29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	YES		1/1/2024
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	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
30801	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	YES		1/1/2024
31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	YES		1/1/2024
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	YES		1/1/2024
31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	YES		1/1/2024

31574	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	YES		1/1/2024
31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	YES		1/1/2024
33216	INSERT 1 ELECTRODE PM- DEFIB	YES		1/1/2024
33217	INSERT 2 ELECTRODE PM- DEFIB	YES		1/1/2024
33274	TCAT INSJ/RPL PERM LDLS PM	YES		1/1/2024
37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	YES		1/1/2024
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	YES		1/1/2024
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	YES		1/1/2024

37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	YES		1/1/2024
37735	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	YES		1/1/2024
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	YES		1/1/2024
43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	YES		1/1/2024
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	YES		1/1/2024
43257	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	YES		1/1/2024
49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	YES		1/1/2024
49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	YES		1/1/2024

49204	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	YES		1/1/2024
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	YES		1/1/2024
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	YES		1/1/2024
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL	YES		1/1/2024
61645	PERQ ART TRLUML M- THROMBEC &/NFS INTRACRANIAL	YES		1/1/2024
64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	YES		1/1/2024
64569	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	YES		1/1/2024
64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	YES		1/1/2024

64585	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	YES		1/1/2024
64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	YES		1/1/2024
64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	YES		1/1/2024
64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	YES		1/1/2024
64795	BIOPSY NERVE	YES		1/1/2024
65855	TRABECULOPLASTY BY LASER SURGERY	YES		1/1/2024
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT	YES		1/1/2024
66821	POST-CATARACT LASER SURGERY	YES		1/1/2024

66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	YES		1/1/2024
66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	YES		1/1/2024
66984	CATARACT REMOVAL INSERTION OF LENS	YES		1/1/2024
66987	XCAPSL CTRC RMVL CPLX W/ECP	YES		1/1/2024
66988	XCAPSL CTRC RMVL W/ECP	YES		1/1/2024
66989	XCPSL CTRC RMVL CPLX INSJ 1+	YES		1/1/2024
66991	XCAPSL CTRC RMVL INSJ 1+	YES		1/1/2024
67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	YES		1/1/2024

67916	REPAIR ECTROPION EXCISION TARSAL WEDGE	YES		1/1/2024
69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	YES		1/1/2024
69717	REVJ/RPLCMT OI IMPLT PRQ ESP	YES		1/1/2024
75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	YES		1/1/2024
77401	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	YES		1/1/2024
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	YES		1/1/2024
81220	CFTR GENE ANALYSIS COMMON VARIANTS	YES		1/1/2024
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	YES		1/1/2024

81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	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
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	YES		1/1/2024
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	YES		1/1/2024
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	YES		1/1/2024
81246	FLT3 GENE ANALYS TYROSINE KINASE DOMAIN VARIANTS	YES		1/1/2024
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	YES		1/1/2024

81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	YES		1/1/2024
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	YES		1/1/2024
83521	IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH	YES		1/1/2024
90668	IIV VACCINE PANDEMIC IM	YES		1/1/2024
90870	ELECTROCONVULSIVE THERAPY	YES		1/1/2024
90913	BFB TRAINING EA ADDL 15 MIN	YES		1/1/2024
92512	NASAL FUNCTION STUDIES	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
92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	YES		1/1/2024
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	YES		1/1/2024
93050	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	YES		1/1/2024
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	YES		1/1/2024

93563	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I	YES		1/1/2024
93564	NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I	YES		1/1/2024
93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	YES		1/1/2024
93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	YES		1/1/2024
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	YES		1/1/2024
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	YES		1/1/2024
94014	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	YES		1/1/2024
94015	PATIENT-INITIATED SPIROMETRIC RECORDING	YES		1/1/2024

94016	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	YES		1/1/2024
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	YES		1/1/2024
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	YES		1/1/2024
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	YES		1/1/2024
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	YES		1/1/2024
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	YES		1/1/2024
96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS </1 HR	YES		1/1/2024
96423	CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	YES		1/1/2024

96425	CHEMOTX ADMN IA NFS > 8 HR PRTBLE IMPLTBL PMP	YES		1/1/2024
97151	BHV ID ASSMT BY PHYS/QHP	YES		1/1/2024
0014M	LIVER DISEASE, ANALYSIS OF 3 BIOMARKERS (HYALURONIC ACID [HA	YES		1/1/2024
A0425	GROUND MILEAGE, PER STATUTE MILE	YES		1/1/2024
A0432	PI VOLUNTEER AMBULANCE CO PROHIBITED THIRD	YES		1/1/2024
A4224	SUPPLIES INSULIN INFUSION CATH, PER WEEK	YES		1/1/2024
A4337	INCONTINENT RECTAL INSERT, ANY TYPE, EACH	YES		1/1/2024
A4555	CA TX E-STIM ELECTR/TRANSDUCER	YES		1/1/2024

A4558	CONDUCTIVE GEL OR PASTE, PER OZ	YES		1/1/2024
A4595	ELECTRICAL STIMUL SUPPLIES, 2 LEAD, PER MONTH	YES		1/1/2024
C9250	ARTISS HUMAN PLASMA FIBRIN SEALANT, 2ML	YES		1/1/2024
C9358	SURGIMEND, FETAL, PER 0.5 SQ. CM	YES		1/1/2024
C9734	ULTRASOUND TREATMENT, NOT LEIOMYOMATA WITH MR	YES		1/1/2024
E0241	BATHTUB WALL RAIL EACH	YES		1/1/2024
E0243	TOILET RAIL EACH	YES		1/1/2024
E1035	MULTIPOSTION PATIENT TRANSFR SYS W SEAT <=300LBS	YES		1/1/2024

E1036	MULTI-POS PATIENT TRANSFER SYSTEM, WGT >300 LBS	YES		1/1/2024
G0237	THERAPEUTIC PX INC RESP STRENGTH/ENDUR 15 MIN	YES		1/1/2024
G0238	THERAPEUTIC PX INCREASE RESP FUNCTION 15 MIN	YES		1/1/2024
G0239	THERAP PX INCR RESP FNCTN/STRNGTH/ENDUR GROUP	YES		1/1/2024
G0329	ELECTROMAGNETIC THERAPY FOR NONHEALING ULCERS	YES		1/1/2024
H0024	BEHAVIORAL HEALTH PREVENTION INFORMATION SERV	YES		1/1/2024
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERV	YES		1/1/2024
L5668	ADD TO L EXT,BELOW KNEE MOLDED DISTAL CUSHION	YES		1/1/2024

L7510	PROSTHETIC DEVICE REPAIR/REPLACE MINOR PARTS	YES		1/1/2024
L7520	REPAIR PROSTHETIC DEVICE, LABOR PER 15 MIN	YES		1/1/2024
L8000	BREAST PROSTHESIS MASTECTOMY BRA	YES		1/1/2024
L8001	BREAST PROSTHESIS MASTECTOMY BRA UNILATERAL	YES		1/1/2024
L8002	BREAST PROSTHESIS MASTECTOMY BRA BILATERAL	YES		1/1/2024
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE	YES		1/1/2024
L8015	EXTERNAL BREAST PROSTHESIS GARMENT POST MASTE	YES		1/1/2024
L8020	BREAST PROSTHESIS MASTECTOMY FORM	YES		1/1/2024

L8030	BREAST PROSTHESIS SILICONE OR EQUAL	YES		1/1/2024
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, W ADHESIVE	YES		1/1/2024
L8032	REUSABLE NIPPLE PROSTHESIS, ANY TYPE, EACH	YES		1/1/2024
S2083	ADJUSTMENT OF GASTRIC BAND VIA SUBCUTAN PORT	YES		1/1/2024
S9472	CARDIAC REHABILITATION PROGRAM NON-MD, /DIEM	YES		1/1/2024
G0310	IM CNSL PHYS VAC NA SME DOS 5-15 M	YES		1/1/2024
G0311	IM CNSL PHYS VAC NA SME DOS 16-30 M	YES		1/1/2024
G0312	IM CNSL PHYS V NA S DOS A<21 5-15 M	YES		1/1/2024

G0313	IM CNSL PH V NA S DOS A<21 16-30 M	YES		1/1/2024
G0314	IM CNSL PHYS/HCP COV-19 A<21 16-30M	YES		1/1/2024
G0315	IM CNSL PHYS/HCP COV-19 A<21 5-15 M	YES		1/1/2024
V2524	CONTCT LENS HPI SPH PC ADD PER LENS	YES		1/1/2024
0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	YES		1/1/2024
V5171	HA CONTRALAT RTE DVC MONAURAL ITE	YES	NOT COVERED OVER 21	1/1/2024
V5172	HA CONTRALAT RTE DVC MONAURAL ICT	YES	NOT COVERED OVER 21	1/1/2024
V5181	HA CONTRALAT RTE DVC MONAURAL BTE	YES	NOT COVERED OVER 21	1/1/2024

V5211	HA CONTRALAT RS BINAURAL ITE/ITE	YES	NOT COVERED OVER 21	1/1/2024
V5212	HA CONTRALAT RS BINAURAL ITE/ITE	YES	NOT COVERED OVER 21	1/1/2024
V5213	HA CONTRA RTE SYS BINAURAL ITE/ITC	YES	NOT COVERED OVER 21	1/1/2024
V5214	HA CONTRA ROUT SYS BINAURAL ITE/BTE	YES	NOT COVERED OVER 21	1/1/2024
V5215	HA CONTRA ROUT SYS BINAURAL ITC/ITC	YES	NOT COVERED OVER 21	1/1/2024
V5221	HA CONTRA ROUT SYS BINAURAL ITC/BTE	YES	NOT COVERED OVER 21	1/1/2024
V5230	HEARING AID, BICROS, GLASSES	YES	NOT COVERED OVER 21	1/1/2024
V5240	DISPENSING FEE, HEARING AID, BICROS	YES	NOT COVERED OVER 21	1/1/2024

92555	SPEECH AUDIOMETRY THRESHOLD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92562	LOUDNESS BALANCE BINAURAL/MONAURAL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92563	TONE DECAY TEST	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92565	STENGER TEST PURE TONE	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92567	TYMPANOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92568	ACOUSTIC REFLEX THRESHOLD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

92571	FILTERED SPEECH TEST	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92572	STAGGERED SPONDAIC WORD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92575	SENSORINEURAL ACUITY LEVEL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92577	STENGER TEST SPEECH	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92579	VISUAL REINFORCEMENT AUDIOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92582	CONDITIONING PLAY AUDIOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92583	SELECT PICTURE AUDIOMETRY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

92584	ELECTROCOCHLEOGRAPHY	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92588	DISTRD PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPT 1ST 60 MIN	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024

92621	EVAL CENTRAL AUDITORY FUNCJ W/REPT EA 15 MIN	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92625	ASSESSMENT TINNITUS	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92626	EVALUATION AUDITORY REHAB STATUS 1ST HR	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
92627	EVALUATION AUDITORY REHAB STATUS EA 15 MIN	NATIONS	CONTACT HEALTH PLAN UNDER 21; CONTACT NATIONS OVER 21	1/1/2024
99359	PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	YES		1/1/2024
A9513	LUTETIUM LU 177 DOTATATE THER 1 MCI	YES		1/1/2024
A9590	IODINE I-131 IOBENGUANE 1MCI	YES		1/1/2024