

Below is a list of updated changes to the prior authorization list found in your provider manual and on the Texas Children's Health Plan website. These medical services require prior Authorization, A check mark indicates the medical service is a covered benefit if medical necessity criteria are met and with prior authorization, All services will be subject to benefit limitations

BENEFIT CATEGORIES

Adaptive Aids

Adult Day Care /Day Activity and Health Services

Augmentative Communication Device and accessories

Bariatric Surgery

Biofeedback

Case by Case Added Services

Circumcision (members one year of age and older)

Clinician Administered Drugs

Continuous Glucose Monitoring

Cosmetic Surgery

Cranial Molding Orthosis

DME repairs over 35 units

DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years

Electrical Bone Growth Stimulators

Emergency Response Services (Community First Choice)

Employment Assistance

Financial Management Services

Flexible Family Support Services

Gait Trainers and Standers

General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under

Genetic Testing

Habilitation (Community First Choice)

Hearing Aid Devices (excluding batteries)

Home Health

Home Telemonitoring Services

Hospital Beds and Accessories

Hospital Inpatient Care

Incontinence Supplies (For ages 0 - 3)

Mental Health Rehabilitation and Case Management

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BENEFIT CATEGORIES

Minor Home Modifications

Miscellaneous DME (when billed amount exceeds \$500)

Mobility Aids

Non-Emergency Ambulance Transport

Nutritional Supplements (for oral nutrition and adults)

Oral Surgery and Medically Necessary Dental Procedures

Orthotics (custom)

Out of Network Services (excluding emergency services, family planning for STAR/STAR Kids only, and well child exams for all plans)

Outpatient Withdrawal Management

Partial Hospitalization (Mental Health)

Personal Care Services or Personal Assistance (Community First Choice)

PET Scan

Positive Airway Pressure Device (CPAP/BiPAP)

Prescribed Pediatric Extended Care Centers

Private Duty Nursing in Home

Prosthetics

Respite Care MDCP

Secretion and Mucus Clearing Devices

Psychological Testing (PA required when billed outside the allowed hours)

Residential Treatment Facility

Skilled Nursing Facility (SNF)

Sleep Studies in Children (under 18 years old)

SPECT Scans

Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)

Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)

Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)

Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)

TMJ diagnosis and treatment

Transition Assistance Services

Below is a list of updated changes to the prior authorization list found in your provider manual and on the Texas Children’s Health Plan website. These medical services require prior Authorization, A check mark indicates the medical service is a covered benefit if medical necessity criteria are met and with prior authorization, All services will be subject to benefit limitations

BENEFIT CATEGORIES

Transplants including Solid Organ and Bone Marrow
Wheelchairs and Accessories

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Adaptive Aids | T2028 | Specialized supply, not otherwise specified, waiver | | | | | ✓ |
| Adaptive Aids | T2029 | Specialized medical equipment, not otherwise specified, waiver | | | | | ✓ |
| Adaptive Aids | T2039 | Vehicle modifications, waiver; per service | | | | | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Adult Day Care /Day Activity and Health Services | S5101 | Day care services, adult; per half day | | | | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Augmentative Communication Device and accessories | E2500 | Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2502 | Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2504 | Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2506 | Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2511 | Speech Generating Software program, for personal computer or personal digital assistant | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2512 | Accessory for speech generating device, mounting system | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | E2599 | Accessory for speech generating device, not otherwise classified | ✓ | | ✓ | ✓ | ✓ |
| Augmentative Communication Device and accessories | V5336 | Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid) | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Bariatric Surgery | 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less). | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43645 | Laparoscopy with gastric bypass and small intestine reconstruction to limit absorption. (Do not report 43645 in conjunction with 49320, 43847.) | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43659 | Unlisted laparoscopy procedure, stomach | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components). | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43771 | Laparoscopy, surgical, gastric restrictive procedure; revisi | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43772 | Laparoscopy, surgical, gastric restrictive procedure; remova | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43773 | Laparoscopy, surgical, gastric restrictive procedure; remova | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43774 | Laparoscopy, surgical, gastric restrictive procedure; remova | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43775 | Laparoscopy, surgical, gastric restrictive procedure; longit | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43842 | Gastric restrictive procedure, without gastric bypass, for m | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43843 | Gastric restrictive procedure, without gastric bypass, for m | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43845 | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoieostomy (50 to 100 cm common channel.) to limit absorption (biliopancreatic diversion with duodenal switch). | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less Roux-en-Y gastroenterostomy. (For greater than 150 cm, use 43847)(For laparoscopic procedure, use 43644). | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43847 | With small intestine reconstruction to limit absorption. | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43848 | Revision, open, of gastric restrictive procedure for morbid | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43886 | Gastric restrictive procedure, open; revision of subcutaneou | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43887 | Gastric restrictive procedure, open; removal of subcutaneous | ✓ | | ✓ | ✓ | ✓ |
| Bariatric Surgery | 43888 | Gastric restrictive procedure, open; removal and replacement | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Biofeedback | 90901 | Biofeedback training by any modality | ✓ | | ✓ | ✓ | ✓ |
| Biofeedback | 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient | ✓ | | ✓ | ✓ | ✓ |
| Biofeedback | 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) | ✓ | | ✓ | ✓ | ✓ |

**effective date 3/8/2021

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids MDCP |

Case By Case

Codes listed as not payable on Texas Medicaid & Healthcare Partnership Fee
Schedule site:
<http://public.tmhp.com/FeeSchedules/Default.aspx>
will be reviewed for authorization on a case by case basis

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Circumcision (members one year of age and older) | 54150 | Circumcision, using clamp or other device with regional dorsal penile or ring block | ✓ | | ✓ | ✓ | ✓ |
| Circumcision (members one year of age and older) | 54161 | Circumcision, surgical excision other than clamp, device, or dorsal slit, older than 28 days of age | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | Perinate | STAR | Kids | MDCP |
| Clinician Administered Drugs | 90378 | Synagis (seasonal only) | Submit per pharmacy benefits | | | | |
| Clinician Administered Drugs | A9513 | Injection, Lutetium lu 177 dotatate (Lutathera) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | C9071 | Viltepso (viltosaren) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | C9073 | Tecartus (brexucabtagene autoleucel) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0129 | Injection, abatacept, 10 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0220 | Injection, alglucosidase alfa, 10 mg, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0221 | Injection, alglucosidase alfa, (Lumizyme), 10 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0222 | Injection, Patisiran, 0.1 mg (Onpattro) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0517 | Injection, benralizumab, 1 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0567 | Injection, cerliponase alfa, 1 mg (Brineura) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0584 | Injection, burosumab-twza, 1 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0585 | Injection, onabotulinumtoxinA, 1 unit (Botox) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0586 | Injection, abobotulinumtoxinA, 5 units (Dysport) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0587 | Injection, rimabotulinumtoxinB, 100 units (Myobloc) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0588 | Injection, incobotulinumtoxinA, 1 unit (Xeomin) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0791 | Injection, crizanlizumab-tmca, 1 mg (Adakveo) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0896 | Injection, luspatercept-aamt (Reblozyl)** | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J0896 | luspatercept-aamt, 0.25 mg (Reblozyl) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1301 | Injection, edaravone, 1 mg (Radicava) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1428 | Injection, eteplirsen, 10 mg (Exondys 51) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1429 | Injection, golodirsen (Vondys 53) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1632 | Injection, brexanolone, 1 mg (Zulresso) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1726 | Injection, hydroxyprogesterone caproate, (Makena), | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1729 | Injection, hydroxyprogesterone caproate, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1746 | Injection, ibalizumab-uiyk, 10 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J1823 | Inebilizumab-cdon (Uplizna) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J2182 | Injection, mepolizumab, 1 mg (Nucala) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J2326 | Injection, nusinersen, 0.1 mg (Spinraza) | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J2357 | Injection, omalizumab, 5 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J2786 | Injection, reslizumab, 1 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J3397 | Injection, vestronidase alfa-vjvk, 1 mg | ✓ | | ✓ | ✓ | ✓ |
| Clinician Administered Drugs | J3398 | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna) | ✓ | ✓ | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | Perinate | STAR | Kids | MDCP | |
| Clinician Administered Drugs | J3399 | Injection, Onasemnogene Apeparvovec-xioi (Zolgensma) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J3490 | Unclassified drugs | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J3590 | Unclassified drugs - biologics | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J7311 | Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J9027 | Injection, clofarabine, 1 mg | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J9204 | Injection, mogamulizumab-kpkc, 1 mg (Poteligeo) | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J9210 | Injection, emapalumab-lzsg, 1 mg (Gamifant) | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J9229 | IJ, inotuzumab ozogamicin, 0.1 mg (Besponsa) | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J9269 | Injection, tagraxofusp-erzs, 10 mcg | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J9313 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg (Lumoxiti) | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | J9999 | Unclassified drug - antineoplastic | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | Q2041 | Axicabtagene Ciloleucl (Yescarta) | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | Q2042 | Tisagenlecleucl (Kymriah) | ✓ | | ✓ | ✓ | ✓ | |
| Clinician Administered Drugs | S0013 | Spravato | ✓ | | ✓ | ✓ | ✓ | |

**effective date 2/1/2021

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | Kids MDCP |
| Continuous Glucose Monitoring | K0553 | Supply allowance for therapeutic continuous glucose monitor | ✓ | | ✓ | ✓ | ✓ |
| Continuous Glucose Monitoring | K0554 | Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Cosmetic Surgery | 19350 | Nipple/areola reconstruction | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 19396 | Preparation of moulage for custom breast implant | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or ele | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30410 | Rhinoplasty, primary; complete, external parts including bon | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30420 | Rhinoplasty, primary; including major septal repair | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30430 | Rhinoplasty, secondary; minor revision (small amount of nasa | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30435 | Rhinoplasty, secondary; intermediate revision (bony work wit | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30450 | Rhinoplasty, secondary; major revision (nasal tip work and o | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30460 | Rhinoplasty for nasal deformity secondary to congenital clef | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30462 | Rhinoplasty for nasal deformity secondary to congenital clef | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 67904 | Repair of blepharoptosis; (tarso) levator resection or advan | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 67906 | Repair of blepharoptosis; superior rectus technique with fas | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle- | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 69300 | Otoplasty, protruding ear, with or without size reduction | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11920 | Tattooing, intradermal introduction of insoluble opaque pigm | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11921 | Tattooing, intradermal introduction of insoluble opaque pigm | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11922 | Tattooing, intradermal introduction of insoluble opaque pigm | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11950 | Subcutaneous injection of filling material (eg, collagen); 1 | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11951 | Subcutaneous injection of filling material (eg, collagen); 1 | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11952 | Subcutaneous injection of filling material (eg, collagen); 5 | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11954 | Subcutaneous injection of filling material (eg, collagen); o | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 11960 | Insertion of tissue expander(s) for other than breast, inclu | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 15786 | Abrasion; single lesion (eg, keratosis, scar) | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 15787 | Abrasion; each additional 4 lesions or less (List separately | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 17360 | Chemical exfoliation for acne (eg, acne paste, acid) | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes o | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 21740 | Reconstructive repair of pectus excavatum or carinatum; open | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 21742 | Reconstructive repair of pectus excavatum or carinatum; mini | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 21743 | Reconstructive repair of pectus excavatum or carinatum; mini | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30465 | Repair of nasal vestibular stenosis | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 36468 | Injection(s) of sclerosant for spider veins (telangiectasia) | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 36470 | Injection of sclerosant; single incompetent vein (other than | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 36471 | Injection of sclerosant; multiple incompetent veins (other t | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 36475 | Endovenous ablation therapy of incompetent vein, extremity, | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 36476 | Endovenous ablation therapy of incompetent vein, extremity, | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 36478 | Endovenous ablation therapy of incompetent vein, extremity, | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Cosmetic Surgery | 36479 | Endovenous ablation therapy of incompetent vein, extremity, | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37500 | Vascular endoscopy, surgical, with ligation of perforator ve | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37501 | Unlisted vascular endoscopy procedure | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37700 | Ligation and division of long saphenous vein at saphenofemor | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37718 | Ligation, division, and stripping, short saphenous vein | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37722 | Ligation, division, and stripping, long (greater) saphenous | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37735 | Ligation and division and complete stripping of long or shor | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37760 | Ligation of perforator veins, subfascial, radical (Linton ty | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37761 | Ligation of perforator vein(s), subfascial, open, including | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 2 | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37780 | Ligation and division of short saphenous vein at saphenopopl | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 37785 | Ligation, division, and/or excision of varicose vein cluster | ✓ | | ✓ | ✓ | ✓ |
| Cosmetic Surgery | 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Cranial Molding Orthosis | S1040 | Cranial remolding orthotic, pediatric, rigid, with soft inte | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| DME repairs over 35 units | K0739 | Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | ✓ | | ✓ | ✓ | ✓ |

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| TCHP benefits listed below: | HCPCS code | CODE DESCRIPTION | TMHP Limit | TCHP Limit |
| Quantities exceeding benefit limitations set forth by Texas Medicaid Provider Procedure Manual or limitations established in the TCHP benefits exception list below require prior authorization | | | | |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4310 | Insertion tray without drainage bag and without catheter (accessories only) | 2 per month | 30 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4312 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone | 2 per month | 30 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4315 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone | 2 per month | 30 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4332 | Lubricant, individual sterile packet, each | 50 per month | 180 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4338 | Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc), each | 2 per month | 30 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4344 | Indwelling catheter; Foley type, two-way, all silicone, each | 2 per month | 30 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4351 | Intermittent catheters - must be accompanied with modifier SC when a hydrophilic catheter is used | 150 per month | 180 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4352 | Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc), each | 150 per month | 180 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4353 | Intermittent urinary catheter, with insertion supplies; hydrophilic catheters | 150 per month | 180 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | A4605 | Tracheal suction catheter, closed system, each | 10 per month | 30 per month |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each | 2 per rolling year | 6 per rolling year |
| DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years | B9998/ u2 | Nonobtured gastrostomy or jejunostomy tube with insertion supplies and extensions | 2 per rolling year | 6 per rolling year |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | Kids MDCP | |
| Electrical Bone Growth Stimulator | E0747 | Osteogenesis stimulator, electrical non-invasive, other than spinal applications | ✓ | | ✓ | ✓ | ✓ | |
| Electrical Bone Growth Stimulator | E0748 | Osteogenesis stimulator, electrical non-invasive, spinal applications | ✓ | | ✓ | ✓ | ✓ | |
| Electrical Bone Growth Stimulator | E0749 | Osteogenesis stimulator, electrical, surgically implanted | ✓ | | ✓ | ✓ | ✓ | |
| Electrical Bone Growth Stimulator | E0760 | Osteogenesis stimulator, low intensity ultrasound, noninvasive | ✓ | | ✓ | ✓ | ✓ | |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Emergency Response | S5160 | Emergency response system; installation and testing | | | | ✓ | ✓ |
| Emergency Response | S5161 | Emergency response system; service fee, per month (excludes installation and testing) | | | | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Employment Services | H2023 | Supported employment, per 15 minutes | | | | | ✓ |
| Employment Services | H2025 | Ongoing support to maintain employment, per 15 minutes | | | | | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Financial Management Services (SK and MDCP) | T2040 | Financial management, self-directed, waiver; per 15 minutes | | | | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Flexible Family Support | H2015 | Comprehensive community support services, per 15 minutes | | | | | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Gait trainers and standers | E8001 | Gait trainer, pediatric size, upright support, includes all accessories and components | ✓ | | ✓ | ✓ | ✓ |
| Gait trainers and standers | E0638 | Standing frame/table system, one position, any size including pediatric, with or without wheels | ✓ | | ✓ | ✓ | ✓ |
| Gait trainers and standers | E0642 | Standing frame/table system, mobile (dynamic stander), any size including pediatric | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under | 00170 | Anesthesia for intraoral procedures, including biopsy; not o | | | ✓ | ✓ | ✓ |
| General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under | 41899 | Unlisted procedure, dentoalveolar structures | | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP | |
| Genetic Testing | 81161 | DMD (eg, Duchenne/Becker muscular dystrophy) deletion analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81163 | BRCA1, BRCA2 (eg, hereditary breast and ovarian cancer) gene analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81164 | BRCA1, BRCA2 (eg, hereditary breast and ovarian cancer) gene analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81165 | BRCA1 (eg, hereditary breast and ovarian cancer) gene analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81166 | BRCA1 (eg, hereditary breast and ovarian cancer) gene analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81167 | BRCA2 (eg, hereditary breast and ovarian cancer) gene analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81170 | ABL1, (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81200 | ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, c | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81201 | APC (adenomatous polyposis coli) (eg, familial adenomatosis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81202 | APC (adenomatous polyposis coli) (eg, familial adenomatosis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81203 | APC (adenomatous polyposis coli) (eg, familial adenomatosis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81205 | BCKDHB (branched-chain keto acid dehydrogenase E1, beta poly | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) transl | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) transl | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81209 | BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81212 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repa | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81215 | BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian c | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81216 | BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian c | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81217 | BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian c | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81219 | CALR (eg, myeloproliferative disorders), gene analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81220 | CFTR (cystic fibrosis transmembrane conductance regulator) (| ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81221 | CFTR (cystic fibrosis transmembrane conductance regulator) (| ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81222 | CFTR (cystic fibrosis transmembrane conductance regulator) (| ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (| ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81224 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81225 | CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81226 | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81227 | CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81228 | Cytogenomic constitutional (genome-wide) microarray analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81229 | Cytogenomic constitutional (genome-wide) microarray analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81233 | BTk (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81237 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hype | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability | ✓ | ✓ | ✓ | ✓ | ✓ | |

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| Genetic Testing | 81242 | FANCC (Fanconi anemia, complementation group C) (eg, Fanconi | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81243 | FMR1 (fragile X mental retardation 1) (eg, fragile X mental | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81244 | FMR1 (fragile X mental retardation 1) (eg, fragile X mental | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leuk | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leuk | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81247 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81248 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81249 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81250 | G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycoge | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81251 | GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene ana | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81252 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81253 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81254 | GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81255 | HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs d | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81256 | HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81257 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha tha | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81258 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha tha | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81259 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha tha | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81260 | IKBKAP (inhibitor of kappa light polypeptide gene enhancer i | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81261 | IGH@ (eg, leukemias and lymphomas, B-cell), | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81264 | IGK@ (eg, leukemia and lymphoma, B-cell), | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81265 | Comparative analysis using Short Tandem Repeat (STR) markers | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81266 | Comparative analysis using Short Tandem Repeat (STR) markers | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81269 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha tha | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81270 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81275 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carci | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81288 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81290 | MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analy | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81291 | MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, heredi | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81292 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81293 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81294 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81295 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81296 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81297 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposi | ✓ | ✓ | ✓ | ✓ | ✓ | |

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| Genetic Testing | 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposi | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposi | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81301 | Microsatellite instability analysis (eg, hereditary non-poly | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81302 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gen | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81303 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81304 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81310 | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analy | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81313 | PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding])/ka | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81314 | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81317 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (| ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81318 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (| ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81319 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (| ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81321 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81322 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81323 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81324 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81325 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81326 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81327 | SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81329 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81330 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81331 | SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N a | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81332 | SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antip | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81334 | RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81336 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81337 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81340 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81341 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81342 | TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81350 | UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81355 | VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81364 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81372 | HLA Class I typing, low resolution (eg, antigen equivalents) | ✓ | ✓ | ✓ | ✓ | ✓ | |

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| Genetic Testing | 81373 | HLA Class I typing, low resolution (eg, antigen equivalents) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81374 | HLA Class I typing, low resolution (eg, antigen equivalents) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81375 | HLA Class II typing, low resolution (eg, antigen equivalents) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81377 | HLA Class II typing, low resolution (eg, antigen equivalents) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81380 | HLA Class I typing, high resolution (ie, alleles or allele g | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81381 | HLA Class I typing, high resolution (ie, alleles or allele g | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81382 | HLA Class II typing, high resolution (ie, alleles or allele | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81383 | HLA Class II typing, high resolution (ie, alleles or allele | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81400 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81401 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 2 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81403 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 4 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81406 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 7 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81410 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys D | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81411 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys D | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81412 | Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81415 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81420 | Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) ge | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81422 | Fetal chromosomal microdeletion(s) genomic sequence analysis | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81450 | Targeted genomic sequence analysis panel, hematolymphoid neo | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81455 | Targeted genomic sequence analysis panel, solid organ or hem | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81479 | Unlisted molecular pathology procedure | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analy | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81519 | Oncology (breast), mRNA, gene expression profiling by real-t | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 81528 | Oncology (colorectal) screening, quantitative real-time target and signal amplification | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88230 | Tissue culture for non-neoplastic disorders; lymphocyte | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88233 | Tissue culture for non-neoplastic disorders; skin or other s | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88235 | Tissue culture for non-neoplastic disorders; amniotic fluid | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88237 | Tissue culture for neoplastic disorders; bone marrow, blood | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88239 | Tissue culture for neoplastic disorders; solid tumor | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88240 | Cryopreservation, freezing and storage of cells, each cell l | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88241 | Thawing and expansion of frozen cells, each aliquot | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88245 | Chromosome analysis for breakage syndromes; baseline Sister | ✓ | ✓ | ✓ | ✓ | ✓ | |

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| Genetic Testing | 88248 | Chromosome analysis for breakage syndromes; baseline breakag | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88249 | Chromosome analysis for breakage syndromes; score 100 cells, | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88261 | Chromosome analysis; count 5 cells, 1 karyotype, with bandin | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88262 | Chromosome analysis; count 15-20 cells, 2 karyotypes, with b | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88263 | Chromosome analysis; count 45 cells for mosaicism, 2 karyoty | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88264 | Chromosome analysis; analyze 20-25 cells | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88267 | Chromosome analysis, amniotic fluid or chorionic villus, cou | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88269 | Chromosome analysis, in situ for amniotic fluid cells, count | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88271 | Molecular cytogenetics; DNA probe, each (eg, FISH) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88272 | Molecular cytogenetics; chromosomal in situ hybridization, a | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88273 | Molecular cytogenetics; chromosomal in situ hybridization, a | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88274 | Molecular cytogenetics; interphase in situ hybridization, an | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88275 | Molecular cytogenetics; interphase in situ hybridization, an | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88280 | Chromosome analysis; additional karyotypes, each study | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88283 | Chromosome analysis; additional specialized banding techniqu | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88285 | Chromosome analysis; additional cells counted, each study | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88289 | Chromosome analysis; additional high resolution study | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88291 | Cytogenetics and molecular cytogenetics, interpretation and | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | 88299 | Unlisted cytogenetic study | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | S3800 | Genetic testing for amyotrophic lateral sclerosis (ALS) | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | S3840 | DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2 | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | S3841 | Genetic testing for retinoblastoma | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | S3842 | Genetic testing for Von Hippel-Lindau disease | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Genetic Testing | S3846 | Genetic testing for hemoglobin E beta-thalassemia | ✓ | ✓ | ✓ | ✓ | ✓ | |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Habilitation (Community First Choice) | T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | | | | ✓ | ✓ |
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| Implantable Hearing Device (excluding batteries) | 69714 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | 69715 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | 69717 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | 69718 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | 69930 | Cochlear device implantation, with or without mastoidectomy | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8499 | Unlisted procedure for miscellaneous prosthetic services | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8614 | Cochlear device, includes all internal and external components | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8615 | Headset/headpiece for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8616 | Microphone for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8617 | Transmitting coil for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8618 | Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8627 | Cochlear implant, external speech processor, component, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8628 | Cochlear implant, external controller component, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8690 | Auditory osseointegrated device, includes all internal and external components | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8691 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8693 | Auditory osseointegrated device abutment, any length, replacement only | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | S2235 | Implantation of auditory brain stem implant | ✓ | | ✓ | ✓ | ✓ |
| Hearing Aids and Accessories | V5267 | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Home health | G0299 | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Home health | G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Home health | G0156 | Services of home health/hospice aid in home health or hospice settings, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Home Telemonitoring Services | S9110 | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month | ✓ | | ✓ | ✓ | ✓ |
| Home Telemonitoring Services | 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | ✓ | | ✓ | ✓ | ✓ |
| Home Telemonitoring Services | 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes | ✓ | | ✓ | ✓ | ✓ |
| Home Telemonitoring Services | 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP | |
| Hospital Beds and accessories | E0184 | Dry pressure mattress | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0185 | Gel or gel-like pressure pad for mattress, standard mattress length and width | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0186 | Air pressure mattress | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0187 | Water pressure mattress | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0188 | Synthetic sheepskin pad | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0189 | Lambswool sheepskin pad, any size | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0190* | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0193 | Powered air flotation bed (low air loss therapy) | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0194 | Air fluidized bed | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0196 | Gel pressure mattress | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0197 | Air pressure pad for mattress, standard mattress length and width | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0198 | Water pressure pad for mattress, standard mattress length and width | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0199 | Dry pressure pad for mattress, standard mattress length and width | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0250 | Hospital bed, fixed height, with any type side rails, with mattress- 1 purchase every 5 years; 1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0255 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress – 1 purchase every 5 years; 1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0260 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress- 1 purchase every 5 years; 1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0265 | Hospital bed, total electric (head, foot, and height adjustment s), with any type side rails, with mattress- 1 purchase every 5 years; 1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0271 | Mattress, innerspring- 1 purchase every 5 years | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0277 | Powered pressure-reducing air mattress | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0300 | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure- 1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0315 | Bed accessory: board, table, or support device, any type | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0316 | Safety enclosure frame/canopy for use with hospital bed, any type-1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0328 | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress-1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0329 | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring includes mattress-1 per month rental | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0371 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0372 | Powered air overlay for mattress, standard mattress length and width | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0373 | Nonpowered advanced pressure reducing mattress | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0910 | Trapeze bar, attached to bed, with grab bar | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0911 | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to the bed, complete with grab | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0912 | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar | ✓ | | ✓ | ✓ | ✓ | |
| Hospital Beds and accessories | E0940 | Trapeze bar, freestanding, complete with grab bar | ✓ | | ✓ | ✓ | ✓ | |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Hospital Inpatient Care | | All Inpatient admissions require authorization, excluding: | | | | | |
| | | • Observation stays at participating facilities | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | • Labor and Delivery within mandate federal timeframes (48 hours for vaginal delivery, 96 hours for Cesarean delivery) | | | | | |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Incontinence Supplies (For ages 0 - 3) | A4335 | Incontinence supply; miscellaneous | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | A4554 | Disposable underpads, all sizes | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | A5120 | Skin barrier, wipes or swabs, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4521 | Adult sized disposable incontinence product, brief/diaper, small, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4522 | Adult sized disposable incontinence product, brief/diaper, medium, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4523 | Adult sized disposable incontinence product, brief/diaper, large, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4524 | Adult sized disposable incontinence product, brief/diaper, extra large, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4525 | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4526 | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4527 | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4528 | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4529 | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4530 | Pediatric sized disposable incontinence product, brief/diaper, large size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4531 | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4532 | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4533 | Youth sized disposable incontinence product, brief/diaper, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4534 | Youth sized disposable incontinence product, protective underwear/pull-on, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4535 | Disposable liner/shield/guard/pad/undergarment, for incontinence, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4543 | Adult sized disposable incontinence product, protective brief/diaper, above extra large, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | T4544 | Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | S2235 | Implantation of auditory brain stem implant | ✓ | | ✓ | ✓ | ✓ |
| Incontinence Supplies (For ages 0 - 3) | V5267 | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Implantable Hearing Device (excluding batteries) | 69714 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | 69715 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | 69717 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| | 69718 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | 69930 | Cochlear device implantation, with or without mastoidectomy | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8499 | Unlisted procedure for miscellaneous prosthetic services | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8614 | Cochlear device, includes all internal and external components | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8615 | Headset/headpiece for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8616 | Microphone for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8617 | Transmitting coil for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8618 | Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8627 | Cochlear implant, external speech processor, component, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8628 | Cochlear implant, external controller component, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8690 | Auditory osseointegrated device, includes all internal and external components | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8691 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8693 | Auditory osseointegrated device abutment, any length, replacement only | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Implantable Hearing Device (excluding batteries) | S2235 | Implantation of auditory brain stem implant | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Mental Health Rehabilitation and Case Management | H0034 | Medication training and support, per 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Mental Health Rehabilitation and Case Management | H2012 | Behavioral health day treatment, per hour | ✓ | | ✓ | ✓ | ✓ |
| Mental Health Rehabilitation and Case Management | T1017 | Targeted case management, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Minor Home Modifications | S5165 | Home modifications; per service | | | | | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Miscellaneous DME when billed amount exceeds \$500 | E1399 | Durable medical equipment, miscellaneous | ✓ | | ✓ | ✓ | ✓ |
| Miscellaneous DME when billed amount exceeds \$500 | A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Mobility Aids | E0621 | Patient lift, sling or seat, canvas or nylon | ✓ | | ✓ | ✓ | ✓ |
| Mobility Aids | E0630 | Patient left, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s) | ✓ | | ✓ | ✓ | ✓ |
| Mobility Aids | E0635 | Patient lift, electric with seat or sling | ✓ | | ✓ | ✓ | ✓ |
| Mobility Aids | E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories | ✓ | | ✓ | ✓ | ✓ |
| Mobility Aids | E0640 | Patient lift, fixed system, includes all components/accessories | ✓ | | ✓ | ✓ | ✓ |

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| Non-Emergency Ambulance Transport | A0382 | BLS basic routine supplies | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0398 | ALS basic routine supplies | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0420 | Ambulance waiting time (ALS or BLS), one-half (1/2) hour inc | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0422 | Ambulance (ALS or BLS) oxygen and oxygen supplies, life sust | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0424 | Extra ambulance attendant, ground (ALS or BLS) or air (fixed | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0425 | Ground mileage, per statute mile | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0426 | Ambulance service, advanced life support, nonemergency trans | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0428 | Ambulance service, basic life support, nonemergency transpor | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0430 | Ambulance service, conventional air services, transport, one | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0431 | Ambulance service, conventional air services, transport, one | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0433 | Advanced life support, level 2 (ALS 2) | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0434 | Specialty care transport (SCT) | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0435 | Fixed wing air mileage, per statute mile | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0436 | Rotary wing air mileage, per statute mile | ✓ | ✓ | ✓ | ✓ | ✓ |
| Non-Emergency Ambulance Transport | A0999 | Unlisted ambulance service | ✓ | ✓ | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP | |
| Nutritional Supplements for oral nutrition and adults | B4100 | Food Thickener, Administered Orally, Per Ounce | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4103 | Enteral Formula, For Pediatrics, Used To Replace Fluids And Electrolytes | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4104 | Additive For Enteral Formula | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4105 | In-line cartridge containing digestive enzyme(s) for enteral feeding, each | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4152 | includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited Disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4155 | polymers), proteins/amino acids (e.g glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited Disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber and/or iron, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber and/or iron, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4160 | nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4161 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |
| Nutritional Supplements for oral nutrition and adults | B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited Disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, May include fiber, administered through an enteral feeding tube | ✓ | | ✓ | ✓ | ✓ | |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Oral Surgery & Medically Necessary Dental Procedures | 21076 | Impression and custom preparation; surgical obturator prosth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21079 | Impression and custom preparation; interim obturator prosth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21080 | Impression and custom preparation; definitive obturator pros | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21081 | Impression and custom preparation; mandibular resection pros | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21082 | Impression and custom preparation; palatal augmentation pros | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21083 | Impression and custom preparation; palatal lift prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21121 | Genioplasty; sliding osteotomy, single piece | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21122 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21123 | Genioplasty; sliding, augmentation with interpositional bone | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21125 | Augmentation, mandibular body or angle; prosthetic material | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21127 | Augmentation, mandibular body or angle; with bone graft, onl | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21141 | Reconstruction midface, LeFort I; single piece, segment move | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21142 | Reconstruction midface, LeFort I; 2 pieces, segment movement | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21143 | Reconstruction midface, LeFort I; 3 or more pieces, segment | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21145 | Reconstruction midface, LeFort I; single piece, segment move | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21146 | Reconstruction midface, LeFort I; 2 pieces, segment movement | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21147 | Reconstruction midface, LeFort I; 3 or more pieces, segment | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, T | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21151 | Reconstruction midface, LeFort II; any direction, requiring | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21154 | Reconstruction midface, LeFort III (extracranial), any type, | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21155 | Reconstruction midface, LeFort III (extracranial), any type, | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21159 | Reconstruction midface, LeFort III (extra and intracranial) | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | 21160 | Reconstruction midface, LeFort III (extra and intracranial) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21188 | Reconstruction midface, osteotomies (other than LeFort type) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21195 | Reconstruction of mandibular rami and/or body, sagittal spli | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21196 | Reconstruction of mandibular rami and/or body, sagittal spli | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21198 | Osteotomy, mandible, segmental; | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21199 | Osteotomy, mandible, segmental; with genioglossus advancemen | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtai | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21215 | Graft, bone; mandible (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21244 | Reconstruction of mandible, extraoral, with transosteal bone | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21245 | Reconstruction of mandible or maxilla, subperiosteal implant | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21246 | Reconstruction of mandible or maxilla, subperiosteal implant | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | 21247 | Reconstruction of mandibular condyle with bone and cartilage | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0120 | Periodic oral evaluation - established patient | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0140 | Limited oral evaluation - problem focused | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0145 | Oral evaluation for a patient under 3 years of age and couns | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0150 | Comprehensive oral evaluation - new or established patient | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0160 | Detailed and extensive oral evaluation - problem focused, by | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0170 | Re-evaluation, limited, problem-focused (established patient | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0180 | Comprehensive periodontal evaluation - new or established pa | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0210 | Intraoral, complete series (including bitewings) | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D0220 | Intraoral, periapical, first film | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0230 | Intraoral, periapical, each additional film | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0240 | Intraoral - occlusal film | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0250 | Extraoral, first film | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0270 | Bitewing, single film | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0272 | Bitewings, 2 films | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0273 | Bitewings, 3 films | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0274 | Bitewings, 4 films | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0277 | Vertical bitewings - 7 to 8 films | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0310 | Sialography | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0320 | Temporomandibular joint arthrogram, including injection | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0321 | Other temporomandibular joint films, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0322 | Tomographic survey | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0330 | Panoramic film | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0340 | Cephalometric film | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0350 | Oral/facial photographic images | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0415 | Collection of microorganisms for culture and sensitivity | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0460 | Pulp vitality tests | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0470 | Diagnostic casts | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0502 | Other oral pathology procedures, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D0999 | Unspecified diagnostic procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D1110 | Prophylaxis, adult | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D1120 | Prophylaxis, child | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D1206 | Topical fluoride varnish; therapeutic application for modera | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D1330 | Oral hygiene instruction | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D1351 | Sealant, per tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D1510 | Space maintainer, fixed unilateral | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D1520 | Space maintainer, removable unilateral | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2140 | Amalgam-one surface, primary or permanent | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2150 | Amalgam, 2 surfaces, primary or permanent | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2160 | Amalgam, 3 surfaces, primary or permanent | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2161 | Amalgam, 4 or more surfaces, primary or permanent | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2330 | Resin, one surface, anterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2331 | Resin, 2 surfaces, anterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2332 | Resin, 3 surfaces, anterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2335 | Resin, 4 or more surfaces or involving incisal angle (anteri | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2390 | Resin-based composite crown, anterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2391 | Resin-based composite - one surface, posterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2392 | Resin-based composite, 2 surfaces, posterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2393 | Resin-based composite, 3 surfaces, posterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2394 | Resin-based composite, 4 or more surfaces, posterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2510 | Inlay, metallic, one surface | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2520 | Inlay, metallic, 2 surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2530 | Inlay, metallic, 3 or more surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2542 | Onlay, metallic, 2 surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2543 | Onlay, metallic, 3 surfaces | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D2544 | Onlay, metallic, 4 or more surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2650 | Inlay, resin-based composite - one surface | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2651 | Inlay, resin-based composite, 2 surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2652 | Inlay, resin-based composite, 3 or more surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2662 | Onlay, resin-based composite, 2 surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2663 | Onlay, resin-based composite, 3 surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2664 | Onlay, resin-based composite, 4 or more surfaces | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2710 | Crown - resin-based composite (indirect) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2720 | Crown, resin with high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2721 | Crown, resin with predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2722 | Crown, resin with noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2740 | Crown, porcelain/ceramic substrate | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2750 | Crown, porcelain fused to high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2751 | Crown - porcelain fused to predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2752 | Crown, porcelain fused to noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2780 | Crown - 3/4 cast high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2781 | Crown - 3/4 cast predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2782 | Crown - 3/4 cast noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2783 | Crown - 3/4 porcelain/ceramic | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2790 | Crown, full cast high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2791 | Crown, full cast predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2792 | Crown, full cast noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2794 | Crown, titanium | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D2910 | Recement inlay, onlay or partial coverage restoration | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2915 | Recement cast or prefabricated post and core | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2920 | Recement crown | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2930 | Prefabricated stainless steel crown, primary tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2931 | Prefabricated stainless steel crown, permanent tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2932 | Prefabricated resin crown | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2933 | Prefabricated stainless steel crown with resin window | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2934 | Prefabricated esthetic coated stainless steel crown - primar | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2940 | Sedative filling | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2950 | Core buildup, including any pins | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2951 | Pin retention, per tooth, in addition to restoration | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2952 | Post and core in addition to crown, indirectly fabricated | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2953 | Each additional indirectly fabricated post - same tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2954 | Prefabricated post and core in addition to crown | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2955 | Post removal (not in conjunction with endodontic therapy) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2957 | Each additional prefabricated post - same tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2960 | Labial veneer (lamine)-chairside | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2961 | Labial veneer (resin laminate), laboratory | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2962 | Labial veneer (porcelain laminate), laboratory | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2971 | Additional procedures to construct new crown under existing | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2980 | Crown repair, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D2999 | Unspecified restorative procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3110 | Pulp cap, direct (excluding final restoration) | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D3120 | Pulp cap, indirect (excluding final restoration) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3220 | Therapeutic pulpotomy (excluding final restoration), removal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3230 | Pulpal therapy (resorbable filling), anterior, primary tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3240 | Pulpal therapy (resorbable filling), posterior, primary toot | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3310 | Endodontic therapy, anterior tooth (excluding final restorat | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3320 | Endodontic therapy, bicuspid tooth (excluding final restorat | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3330 | Endodontic therapy, molar (excluding final restoration) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3346 | Retreatment of previous root canal therapy, anterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3347 | Retreatment of previous root canal therapy, bicuspid | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3348 | Retreatment of previous root canal therapy, molar | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3351 | Apexification/recalcification, initial visit (apical closure | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3352 | Apexification/recalcification, interim medication replacemen | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3353 | Apexification/recalcification, final visit (includes complet | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3410 | Apicoectomy/periradicular surgery, anterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3410 | Apicoectomy/periradicular surgery, anterior | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3421 | Apicoectomy/periradicular surgery, bicuspid (first root) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3421 | Apicoectomy/periradicular surgery, bicuspid (first root) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3425 | Apicoectomy/periradicular surgery, molar (first root) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3425 | Apicoectomy/periradicular surgery, molar (first root) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3426 | Apicoectomy/periradicular surgery (each additional root) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3426 | Apicoectomy/periradicular surgery (each additional root) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3430 | Retrograde filling, per root | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3450 | Root amputation, per root | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D3460 | Endodontic endosseous implant | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3470 | Intentional replantation (including necessary splinting) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3910 | Surgical procedure for isolation of tooth with rubber dam | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3920 | Hemisection (including any root removal), not including root | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3950 | Canal preparation and fitting of preformed dowel or post | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D3999 | Unspecified endodontic procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4210 | Gingivectomy or gingivoplasty, 4 or more contiguous teeth or | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4211 | Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth or to | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4230 | Anatomical crown exposure, 4 or more contiguous teeth per qu | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4231 | Anatomical crown exposure, 1 to 3 teeth per quadrant | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4240 | Gingival flap procedure, including root planing, 4 or more c | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4241 | Gingival flap procedure, including root planing, 1 to 3 cont | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4245 | Apically positioned flap | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4249 | Clinical crown lengthening, hard tissue | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4260 | Osseous surgery (including flap entry and closure), 4 or mor | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4260 | Osseous surgery (including flap entry and closure), 4 or mor | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4261 | Osseous surgery (including flap entry and closure), 1 to 3 c | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4261 | Osseous surgery (including flap entry and closure), 1 to 3 c | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4266 | Guided tissue regeneration - resorbable barrier, per site | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4267 | Guided tissue regeneration, nonresorbable barrier, per site | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4270 | Pedicle soft tissue graft procedure | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4273 | Subepithelial connective tissue graft procedures, per tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4274 | Distal or proximal wedge procedure (when not performed in co | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D4275 | Soft tissue allograft | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4276 | Combined connective tissue and double pedicle graft, per too | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4320 | Provisional splinting, intracoronal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4321 | Provisional splinting, extracoronal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4341 | Periodontal scaling and root planing, 4 or more teeth per qu | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4342 | Periodontal scaling and root planing, 1 to 3 teeth, per quad | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4355 | Full mouth debridement to enable comprehensive evaluation an | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4381 | Localized delivery of antimicrobial agents via a controlled | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4910 | Periodontal maintenance | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4920 | Unscheduled dressing change (by someone other than treating | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D4999 | Unspecified periodontal procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5110 | Complete denture - maxillary | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5120 | Complete denture - mandibular | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5130 | Immediate denture - maxillary | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5140 | Immediate denture - mandibular | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5211 | Upper partial denture - resin base (including any convention | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5212 | Lower partial denture - resin base (including any convention | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5213 | Maxillary partial denture - cast metal framework with resin | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5214 | Mandibular partial denture, cast metal framework with resin | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5410 | Adjust complete denture - maxillary | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5411 | Adjust complete denture - mandibular | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5421 | Adjust partial denture - maxillary | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5422 | Adjust partial denture - mandibular | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D5520 | Replace missing or broken teeth, complete denture (each toot | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5610 | Repair resin denture base | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5630 | Repair or replace broken clasp | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5640 | Replace broken teeth, per tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5650 | Add tooth to existing partial denture | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5660 | Add clasp to existing partial denture | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5670 | Replace all teeth and acrylic on cast metal framework (maxil | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5671 | Replace all teeth and acrylic on cast metal framework (mandi | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5710 | Rebase complete maxillary denture | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5711 | Rebase complete mandibular denture | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5720 | Rebase maxillary partial denture | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5721 | Rebase mandibular partial denture | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5730 | Reline complete maxillary denture (chairside) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5731 | Reline lower complete mandibular denture (chairside) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5740 | Reline maxillary partial denture (chairside) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5741 | Reline mandibular partial denture (chairside) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5750 | Reline complete maxillary denture (laboratory) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5751 | Reline complete mandibular denture (laboratory) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5760 | Reline maxillary partial denture (laboratory) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5761 | Reline mandibular partial denture (laboratory) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5810 | Interim complete denture (maxillary) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5811 | Interim complete denture (mandibular) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5820 | Interim partial denture (maxillary) | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D5821 | Interim partial denture (mandibular) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5850 | Tissue conditioning, maxillary | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5851 | Tissue conditioning, mandibular | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5862 | Precision attachment, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5899 | Unspecified removable prosthodontic procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5911 | Facial moulage (sectional) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5912 | Facial moulage (complete) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5913 | Nasal prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5914 | Auricular prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5915 | Orbital prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5916 | Ocular prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5919 | Facial prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5922 | Nasal septal prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5923 | Ocular prosthesis, interim | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5924 | Cranial prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5925 | Facial augmentation implant prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5926 | Nasal prosthesis, replacement | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5927 | Auricular prosthesis, replacement | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5928 | Orbital prosthesis, replacement | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5929 | Facial prosthesis, replacement | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5931 | Obturator prosthesis, surgical | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5932 | Obturator prosthesis, definitive | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5933 | Obturator prosthesis, modification | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D5934 | Mandibular resection prosthesis with guide flange | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5935 | Mandibular resection prosthesis without guide flange | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5936 | Obturator/prosthesis, interim | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5937 | Trismus appliance (not for TM treatment) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5951 | Feeding aid | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5952 | Speech aid prosthesis, pediatric | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5953 | Speech aid prosthesis, adult | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5954 | Palatal augmentation prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5955 | Palatal lift prosthesis, definitive | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5958 | Palatal lift prosthesis, interim | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5959 | Palatal lift prosthesis, modification | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5960 | Speech aid prosthesis, modification | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5982 | Surgical stent | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5983 | Radiation carrier | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5984 | Radiation shield | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5985 | Radiation cone locator | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5986 | Fluoride gel carrier | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5987 | Commissure splint | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5988 | Surgical splint | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D5999 | Unspecified maxillofacial prosthesis, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6094 | Abutment supported crown - (titanium) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6210 | Pontic, cast high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6211 | Pontic, cast predominantly base metal | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D6212 | Pontic, cast noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6240 | Pontic, porcelain fused to high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6241 | Pontic, porcelain fused to predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6242 | Pontic, porcelain fused to noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6245 | Pontic - porcelain/ceramic | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6250 | Pontic, resin with high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6251 | Pontic, resin with predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6252 | Pontic, resin with noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6545 | Retainer, cast metal for resin bonded fixed prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthes | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6720 | Crown, resin with high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6721 | Crown, resin with predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6722 | Crown, resin with noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6740 | Crown - porcelain/ceramic | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6750 | Crown, porcelain fused to high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6751 | Crown, porcelain fused to predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6752 | Crown, porcelain fused to noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6780 | Crown, 3/4 cast high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6781 | Crown - 3/4 cast predominantly base metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6782 | Crown - 3/4 cast noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6783 | Crown - 3/4 porcelain/ceramic | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6790 | Crown, full cast high noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6791 | Crown, full cast predominantly base metal | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D6792 | Crown, full cast noble metal | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6920 | Connector bar | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6930 | Recement bridge | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6940 | Stress breaker | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6950 | Precision attachment | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6980 | Bridge repair, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6985 | Pediatric partial denture, fixed | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D6999 | Unspecified fixed prosthodontic procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7111 | Extraction, coronal remnants - deciduous tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7140 | Extraction, erupted tooth or exposed root (elevation and/or | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7210 | Surgical removal of erupted tooth requiring elevation of muc | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7220 | Removal of impacted tooth, soft tissue | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7230 | Removal of impacted tooth, partially bony | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7240 | Removal of impacted tooth, completely bony | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7241 | Removal of impacted tooth, completely bony, with unusual sur | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7250 | Surgical removal of residual tooth roots (cutting procedure) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7260 | Oral antral fistula closure | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7261 | Primary closure of a sinus perforation | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7270 | Tooth reimplantation and/or stabilization of accidentally ev | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7272 | Tooth transplantation (includes reimplantation from one site | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7280 | Surgical access of an unerupted tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7282 | Mobilization of erupted or malpositioned tooth to aid erupti | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7283 | Placement of device to facilitate eruption of impacted tooth | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D7285 | Biopsy of oral tissue - hard (bone, tooth) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7286 | Biopsy of oral tissue - soft | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7290 | Surgical repositioning of teeth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7310 | Alveoloplasty in conjunction with extractions, 4 or more tee | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7320 | Alveoloplasty not in conjunction with extractions, 4 or more | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7340 | Vestibuloplasty, ridge extension (second epithelialization) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7350 | Vestibuloplasty, ridge extension (including soft tissue graf | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7410 | Excision of benign lesion up to 1.25 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7411 | Excision of benign lesion greater than 1.25 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7413 | Excision of malignant lesion up to 1.25 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7414 | Excision of malignant lesion greater than 1.25 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7440 | Excision of malignant tumor, lesion diameter up to 1.25 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7441 | Excision of malignant tumor, lesion diameter greater than 1. | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7450 | Removal of benign odontogenic cyst or tumor - lesion diamete | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7451 | Removal of benign odontogenic cyst or tumor, lesion diameter | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7460 | Removal of benign nonodontogenic cyst or tumor, lesion diame | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7461 | Removal of benign nonodontogenic cyst or tumor, lesion diame | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7465 | Destruction of lesion(s) by physical or chemical methods, by | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7472 | Removal of torus palatinus | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7510 | Incision and drainage of abscess, intraoral soft tissue | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7520 | Incision and drainage of abscess, extraoral soft tissue | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7530 | Removal of foreign body from mucosa, skin, or subcutaneous a | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D7540 | Removal of reaction-producing foreign bodies, musculoskeleta | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7550 | Partial ostectomy/sequestrectomy for removal of nonvital bon | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7560 | Maxillary sinusotomy for removal of tooth fragment or foreig | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7670 | Alveolus - closed reduction, may include stabilization of te | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7820 | Closed reduction of dislocation | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7880 | Occlusal orthotic appliance | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7899 | Unspecified TMD therapy, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7910 | Suture of recent small wounds up to 5 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7911 | Complicated suture, up to 5 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7912 | Complicated suture, greater than 5 cm | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7955 | Repair of maxillofacial soft and/or hard tissue defect | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7960 | Frenulectomy (frenectomy or frenotomy), separate procedure | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7970 | Excision of hyperplastic tissue, per arch | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7971 | Excision of pericoronal gingiva | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7972 | Surgical reduction of fibrous tuberosity | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7980 | Sialolithotomy | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7983 | Closure of salivary fistula | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7997 | Appliance removal (not by dentist who placed appliance), inc | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7999 | Unspecified oral surgery procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D7999 | Unspecified oral surgery procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8050 | Interceptive orthodontic treatment of the primary dentition | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8060 | Interceptive orthodontic treatment of the transitional denti | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8080 | Comprehensive orthodontic treatment of the adolescent dentit | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D8210 | Removable appliance therapy | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8220 | Fixed appliance therapy | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8660 | Preorthodontic visit | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8670 | Periodic orthodontic treatment visit (as part of contract) | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8680 | Orthodontic retention (removal of appliances, construction a | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8690 | Orthodontic treatment (alternative billing to a contract fee | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D8999 | Unspecified orthodontic procedure, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9110 | Palliative (emergency) treatment of dental pain-minor proced | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9120 | Fixed partial denture sectioning | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9210 | Local anesthesia not in conjunction with operative or surgic | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9211 | Regional block anesthesia | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9212 | Trigeminal division block anesthesia | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9248 | Nonintravenous conscious sedation | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9310 | Consultation, diagnostic service provided by dentist or phys | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9410 | House/extended care facility call | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9420 | Hospital call | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9430 | Office visit for observation (during regularly scheduled hou | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9440 | Office visit, after regularly scheduled hours | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9610 | Therapeutic parenteral drug, single administration | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9612 | Therapeutic parenteral drugs, 2 or more administrations, dif | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9630 | Other drugs and/or medicaments, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9910 | Application of desensitizing medicament | ✓ | | ✓ | ✓ | ✓ |

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| Oral Surgery & Medically Necessary Dental Procedures | D9920 | Behavior management, by report | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9930 | Treatment of complications (postsurgical) - unusual circumst | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9950 | Occlusion analysis, mounted case | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9951 | Occlusal adjustment, limited | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9952 | Occlusal adjustment, complete | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9970 | Enamel microabrasion | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9974 | Internal bleaching - per tooth | ✓ | | ✓ | ✓ | ✓ |
| Oral Surgery & Medically Necessary Dental Procedures | D9999 | Unspecified adjunctive procedure, by report | ✓ | | ✓ | ✓ | ✓ |

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| Orthotics (custom) | L0112 | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0130 | Cervical, flexible, thermoplastic collar, molded to patient | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0150 | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece) | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0170 | Cervical, collar, molded to patient model | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0220 | Thoracic, rib belt, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0452 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0454 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0456 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0460 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0464 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0466 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0480 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0482 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | ✓ | | ✓ | ✓ | ✓ |

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| Orthotics (custom) | L0484 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0486 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0622 | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0624 | Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0626 | Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0627 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0629 | Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0630 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0631 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0632 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | | ✓ |
| Orthotics (custom) | L0633 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | | ✓ |

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| Orthotics (custom) | L0634 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0636 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0637 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0638 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0639 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0640 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0700 | Cervical-thoracic-lumbar-sacral orthosis (CTL SO), anterior-posterior-lateral control, molded to patient model, (Minerva type) | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0710 | Cervical-thoracic-lumbar-sacral orthosis (CTL SO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type) | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L0999 | Addition to spinal orthosis, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1005 | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1040 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, lumbar or lumbar rib pad | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1060 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, thoracic pad | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1080 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, outrigger | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1100 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, ring flange, plastic or leather | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1110 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1200 | Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1210 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1220 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1240 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1290 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad | ✓ | | ✓ | ✓ | ✓ |

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| Orthotics (custom) | L1300 | Other scoliosis procedure, body jacket molded to patient model | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1499 | Spinal orthosis, not otherwise specified | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1600 | Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1610 | Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1620 | Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1630 | Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1640 | Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1680 | Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1685 | Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1686 | Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1690 | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1700 | Legg Perthes orthosis, (Toronto type), custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1710 | Legg Perthes orthosis, (Newington type), custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1720 | Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1730 | Legg Perthes orthosis, (Scottish Rite type), custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1755 | Legg Perthes orthosis, (Patten bottom type), custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1810 | Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1820 | Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1832 | Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1834 | Knee orthosis (KO), without knee joint, rigid, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1840 | Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1843 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1844 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L1845 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |

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| Orthotics (custom) | L1846 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1847 | Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1860 | Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK) | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1900 | Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1904 | Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1907 | Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1920 | Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1930 | Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1932 | Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1940 | Ankle-foot orthosis (AFO), plastic or other material, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1945 | Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1950 | Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1951 | Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1960 | Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1970 | Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1980 | Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L1990 | Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2000 | Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2005 | Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2006 | Knee-ankle-foot (KAF) device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2010 | Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2020 | Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2030 | Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2034 | Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2036 | Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2037 | Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2038 | Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated | ✓ | | ✓ | ✓ | ✓ |

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| Orthotics (custom) | L2040 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2050 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2060 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2070 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2080 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2090 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2106 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2108 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2112 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2114 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2126 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2128 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2200 | Addition to lower extremity, limited ankle motion, each joint | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2210 | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2220 | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2232 | Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2250 | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2270 | Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2275 | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2280 | Addition to lower extremity, molded inner boot | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2320 | Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2330 | Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2340 | Addition to lower extremity, pretibial shell, molded to patient model | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2350 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses) | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2387 | Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2405 | Addition to knee joint, drop lock, each | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2430 | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2510 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2520 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2525 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2526 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2530 | Addition to lower extremity, thigh/weight bearing, lacer, nonmolded | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2540 | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2570 | Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L2600 | Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each | ✓ | | ✓ | ✓ | ✓ | |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Orthotics (custom) | L2620 | Addition to lower extremity, pelvic control, hip joint, heavy-duty, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2627 | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2640 | Addition to lower extremity, pelvic control, band and belt, bilateral | ✓ | | ✓ | ✓ | ✓ |
| | | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2755 | | | | | | |
| Orthotics (custom) | L2760 | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth) | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2768 | Orthotic side bar disconnect device, per bar | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2780 | Addition to lower extremity orthosis, noncorrosive finish, per bar | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2785 | Addition to lower extremity orthosis, drop lock retainer, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2795 | Addition to lower extremity orthosis, knee control, full kneecap | ✓ | | ✓ | ✓ | ✓ |
| | | Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2800 | | | | | | |
| Orthotics (custom) | L2810 | Addition to lower extremity orthosis, knee control, condylar pad | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2820 | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2830 | Addition to lower extremity orthosis, soft interface for molded plastic, above knee section | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2840 | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each | ✓ | | ✓ | ✓ | ✓ |
| | | Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L2861 | | | | | | |
| Orthotics (custom) | L2999 | Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3000 | Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each (For Podiatry) | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3001 | Foot, insert, removable, molded to patient model, Spenco, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3002 | Foot insert, removable, molded to patient model, Plastazote or equal, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3003 | Foot insert, removable, molded to patient model, silicone gel, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3010 | Foot insert, removable, molded to patient model, longitudinal arch support, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3020 | Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3040 | Foot, arch support, removable, premolded, longitudinal, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3050 | Foot, arch support, removable, premolded, metatarsal, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3060 | Foot, arch support, removable, premolded, longitudinal/metatarsal, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3203 | Orthopedic shoe, Oxford with supinator or pronator, junior | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3206 | Orthopedic shoe, hightop with supinator or pronator, child | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3207 | Orthopedic shoe, hightop with supinator or pronator, junior | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3230 | Orthopedic footwear, custom shoe, depth inlay, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3250 | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3251 | Foot, shoe molded to patient model, silicone shoe, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3252 | Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3253 | Foot, molded shoe, Plastazote (or similar), custom fitted, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3300 | Lift, elevation, heel, tapered to metatarsals, per in | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3310 | Lift, elevation, heel and sole, neoprene, per in | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3320 | Lift, elevation, heel and sole, cork, per in | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3332 | Lift, elevation, inside shoe, tapered, up to one-half in | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3334 | Lift, elevation, heel, per in | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3350 | Heel wedge | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3400 | Metatarsal bar wedge, rocker | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3540 | Orthopedic shoe addition, sole, full | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3671 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| | | | | | | | |
| Orthotics (custom) | L3674 | Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |

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| Orthotics (custom) | L3677 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3702 | Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3720 | Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3730 | Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3740 | Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3760 | Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3763 | Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3764 | Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3765 | Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3766 | Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3806 | Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3807 | Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3808 | Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3891 | Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3900 | Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3901 | Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3904 | Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3905 | Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3906 | Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3913 | Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3915 | Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3917 | Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3919 | Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Orthotics (custom) | L3921 | Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ | |

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| Orthotics (custom) | L3923 | Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3929 | Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with exp | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3933 | Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3935 | Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3961 | Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3967 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3971 | Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3973 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3975 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3976 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3977 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3978 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3980 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3984 | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3995 | Addition to upper extremity orthosis, sock, fracture or equal, each | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L3999 | Upper limb orthosis, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4020 | Replace quadrilateral socket brim, molded to patient model | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4030 | Replace quadrilateral socket brim, custom fitted | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4040 | Replace molded thigh lacer, for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4045 | Replace nonmolded thigh lacer, for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4050 | Replace molded calf lacer, for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4055 | Replace nonmolded calf lacer, for custom fabricated orthosis only | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4392 | Replacement, soft interface material, static AFO | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4396 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | ✓ | | ✓ | ✓ | ✓ |
| Orthotics (custom) | L4631 | Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Out of Network Services | | Auth required for all services rendered by Non-Participating Providers and Facilities except for: <ul style="list-style-type: none">Emergency Department ServicesFamily Planning Services (STAR/STAR Kids only)Texas Health Steps | ✓ | ✓ | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Outpatient Withdrawal Management | H0012 | Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient) | ✓ | | ✓ | ✓ | ✓ |
| Outpatient Withdrawal Management | H0016 | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) | ✓ | | ✓ | ✓ | ✓ |
| Outpatient Withdrawal Management | H0031 | Mental health assessment, by nonphysician | ✓ | | ✓ | ✓ | ✓ |
| Outpatient Withdrawal Management | H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | REV CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Partial Hospitalization (Mental health) | 0912 | Behavioral Health Treatments/Services-Extension of 090X-Part | ✓ | | ✓ | ✓ | ✓ |
| Partial Hospitalization (Mental health) | 0913 | Behavioral Health Treatments/Services-Extension of 090X-Part | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Personal Care Services or Personal Assistance (Community First Choice) | T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | | | | ✓ | ✓ |
| Personal Care Services or Personal Assistance (Community First Choice) | G0162 | Skilled services by a registered nurse (rn) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting) | | | | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| PET Scan | 78608 | Brain imaging, positron emission tomography (PET) | ✓ | | ✓ | ✓ | ✓ |
| PET Scan | 78811 | Positron emission tomography (PET) imaging | ✓ | | ✓ | ✓ | ✓ |
| PET Scan | 78812 | Positron emission tomography (PET) imaging | ✓ | | ✓ | ✓ | ✓ |
| PET Scan | 78813 | Positron emission tomography (PET) imaging | ✓ | | ✓ | ✓ | ✓ |
| PET Scan | 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging | ✓ | | ✓ | ✓ | ✓ |
| PET Scan | 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging | ✓ | | ✓ | ✓ | ✓ |
| PET Scan | 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Positive Airway Pressure Device (CPAP/BiPAP) | E0470 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | ✓ | | ✓ | ✓ | ✓ |
| Positive Airway Pressure Device (CPAP/BiPAP) | E0471 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | ✓ | | ✓ | ✓ | ✓ |
| Positive Airway Pressure Device (CPAP/BiPAP) | E0472 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) | ✓ | | ✓ | ✓ | ✓ |
| Positive Airway Pressure Device (CPAP/BiPAP) | E0561 | Humidifier, nonheated, used with positive airway pressure device | ✓ | | ✓ | ✓ | ✓ |
| Positive Airway Pressure Device (CPAP/BiPAP) | E0562 | Humidifier, heated, used with positive airway pressure device | ✓ | | ✓ | ✓ | ✓ |
| Positive Airway Pressure Device (CPAP/BiPAP) | E0601 | Continuous positive airway pressure (CPAP) device | ✓ | | ✓ | ✓ | ✓ |
| Positive Airway Pressure Device (CPAP/BiPAP) | K0730 | Controlled dose inhalation drug delivery system | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Prescribed Pediatric Extended Care Centers | T1025 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem | | | ✓ | ✓ | ✓ |
| Prescribed Pediatric Extended Care Centers | T1026 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour | | | ✓ | ✓ | ✓ |
| Prescribed Pediatric Extended Care Centers | T2002 | Non-emergency transportation; per diem | | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Private Duty Nursing in Home | T1000 | Private duty/independent nursing service(s), licensed, up to | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Prosthetics | L5000 | Partial foot, shoe insert with longitudinal arch, toe filler | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5010 | Partial foot, molded socket, ankle height, with toe filler | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5020 | Partial foot, molded socket, tibial tubercle height, with toe filler | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5050 | Ankle, Symes, molded socket, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5100 | Below knee (BK), molded socket, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5105 | Below knee (BK), plastic socket, joints and thigh lacer, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5200 | Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5210 | Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5220 | Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5230 | Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5301 | Below knee (BK), molded socket, shin, SACH foot, endoskeletal system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5312 | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5321 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5331 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5400 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5410 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5420 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5430 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5450 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5460 | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5500 | Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5505 | Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5510 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | ✓ | | ✓ | ✓ | ✓ |

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| Prosthetics | L5520 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5530 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5535 | Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5540 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5560 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5570 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5580 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5585 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5590 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5595 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5600 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5610 | Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5611 | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5613 | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5614 | Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5616 | Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5617 | Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5618 | Addition to lower extremity, test socket, Symes | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5620 | Addition to lower extremity, test socket, below knee (BK) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5622 | Addition to lower extremity, test socket, knee disarticulation | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5624 | Addition to lower extremity, test socket, above knee (AK) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5626 | Addition to lower extremity, test socket, hip disarticulation | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5628 | Addition to lower extremity, test socket, hemipelvectomy | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5629 | Addition to lower extremity, below knee, acrylic socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5630 | Addition to lower extremity, Symes type, expandable wall socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5631 | Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5632 | Addition to lower extremity, Symes type, PTB brim design socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5634 | Addition to lower extremity, Symes type, posterior opening (Canadian) socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5636 | Addition to lower extremity, Symes type, medial opening socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5637 | Addition to lower extremity, below knee (BK), total contact | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5638 | Addition to lower extremity, below knee (BK), leather socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5639 | Addition to lower extremity, below knee (BK), wood socket | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L5640 | Addition to lower extremity, knee disarticulation, leather socket | ✓ | | ✓ | ✓ | | ✓ |

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| Prosthetics | L5642 | Addition to lower extremity, above knee (AK), leather socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5644 | Addition to lower extremity, above knee (AK), wood socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5645 | Addition to lower extremity, below knee (BK), flexible inner socket, external frame | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5646 | Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5647 | Addition to lower extremity, below knee (BK), suction socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5648 | Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5649 | Addition to lower extremity, ischial containment/narrow M-L socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5650 | Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5651 | Addition to lower extremity, above knee (AK), flexible inner socket, external frame | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5652 | Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5653 | Addition to lower extremity, knee disarticulation, expandable wall socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5654 | Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5655 | Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5656 | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5658 | Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5661 | Addition to lower extremity, socket insert, multidurometer Symes | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5665 | Addition to lower extremity, socket insert, multidurometer, below knee (BK) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5666 | Addition to lower extremity, below knee (BK), cuff suspension | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5668 | Addition to lower extremity, below knee (BK), molded distal cushion | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5670 | Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5671 | Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5672 | Addition to lower extremity, below knee (BK), removable medial brim suspension | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5673 | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5676 | Additions to lower extremity, below knee (BK), knee joints, single axis, pair | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5677 | Additions to lower extremity, below knee (BK), knee joints, polycentric, pair | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5678 | Additions to lower extremity, below knee (BK), joint covers, pair | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5679 | Additions to lower extremity, below knee (BK), joint covers, pair | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5680 | Addition to lower extremity, below knee (BK), thigh lacer, nonmolded | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5681 | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5682 | Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5683 | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5684 | Addition to lower extremity, below knee, fork strap | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5685 | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5686 | Addition to lower extremity, below knee (BK), back check (extension control) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5688 | Addition to lower extremity, below knee (BK), waist belt, webbing | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5690 | Addition to lower extremity, below knee (BK), waist belt, padded and lined | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5692 | Addition to lower extremity, above knee (AK), pelvic control belt, light | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5694 | Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined | ✓ | | ✓ | ✓ | ✓ |

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| Prosthetics | L5695 | Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5696 | Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5697 | Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5698 | Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5699 | All lower extremity prostheses, shoulder harness | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5700 | Replacement, socket, below knee (BK), molded to patient model | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5701 | Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5704 | Custom shaped protective cover, below knee (BK) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5705 | Custom shaped protective cover, above knee (AK) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5706 | Custom shaped protective cover, knee disarticulation | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5707 | Custom shaped protective cover, hip disarticulation | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5710 | Addition, exoskeletal knee-shin system, single axis, manual lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5711 | Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5712 | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5714 | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5716 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5718 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5785 | Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5790 | Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5795 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5810 | Addition, endoskeletal knee-shin system, single axis, manual lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5811 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5816 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5840 | Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5845 | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability | ✓ | | ✓ | ✓ | ✓ |

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| Prosthetics | L5850 | Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5855 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5858 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5910 | Addition, endoskeletal system, below knee (BK), alignable system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5920 | Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5925 | Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5930 | Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5940 | Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5950 | Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5962 | Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5964 | Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5970 | All lower extremity prostheses, foot, external keel, SACH foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5971 | All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5972 | All lower extremity prostheses, foot, flexible keel | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5974 | All lower extremity prostheses, foot, single axis ankle/foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5975 | All lower extremity prostheses, combination single axis ankle and flexible keel foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5976 | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5978 | All lower extremity prostheses, foot, multiaxial ankle/foot | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5979 | All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5980 | All lower extremity prostheses, flex-foot system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5981 | All lower extremity prostheses, flex-walk system or equal | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5982 | All exoskeletal lower extremity prostheses, axial rotation unit | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5984 | All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5985 | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5986 | All lower extremity prostheses, multiaxial rotation unit (MCP or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5987 | All lower extremity prostheses, shank foot system with vertical loading pylon | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5990 | Addition to lower extremity prosthesis, user adjustable heel height | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L5999 | Lower extremity prosthesis, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6000 | Partial hand, thumb remaining | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6010 | Partial hand, little and/or ring finger remaining | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6020 | Partial hand, no finger remaining | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6050 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad | ✓ | | ✓ | ✓ | ✓ |

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| Prosthetics | L6055 | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6100 | Below elbow, molded socket, flexible elbow hinge, triceps pad | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6110 | Below elbow, molded socket (Muenster or Northwestern suspension types) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6120 | Below elbow, molded double wall split socket, step-up hinges, half cuff | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6130 | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6200 | Elbow disarticulation, molded socket, outside locking hinge, forearm | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6205 | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6250 | Above elbow, molded double wall socket, internal locking elbow, forearm | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6300 | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6310 | Shoulder disarticulation, passive restoration (complete prosthesis) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6320 | Shoulder disarticulation, passive restoration (shoulder cap only) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6350 | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6360 | Interscapular thoracic, passive restoration (complete prosthesis) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6370 | Interscapular thoracic, passive restoration (shoulder cap only) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6380 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6382 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6384 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6386 | Immediate postsurgical or early fitting, each additional cast change and realignment | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6388 | Immediate postsurgical or early fitting, application of rigid dressing only | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6400 | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6450 | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6500 | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6550 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6570 | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6580 | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6582 | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6584 | Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6586 | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6588 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6590 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6600 | Upper extremity additions, polycentric hinge, pair | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6605 | Upper extremity additions, single pivot hinge, pair | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6610 | Upper extremity additions, flexible metal hinge, pair | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L6611 | Addition to upper extremity prosthesis, external powered, additional switch, any type | ✓ | | ✓ | ✓ | | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Prosthetics | L6615 | Upper extremity addition, disconnect locking wrist unit | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6616 | Upper extremity addition, additional disconnect insert for locking wrist unit, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6620 | Upper extremity addition, flexion/extension wrist unit, with or without friction | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6621 | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6623 | Upper extremity addition, spring assisted rotational wrist unit with latch release | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6624 | Upper extremity addition, flexion/extension and rotation wrist unit | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6625 | Upper extremity addition, rotation wrist unit with cable lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6628 | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6630 | Upper extremity addition, stainless steel, any wrist | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6632 | Upper extremity addition, latex suspension sleeve, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6635 | Upper extremity addition, lift assist for elbow | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6637 | Upper extremity addition, nudge control elbow lock | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6640 | Upper extremity additions, shoulder abduction joint, pair | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6641 | Upper extremity addition, excursion amplifier, pulley type | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6642 | Upper extremity addition, excursion amplifier, lever type | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6645 | Upper extremity addition, shoulder flexion-abduction joint, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6647 | Upper extremity addition, shoulder lock mechanism, body powered actuator | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6650 | Upper extremity addition, shoulder universal joint, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6655 | Upper extremity addition, standard control cable, extra | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6660 | Upper extremity addition, heavy-duty control cable | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6665 | Upper extremity addition, Teflon, or equal, cable lining | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6670 | Upper extremity addition, hook to hand, cable adapter | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6672 | Upper extremity addition, harness, chest or shoulder, saddle type | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6675 | Upper extremity addition, harness, (e.g., figure of eight type), single cable design | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6676 | Upper extremity addition, harness, (e.g., figure of eight type), dual cable design | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6677 | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6680 | Upper extremity addition, test socket, wrist disarticulation or below elbow | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6682 | Upper extremity addition, test socket, elbow disarticulation or above elbow | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6684 | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6686 | Upper extremity addition, suction socket | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6688 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6689 | Upper extremity addition, frame type socket, shoulder disarticulation | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6690 | Upper extremity addition, frame type socket, interscapular-thoracic | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6691 | Upper extremity addition, removable insert, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6692 | Upper extremity addition, silicone gel insert or equal, each | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6693 | Upper extremity addition, locking elbow, forearm counterbalance | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6694 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Prosthetics | L6695 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6696 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6697 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6698 | Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6703 | Terminal device, passive hand/mitt, any material, any size | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6704 | Terminal device, sport/recreational/work attachment, any material, any size | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6706 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6707 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6708 | Terminal device, hand, mechanical, voluntary opening, any material, any size | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6709 | Terminal device, hand, mechanical, voluntary closing, any material, any size | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6711 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6712 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6713 | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6714 | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6715 | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6721 | Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6722 | Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6805 | Addition to terminal device, modifier wrist unit | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6810 | Addition to terminal device, precision pinch device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6883 | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6884 | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6885 | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6890 | Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6895 | Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6900 | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6905 | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6910 | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6915 | Hand restoration (shading and measurements included), replacement glove for above | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Prosthetics | L6920 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6930 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6940 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6950 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6960 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6970 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7007 | Electric hand, switch or myoelectric controlled, adult | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7008 | Electric hand, switch or myoelectric, controlled, pediatric | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7009 | Electric hook, switch or myoelectric controlled, adult | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7040 | Prehensile actuator, switch controlled | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7045 | Electric hook, switch or myoelectric controlled, pediatric | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7170 | Electronic elbow, Hosmer or equal, switch controlled | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7186 | Electronic elbow, child, Variety Village or equal, switch controlled | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7400 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |
| Prosthetics | L7401 | Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids | STAR Kids MDCP |
| Prosthetics | L7402 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal) | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7403 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7404 | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7405 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7499 | Upper extremity prosthesis, not otherwise specified | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7510 | Repair of prosthetic device, repair or replace minor parts | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7520 | Repair prosthetic device, labor component, per 15 minutes | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7600 | Prosthetic donning sleeve, any material, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8000 | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8001 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8002 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8010 | Breast prosthesis, mastectomy sleeve | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8015 | External breast prosthesis garment, with mastectomy form, post mastectomy | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8020 | Breast prosthesis, mastectomy form | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8030 | Breast prosthesis, silicone or equal, without integral adhesive | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8031 | Breast prosthesis, silicone or equal, with integral adhesive | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8032 | Nipple prosthesis, prefabricated, reusable, any type, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8035 | Custom breast prosthesis, post mastectomy, molded to patient model | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8039 | Breast prosthesis, not otherwise specified | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8040 | Nasal prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8041 | Midfacial prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8042 | Orbital prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8043 | Upper facial prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8044 | Hemi-facial prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8045 | Auricular prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8046 | Partial facial prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8047 | Nasal septal prosthesis, provided by a nonphysician | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8400 | Prosthetic sheath, below knee, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8410 | Prosthetic sheath, above knee, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8415 | Prosthetic sheath, upper limb, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8417 | Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8420 | Prosthetic sock, multiple ply, below knee (BK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8430 | Prosthetic sock, multiple ply, above knee (AK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8435 | Prosthetic sock, multiple ply, upper limb, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8440 | Prosthetic shrinker, below knee (BK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8460 | Prosthetic shrinker, above knee (AK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8465 | Prosthetic shrinker, upper limb, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8470 | Prosthetic sock, single ply, fitting, below knee (BK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8480 | Prosthetic sock, single ply, fitting, above knee (AK), each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8485 | Prosthetic sock, single ply, fitting, upper limb, each | ✓ | | ✓ | ✓ | | ✓ |
| Prosthetics | L8499 | Unlisted procedure for miscellaneous prosthetic services | ✓ | | ✓ | ✓ | | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Respite Care MDCP | T1005 | Out of Home Respite (facility); per 15 minutes | | | | | ✓ |
| Respite Care MDCP | T2027 | Out of home respite (non-facility) , camp setting; per 15 minutes | | | | | ✓ |
| Respite Care MDCP | H2015 | Comprehensive community support services, in home respite; per 15 minutes | | | | | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP | |
| Secretion and Mucus Clearing Devices | E0480 | Percussor, electric or pneumatic, home model | ✓ | | ✓ | ✓ | ✓ | |
| Secretion and Mucus Clearing Devices | E0481 | Intrapulmonary percussive ventilation system and related accessories | ✓ | | ✓ | ✓ | ✓ | |
| Secretion and Mucus Clearing Devices | E0482 | Cough stimulating device, alternating positive and negative airway pressure | ✓ | | ✓ | ✓ | ✓ | |
| Secretion and Mucus Clearing Devices | E0483 | High frequency chest wall oscillation system, includes all accessories and supplies, each | ✓ | | ✓ | ✓ | ✓ | |
| Secretion and Mucus Clearing Devices | E0500 | IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source | ✓ | | ✓ | ✓ | ✓ | |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Psychological Testing (PA required when billed outside the allowed hours) | 96116 | Under Neurobehavioral Status Examination | ✓ | | ✓ | ✓ | ✓ |
| Psychological Testing (PA required when billed outside the allowed hours) | 96121 | Under Neurobehavioral Status Examination | ✓ | | ✓ | ✓ | ✓ |
| Psychological Testing (PA required when billed outside the allowed hours) | 96130 | Under Psychological and Neuropsychological Testing Evaluation Services | ✓ | | ✓ | ✓ | ✓ |
| Psychological Testing (PA required when billed outside the allowed hours) | 96131 | Under Psychological and Neuropsychological Testing Evaluation Services | ✓ | | ✓ | ✓ | ✓ |
| Psychological Testing (PA required when billed outside the allowed hours) | 96132 | Under Psychological and Neuropsychological Testing Evaluation Services | ✓ | | ✓ | ✓ | ✓ |
| Psychological Testing (PA required when billed outside the allowed hours) | 96133 | Under Psychological and Neuropsychological Testing Evaluation Services | ✓ | | ✓ | ✓ | ✓ |
| Psychological Testing (PA required when billed outside the allowed hours) | 96136 | Under Psychological and Neuropsychological Test Administration and Scoring | ✓ | | ✓ | ✓ | ✓ |
| Psychological Testing (PA required when billed outside the allowed hours) | 96137 | Under Psychological and Neuropsychological Test Administration and Scoring | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Residential Treatment Facility | H2035 | Alcohol and/or other drug treatment program | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
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| Skilled Nursing Facility (SNF) | 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient, low severity | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient, moderate severity | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, high severity | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99307 | Subsequent nursing facility care, per day, for the evaluation and management of a patient; patient is stable, recovering, or improving. | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99308 | Subsequent nursing facility care, per day, for the evaluation and management of a patient; patient is responding inadequately to therapy or has developed a minor complication. | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99309 | Subsequent nursing facility care, per day, for the evaluation and management of a patient; patient has developed a significant complication or a significant new problem. | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99310 | Subsequent nursing facility care, per day, for the evaluation and management of a patient; patient may be unstable or may have developed a significant new problem requiring immediate physician attention. | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99315 | Nursing facility discharge day management; 30 minutes or less | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99316 | Nursing facility discharge day management; more than 30 minutes | ✓ | | ✓ | ✓ | ✓ |
| Skilled Nursing Facility (SNF) | 99318 | Evaluation and management of a patient involving an annual nursing facility assessment | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Sleep Studies in Children (under 18 years old) | 95782 | Polysomnography; younger than 6 years, sleep staging with 4 | ✓ | | ✓ | ✓ | ✓ |
| Sleep Studies in Children (under 18 years old) | 95783 | Polysomnography; younger than 6 years, sleep staging with 4 | ✓ | | ✓ | ✓ | ✓ |
| Sleep Studies in Children (under 18 years old) | 95805 | Multiple sleep latency or maintenance of wakefulness testing | ✓ | | ✓ | ✓ | ✓ |
| Sleep Studies in Children (under 18 years old) | 95807 | Sleep study, simultaneous recording of ventilation, respirat | ✓ | | ✓ | ✓ | ✓ |
| Sleep Studies in Children (under 18 years old) | 95808 | Polysomnography; any age, sleep staging with 1-3 additional | ✓ | | ✓ | ✓ | ✓ |
| Sleep Studies in Children (under 18 years old) | 95810 | Polysomnography; age 6 years or older, sleep staging with 4 | ✓ | | ✓ | ✓ | ✓ |
| Sleep Studies in Children (under 18 years old) | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| SPECT Scan | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed) | ✓ | | ✓ | ✓ | ✓ |
| SPECT Scan | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed) | ✓ | | ✓ | ✓ | ✓ |
| SPECT Scan | 78469 | Myocardial imaging, infarct avid, planar | ✓ | | ✓ | ✓ | ✓ |
| SPECT Scan | 78494 | Diagnostic Nuclear Medicine Procedures on the Cardiovascular System | ✓ | | ✓ | ✓ | ✓ |
| SPECT Scan | 78803 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s) | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 11970 | Replacement of tissue expander with permanent prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 11971 | Removal of tissue expander(s) without insertion of prosthesi | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19302 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19303 | Mastectomy, simple, complete | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19305 | Mastectomy, radical, including pectoral muscles, axillary ly | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19306 | Mastectomy, radical, including pectoral muscles, axillary an | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19307 | Mastectomy, modified radical, including axillary lymph nodes | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19316 | Mastopexy | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19324 | Mammaplasty, augmentation; without prosthetic implant | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19325 | Mammaplasty, augmentation; with prosthetic implant | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19340 | Immediate insertion of breast prosthesis following mastopexy | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19342 | Delayed insertion of breast prosthesis following mastopexy, | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19350 | Nipple/areola reconstruction | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19355 | Correction of inverted nipples | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19357 | Breast reconstruction, immediate or delayed, with tissue exp | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19361 | Breast reconstruction with latissimus dorsi flap, without pr | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19364 | Breast reconstruction with free flap | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19366 | Breast reconstruction with other technique | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19367 | Breast reconstruction with transverse rectus abdominis myocu | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19368 | Breast reconstruction with transverse rectus abdominis myocu | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19369 | Breast reconstruction with transverse rectus abdominis myocu | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | S2068 | Breast reconstruction with deep inferior epigastric perforat | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19370 | Open periprosthetic capsulotomy, breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19371 | Periprosthetic capsulectomy, breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19380 | Revision of reconstructed breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19499 | Unlisted procedure, breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8001 | Breast prosthesis, mastectomy bra, with integrated breast pr | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8002 | Breast prosthesis, mastectomy bra, with integrated breast pr | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8010 | Breast prosthesis, mastectomy sleeve | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8015 | External breast prosthesis garment, with mastectomy form, po | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8020 | Breast prosthesis, mastectomy form | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8030 | Breast prosthesis, silicone or equal, without integral adhes | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8031 | Breast prosthesis, silicone or equal, with integral adhesive | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8032 | Nipple prosthesis, reusable, any type, each | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8035 | Custom breast prosthesis, post mastectomy, molded to patient | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 11920 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 11921 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 11922 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19300 | Mastectomy for gynecomastia | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19328 | Removal of intact mammary implan | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19330 | Removal of mammary implant material | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19396 | Preparation of moulage for custom breast implant | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 11970 | Replacement of tissue expander with permanent prosthesis | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 11971 | Removal of tissue expander(s) without insertion of prosthesi | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19302 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19303 | Mastectomy, simple, complete | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19305 | Mastectomy, radical, including pectoral muscles, axillary ly | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19306 | Mastectomy, radical, including pectoral muscles, axillary an | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19307 | Mastectomy, modified radical, including axillary lymph nodes | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19316 | Mastopexy | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19324 | Mammaplasty, augmentation; without prosthetic implant | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19325 | Mammaplasty, augmentation; with prosthetic implant | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19340 | Immediate insertion of breast prosthesis following mastopexy | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19342 | Delayed insertion of breast prosthesis following mastopexy, | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19350 | Nipple/areola reconstruction | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19355 | Correction of inverted nipples | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19357 | Breast reconstruction, immediate or delayed, with tissue exp | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19361 | Breast reconstruction with latissimus dorsi flap, without pr | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19364 | Breast reconstruction with free flap | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19366 | Breast reconstruction with other technique | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19367 | Breast reconstruction with transverse rectus abdominis myocu | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19368 | Breast reconstruction with transverse rectus abdominis myocu | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19369 | Breast reconstruction with transverse rectus abdominis myocu | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | S2068 | Breast reconstruction with deep inferior epigastric perforat | ✓ | | ✓ | ✓ | ✓ |

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| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19370 | Open periprosthetic capsulotomy, breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19371 | Periprosthetic capsulectomy, breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19380 | Revision of reconstructed breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | 19499 | Unlisted procedure, breast | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8001 | Breast prosthesis, mastectomy bra, with integrated breast pr | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8002 | Breast prosthesis, mastectomy bra, with integrated breast pr | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8010 | Breast prosthesis, mastectomy sleeve | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8015 | External breast prosthesis garment, with mastectomy form, po | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8020 | Breast prosthesis, mastectomy form | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8030 | Breast prosthesis, silicone or equal, without integral adhes | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8031 | Breast prosthesis, silicone or equal, with integral adhesive | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8032 | Nipple prosthesis, reusable, any type, each | ✓ | | ✓ | ✓ | ✓ |
| Therapeutic and Reconstructive Breast Procedures (including breast prosthesis) | L8035 | Custom breast prosthesis, post mastectomy, molded to patient | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97012 | Application of a modality to 1 or more areas; traction, mechanical | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97016 | Application of a modality to 1 or more areas; vasopneumatic devices | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97018 | Application of a modality to 1 or more areas; paraffin bath | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97022 | Application of a modality to 1 or more areas; whirlpool | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97026 | Application of a modality to 1 or more areas; infrared | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97028 | Application of a modality to 1 or more areas; ultraviolet | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities | ✓ | | ✓ | ✓ | ✓ |

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| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97150 | Therapeutic procedure(s), group (2 or more individuals) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97535 | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97537 | Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97763 | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97799 | Unlisted physical medicine/rehabilitation service or procedure | ✓ | | ✓ | ✓ | ✓ |

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| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97012 | Application of a modality to 1 or more areas; traction, mechanical | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97016 | Application of a modality to 1 or more areas; vasopneumatic devices | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97018 | Application of a modality to 1 or more areas; paraffin bath | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97022 | Application of a modality to 1 or more areas; whirlpool | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97026 | Application of a modality to 1 or more areas; infrared | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97028 | Application of a modality to 1 or more areas; ultraviolet | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities | ✓ | | ✓ | ✓ | ✓ |

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| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97150 | Therapeutic procedure(s), group (2 or more individuals) | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97535 | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97537 | Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97763 | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier) | 97799 | Unlisted physical medicine/rehabilitation service or procedure | ✓ | | ✓ | ✓ | ✓ |

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| Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations) | 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations) | 92508 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals | ✓ | | ✓ | ✓ | ✓ |
| Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations) | 92526 | Treatment of swallowing dysfunction and/or oral function for feeding | ✓ | | ✓ | ✓ | ✓ |

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| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP |
| TMJ diagnosis and treatment | 21010 | Arthrotomy, temporomandibular joint | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21031 | Excision of torus mandibularis | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21032 | Excision of maxillary torus palatinus | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21050 | Condylectomy, temporomandibular joint (separate procedure) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21060 | Meniscectomy, partial or complete, temporomandibular joint (separate procedure) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21073 | Manipulation of temporomandibular joint(s) (TMJ), therapeuti | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21100 | Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) | | | | | |
| TMJ diagnosis and treatment | 21121 | Genioplasty; sliding osteotomy, single piece | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21122 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21125 | Augmentation, mandibular body or angle; prosthetic material | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21137 | Reduction forehead; contouring only | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21142 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21143 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21146 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21147 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21175 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) | ✓ | | ✓ | ✓ | ✓ |

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| TMJ diagnosis and treatment | 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21181 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21183 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21184 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21198 | Osteotomy, mandible, segmental; | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21199 | Osteotomy, mandible, segmental; with genioglossus advancement | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21209 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21215 | Graft, bone; mandible (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21242 | Arthroplasty, temporomandibular joint, with allograft | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21255 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21029 | Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia) | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21030 | Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage | ✓ | | ✓ | ✓ | ✓ |
| TMJ diagnosis and treatment | 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial | ✓ | | ✓ | ✓ | ✓ |

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| TMJ diagnosis and treatment | 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21263 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21270 | Malar augmentation, prosthetic material | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21275 | Secondary revision of orbitocraniofacial reconstruction | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21295 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21296 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 21299 | Unlisted craniofacial and maxillofacial procedure | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 29800 | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 29804 | Arthroscopy, temporomandibular joint, surgical | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 40840 | Vestibuloplasty; anterior | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 40842 | Vestibuloplasty; posterior, unilateral | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 40843 | Vestibuloplasty; posterior, bilateral | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 40844 | Vestibuloplasty; entire arch | ✓ | | ✓ | ✓ | ✓ | |
| TMJ diagnosis and treatment | 40845 | Vestibuloplasty; complex (including ridge extension, muscle repositioning) | ✓ | | ✓ | ✓ | ✓ | |

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| Transition Assistance | T2038 | Community transition, waiver; per service | | | | | ✓ |

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| Transplants including Solid Organ and Bone Marrow | 38205 | Blood-derived hematopoietic progenitor cell harvesting for t | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 38206 | Blood-derived hematopoietic progenitor cell harvesting for t | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 38230 | Bone marrow harvesting for transplantation; allogeneic | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 38240 | Hematopoietic progenitor cell (HPC); allogeneic transplantat | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 38241 | Hematopoietic progenitor cell (HPC); autologous transplantat | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 38242 | Allogeneic lymphocyte infusions | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 38243 | Hematopoietic progenitor cell (HPC); HPC boost | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44132 | Donor enterectomy (including cold preservation), open; from | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44133 | Donor enterectomy (including cold preservation), open; parti | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44135 | Intestinal allotransplantation; from cadaver donor | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44136 | Intestinal allotransplantation; from living donor | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44137 | Removal of transplanted intestinal allograft, complete | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44715 | Backbench standard preparation of cadaver or living donor in | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44720 | Backbench reconstruction of cadaver or living donor intestin | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 44721 | Backbench reconstruction of cadaver or living donor intestin | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47133 | Donor hepatectomy (including cold preservation), from cadave | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47135 | Liver allotransplantation, orthotopic, partial or whole, fro | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47140 | Donor hepatectomy (including cold preservation), from living | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47141 | Donor hepatectomy (including cold preservation), from living | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47142 | Donor hepatectomy (including cold preservation), from living | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47143 | Backbench standard preparation of cadaver donor whole liver | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47144 | Backbench standard preparation of cadaver donor whole liver | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47145 | Backbench standard preparation of cadaver donor whole liver | ✓ | | ✓ | ✓ | ✓ | |

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| Transplants including Solid Organ and Bone Marrow | 47146 | Backbench reconstruction of cadaver or living donor liver gr | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 47147 | Backbench reconstruction of cadaver or living donor liver gr | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 48160 | Pancreatectomy, total or subtotal, with autologous transplan | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 48550 | Donor pancreatectomy (including cold preservation), with or | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 48551 | Backbench standard preparation of cadaver donor pancreas all | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 48552 | Backbench reconstruction of cadaver donor pancreas allograft | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 48554 | Transplantation of pancreatic allograft | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 48556 | Removal of transplanted pancreatic allograft | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50300 | Donor nephrectomy (including cold preservation); from cadave | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50320 | Donor nephrectomy (including cold preservation); open, from | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50323 | Backbench standard preparation of cadaver donor renal allogr | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50325 | Backbench standard preparation of living donor renal allogra | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50327 | Backbench reconstruction of cadaver or living donor renal al | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50328 | Backbench reconstruction of cadaver or living donor renal al | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50329 | Backbench reconstruction of cadaver or living donor renal al | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50340 | Recipient nephrectomy (separate procedure) | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50360 | Renal allotransplantation, implantation of graft; without re | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50365 | Renal allotransplantation, implantation of graft; with recip | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50370 | Removal of transplanted renal allograft | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50380 | Renal autotransplantation, reimplantation of kidney | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 50547 | Laparoscopy, surgical; donor nephrectomy (including cold pre | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | S2053 | Transplantation of small intestine and liver allografts | ✓ | | ✓ | ✓ | ✓ | |
| Transplants including Solid Organ and Bone Marrow | 32851 | Lung transplant, single; without cardiopulmonary bypass | ✓ | | ✓ | ✓ | ✓ | |

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| Transplants including Solid Organ and Bone Marrow | 32852 | Lung transplant, single; with cardiopulmonary bypass | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | 32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | 32854 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | 33945 | Heart transplant, with or without recipient cardiectomy | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | 38232 | Bone marrow harvesting for transplantation; autologous | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2054 | Transplantation of multivisceral organs | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2055 | Harvesting of donor multivisceral organs, with preparation a | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2060 | Lobar lung transplantation | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2061 | Donor lobectomy (lung) for transplantation, living donor | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2065 | Simultaneous pancreas kidney transplantation | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2140 | Cord blood harvesting for transplantation, allogeneic | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2142 | Cord blood-derived stem-cell transplantation, allogeneic | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2150 | Bone marrow or blood-derived stem cells (peripheral or umbil | ✓ | | ✓ | ✓ | ✓ |
| Transplants including Solid Organ and Bone Marrow | S2152 | Solid organ(s), complete or segmental, single organ or combi | ✓ | | ✓ | ✓ | ✓ |

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| Wheelchair and Accessories | E0190 | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0942 | Cervical head harness/ halter | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0944 | Pelvic belt/harness/ boot | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0945 | Extremity belt/harness | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0950 | Wheelchair accessory, tray, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0951 | Heel loop/holder, any type, with or without ankle strap, eac | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0952 | Toe loop/holder, any type, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0953 | Wheelchair accessory, lateral thigh or knee suppor | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0954 | Wheelchair accessory, foot box, any type, includes | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0955 | Wheelchair accessory, headrest, cushioned, any type, includi | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0956 | Wheelchair accessory, lateral trunk or hip support, any type | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0957 | Wheelchair accessory, medial thigh support, any type, includ | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0958 | Manual wheelchair accessory, one-arm drive attachment, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0959 | Manual wheelchair accessory, adapter for amputee, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0960 | Wheelchair accessory, shoulder harness/straps or chest strap | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0961 | Manual wheelchair accessory, wheel lock brake extension (han | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0967 | Manual wheelchair accessory, hand rim with projections, any | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0969 | Narrowing device, wheelchair | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0970 | No. 2 footplates, except for elevating legrest | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0971 | Manual wheelchair accessory, antitipping device, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0973 | Wheelchair accessory, adjustable height, detachable armrest, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0974 | Manual wheelchair accessory, antirollback device, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0978 | Wheelchair accessory, positioning belt/safety belt/pelvic st | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0980 | Safety vest, wheelchair | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0981 | Wheelchair accessory, seat upholstery, replacement only, eac | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0982 | Wheelchair accessory, back upholstery, replacement only, eac | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0990 | Wheelchair accessory, elevating legrest, complete assembly, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0992 | Manual wheelchair accessory, solid seat insert | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0994 | Armrest, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E0995 | Wheelchair accessory, calf rest/pad, replacement only, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1002 | Wheelchair accessory, power seating system, tilt only | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1003 | Wheelchair accessory, power seating system, recline only, wi | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1004 | Wheelchair accessory, power seating system, recline only, wi | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1005 | Wheelchair accessory, power seating system, recline only, wi | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1006 | Wheelchair accessory, power seating system, combination tilt | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1007 | Wheelchair accessory, power seating system, combination tilt | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1008 | Wheelchair accessory, power seating system, combination tilt | ✓ | | ✓ | ✓ | ✓ | |

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| Wheelchair and Accessories | E1009 | Wheelchair accessory, addition to power seating system, mech | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1010 | Wheelchair accessory, addition to power seating system, powe | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1011 | Modification to pediatric size wheelchair, width adjustment | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1014 | Reclining back, addition to pediatric size wheelchair | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1015 | Shock absorber for manual wheelchair, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1016 | Shock absorber for power wheelchair, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1017 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1018 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1020 | Residual limb support system for wheelchair, any type | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1028 | Wheelchair accessory, manual swingaway, retractable or remov | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1029 | Wheelchair accessory, ventilator tray, fixed | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1050 | Fully-reclining wheelchair, fixed full-length arms, swing-aw | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1060 | Fully-reclining wheelchair, detachable arms, desk or full-le | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1070 | Fully-reclining wheelchair, detachable arms (desk or full-le | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1100 | Semi-reclining wheelchair, fixed full-length arms, swing-awa | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1110 | Semi-reclining wheelchair, detachable arms (desk or full-len | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1140 | Wheelchair, detachable arms, desk or full-length, swing-away | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1161 | Manual adult size wheelchair, includes tilt in space | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1220 | Wheelchair; specially sized or constructed, (indicate brand | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1225 | Wheelchair accessory, manual semi-reclining back, (recline g | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1226 | Wheelchair accessory, manual fully reclining back, (recline | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1229 | Wheelchair, pediatric size, not otherwise specified | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1230 | Power operated vehicle (3- or 4-wheel nonhighway), specify b | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1231 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1232 | Wheelchair, pediatric size, tilt-in-space, folding, adjustab | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustab | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1235 | Wheelchair, pediatric size, rigid, adjustable, with seating | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1236 | Wheelchair, pediatric size, folding, adjustable, with seatin | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1237 | Wheelchair, pediatric size, rigid, adjustable, without seati | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1238 | Wheelchair, pediatric size, folding, adjustable, without sea | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E1239 | Power wheelchair, pediatric size, not otherwise specified | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2201 | Manual wheelchair accessory, nonstandard seat frame, width g | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2202 | Manual wheelchair accessory, nonstandard seat frame width, 2 | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2203 | Manual wheelchair accessory, nonstandard seat frame depth, 2 | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2204 | Manual wheelchair accessory, nonstandard seat frame depth, 2 | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2205 | Manual wheelchair accessory, handrim without projections (in | ✓ | | ✓ | ✓ | ✓ | |

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| Wheelchair and Accessories | E2206 | Manual wheelchair accessory, wheel lock assembly, complete, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2207 | Wheelchair accessory, crutch and cane holder, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2208 | Wheelchair accessory, cylinder tank carrier, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2209 | Accessory, arm trough, with or without hand support, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2210 | Wheelchair accessory, bearings, any type, replacement only, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2211 | Manual wheelchair accessory, pneumatic propulsion tire, any | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2212 | Manual wheelchair accessory, tube for pneumatic propulsion t | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2213 | Manual wheelchair accessory, insert for pneumatic propulsion | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2214 | Manual wheelchair accessory, pneumatic caster tire, any size | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2215 | Manual wheelchair accessory, tube for pneumatic caster tire, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2216 | Manual wheelchair accessory, foam filled propulsion tire, an | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2217 | Manual wheelchair accessory, foam filled caster tire, any si | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2218 | Manual wheelchair accessory, foam propulsion tire, any size, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2219 | Manual wheelchair accessory, foam caster tire, any size, eac | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2220 | Manual wheelchair accessory, solid (rubber/plastic) propulsi | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2221 | Manual wheelchair accessory, solid (rubber/plastic) caster t | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2222 | Manual wheelchair accessory, solid (rubber/plastic) caster t | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2224 | Manual wheelchair accessory, propulsion wheel excludes tire, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2225 | Manual wheelchair accessory, caster wheel excludes tire, any | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2226 | Manual wheelchair accessory, caster fork, any size, replacem | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2227 | Manual Wheelchair Accessoru Gear Reduction Drive Wheel, each | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2228 | Manual wheelchair accessory, wheel braking system and lock, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2291 | Back, planar, for pediatric size wheelchair including fixed | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2292 | Seat, planar, for pediatric size wheelchair including fixed | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2293 | Back, contoured, for pediatric size wheelchair including fix | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2294 | Seat, contoured, for pediatric size wheelchair including fix | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2300 | Wheelchair accessory, power seat elevation system, any type | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2310 | Power wheelchair accessory, electronic connection between wh | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2311 | Power wheelchair accessory, electronic connection between wh | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2312 | Power wheelchair accessory, hand or chin control interface, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2313 | Power wheelchair accessory, harness for upgrade to expandabl | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2321 | Power wheelchair accessory, hand control interface, remote j | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2323 | Power wheelchair accessory, specialty joystick handle for ha | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2324 | Power wheelchair accessory, chin cup for chin control interf | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2325 | Power wheelchair accessory, sip and puff interface, nonpropo | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2326 | Power wheelchair accessory, breath tube kit for sip and puff | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | E2327 | Power wheelchair accessory, head control interface, mechanic | ✓ | | ✓ | ✓ | ✓ | |

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| Wheelchair and Accessories | E2328 | Power wheelchair accessory, head control or extremity contro | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2329 | Power wheelchair accessory, head control interface, contact | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2330 | Power wheelchair accessory, head control interface, proximit | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2340 | Power wheelchair accessory, nonstandard seat frame width, 20 | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2341 | Power wheelchair accessory, nonstandard seat frame width, 24 | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2342 | Power wheelchair accessory, nonstandard seat frame depth, 20 | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2343 | Power wheelchair accessory, nonstandard seat frame depth, 22 | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2351 | Power wheelchair accessory, electronic interface to operate | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2359 | Power wheelchair accessory, group 34 sealed lead acid batter | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2361 | Power wheelchair accessory, 22 NF sealed lead acid battery, | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2363 | Power wheelchair accessory, group 24 sealed lead acid batter | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2366 | Power wheelchair accessory, battery charger, single mode, fo | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2368 | Power wheelchair component, drive wheel motor, replacement o | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2369 | Power wheelchair component, drive wheel gear box, replacemen | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2370 | Power wheelchair component, integrated drive wheel motor and | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2371 | Power wheelchair accessory, group 27 sealed lead acid batter | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2373 | Power wheelchair accessory, hand or chin control interface, | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2374 | Power wheelchair accessory, hand or chin control interface, | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2375 | Power wheelchair accessory, nonexpandable controller, includ | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2376 | Power wheelchair accessory, expandable controller, including | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2377 | Power wheelchair accessory, expandable controller, including | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2378 | Power wheelchair component, actuator, replacement only | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2381 | Power wheelchair accessory, pneumatic drive wheel tire, any | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2382 | Power wheelchair accessory, tube for pneumatic drive wheel t | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2383 | Power wheelchair accessory, insert for pneumatic drive wheel | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2384 | Power wheelchair accessory, pneumatic caster tire, any size, | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2385 | Power wheelchair accessory, tube for pneumatic caster tire, | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2386 | Power wheelchair accessory, foam filled drive wheel tire, an | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2387 | Power wheelchair accessory, foam filled caster tire, any siz | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2388 | Power wheelchair accessory, foam drive wheel tire, any size, | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2389 | Power wheelchair accessory, foam caster tire, any size, repl | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2390 | Power wheelchair accessory, solid (rubber/plastic) drive whe | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2391 | Power wheelchair accessory, solid (rubber/plastic) caster ti | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2392 | Power wheelchair accessory, solid (rubber/plastic) caster ti | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2394 | Power wheelchair accessory, drive wheel excludes tire, any s | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2395 | Power wheelchair accessory, caster wheel excludes tire, any | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2396 | Power wheelchair accessory, caster fork, any size, replaceme | ✓ | | ✓ | ✓ | | ✓ |

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| Wheelchair and Accessories | E2398 | Wheelchair accessory, dynamic positioning hardware for back | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2601 | General use wheelchair seat cushion, width less than 22 in, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2602 | General use wheelchair seat cushion, width 22 in or greater, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2603 | Skin protection wheelchair seat cushion, width less than 22 in, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2604 | Skin protection wheelchair seat cushion, width 22 in or greater, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2605 | Positioning wheelchair seat cushion, width less than 22 in, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2606 | Positioning wheelchair seat cushion, width 22 in or greater, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2607 | Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2608 | Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2609 | Custom fabricated wheelchair seat cushion, any size | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2611 | General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2612 | General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2613 | Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2614 | Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2615 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2616 | Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2617 | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2619 | Replacement cover for wheelchair seat cushion or back cushion, each | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2620 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2622 | Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2623 | Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2624 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | E2625 | Skin protection and positioning wheelchair seat cushion, adj | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0001 | Standard wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0002 | Standard hemi (low seat) wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0003 | Lightweight wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0004 | High strength, lightweight wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0005 | Ultralightweight wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0006 | Heavy-duty wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0007 | Extra heavy-duty wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0009 | Other manual wheelchair/base | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0010 | Standard-weight frame motorized/power wheelchair | ✓ | | ✓ | ✓ | | ✓ |
| Wheelchair and Accessories | K0011 | Standard-weight frame motorized/power wheelchair with progra | ✓ | | ✓ | ✓ | | ✓ |

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| Wheelchair and Accessories | K0012 | Lightweight portable motorized/power wheelchair | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0013 | Custom motorized/power wheelchair base | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0015 | Detachable, nonadjustable height armrest, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0017 | Detachable, adjustable height armrest, base, replacement onl | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0018 | Detachable, adjustable height armrest, upper portion, replac | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0019 | Arm pad, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0020 | Fixed, adjustable height armrest, pair | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0037 | High mount flip-up footrest, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0038 | Leg strap, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0039 | Leg strap, H style, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0040 | Adjustable angle footplate, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0041 | Large size footplate, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0042 | Standard size footplate, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0043 | Footrest, lower extension tube, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0044 | Footrest, upper hanger bracket, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0045 | Footrest, complete assembly, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0046 | Elevating legrest, lower extension tube, replacement only, e | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0047 | Elevating legrest, upper hanger bracket, replacement only, e | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0050 | Ratchet assembly, replacement only | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0051 | Cam release assembly, footrest or legrest, replacement only, | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0052 | Swingaway, detachable footrests, replacement only, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0053 | Elevating footrests, articulating (telescoping), each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0056 | Seat height less than 17 in or equal to or greater than 21 i | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0065 | Spoke protectors, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0069 | Rear wheel assembly, complete, with solid tire, spokes or mo | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0070 | Rear wheel assembly, complete, with pneumatic tire, spokes o | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0071 | Front caster assembly, complete, with pneumatic tire, replac | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0072 | Front caster assembly, complete, with semipneumatic tire, re | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0073 | Caster pin lock, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0077 | Front caster assembly, complete, with solid tire, replacemen | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0098 | Drive belt for power wheelchair, replacement only | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0105 | IV hanger, each | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0108 | Wheelchair component or accessory, not otherwise specified | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0195 | Elevating legrests, pair (for use with capped rental wheelch | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0669 | Wheelchair accessory, wheelchair seat or back cushion, does | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0733 | Power wheelchair accessory, 12 to 24 amp hour sealed lead ac | ✓ | | ✓ | ✓ | ✓ |
| Wheelchair and Accessories | K0800 | Power operated vehicle, group 1 standard, patient weight cap | ✓ | | ✓ | ✓ | ✓ |

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| Wheelchair and Accessories | K0801 | Power operated vehicle, group 1 heavy-duty, patient weight c | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0802 | Power operated vehicle, group 1 very heavy-duty, patient wei | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0813 | Power wheelchair, group 1 standard, portable, sling/solid se | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0814 | Power wheelchair, group 1 standard, portable, captain's chai | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0815 | Power wheelchair, group 1 standard, sling/solid seat and bac | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0816 | Power wheelchair, group 1 standard, captain's chair, patient | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0820 | Power wheelchair, group 2 standard, portable, sling/solid se | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0821 | Power wheelchair, group 2 standard, portable, captain's chai | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, p | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0823 | Power wheelchair, group 2 standard, captain's chair, patient | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0824 | Power wheelchair, group 2 heavy-duty, sling/solid seat/back, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0825 | Power wheelchair, group 2 heavy-duty, captain's chair, patie | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0826 | Power wheelchair, group 2 very heavy-duty, sling/solid seat/ | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0827 | Power wheelchair, group 2 very heavy-duty, captain's chair, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0828 | Power wheelchair, group 2 extra heavy-duty, sling/solid seat | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0829 | Power wheelchair, group 2 extra heavy-duty, captain's chair, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0835 | Power wheelchair, group 2 standard, single power option, sli | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0836 | Power wheelchair, group 2 standard, single power option, cap | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0837 | Power wheelchair, group 2 heavy-duty, single power option, s | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0838 | Power wheelchair, group 2 heavy-duty, single power option, c | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0839 | Power wheelchair, group 2 very heavy-duty, single power opti | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0840 | Power wheelchair, group 2 extra heavy-duty, single power opt | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0841 | Power wheelchair, group 2 standard, multiple power option, s | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0842 | Power wheelchair, group 2 standard, multiple power option, c | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0843 | Power wheelchair, group 2 heavy-duty, multiple power option, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, p | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0849 | Power wheelchair, group 3 standard, captain's chair, patient | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0850 | Power wheelchair, group 3 heavy-duty, sling/solid seat/back, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0851 | Power wheelchair, group 3 heavy-duty, captain's chair, patie | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0852 | Power wheelchair, group 3 very heavy-duty, sling/solid seat/ | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0853 | Power wheelchair, group 3 very heavy-duty, captain's chair, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0854 | Power wheelchair, group 3 extra heavy-duty, sling/solid seat | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0855 | Power wheelchair, group 3 extra heavy-duty, captain's chair, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0856 | Power wheelchair, group 3 standard, single power option, sli | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0857 | Power wheelchair, group 3 standard, single power option, cap | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0858 | Power wheelchair, group 3 heavy-duty, single power option, s | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0859 | Power wheelchair, group 3 heavy-duty, single power option, c | ✓ | | ✓ | ✓ | ✓ | |

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|----------------------------|-------|--|------|------------------|------|-----------|-------------------|--|
| BENEFIT CATEGORY | CODE | CODE DESCRIPTION | CHIP | CHIP Perinate | STAR | STAR Kids | STAR Kids MDCP | |
| Wheelchair and Accessories | K0860 | Power wheelchair, group 3 very heavy-duty, single power opti | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0861 | Power wheelchair, group 3 standard, multiple power option, s | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0862 | Power wheelchair, group 3 heavy-duty, multiple power option, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0863 | Power wheelchair, group 3 very heavy-duty, multiple power op | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0864 | Power wheelchair, group 3 extra heavy-duty, multiple power o | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0868 | Power wheelchair, group 4 standard, sling/solid seat/back, p | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0869 | Power wheelchair, group 4 standard, captain's chair, patient | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0870 | Power wheelchair, group 4 heavy-duty, sling/solid seat/back, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0871 | Power wheelchair, group 4 very heavy-duty, sling/solid seat/ | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0877 | Power wheelchair, group 4 standard, single power option, sli | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0878 | Power wheelchair, group 4 standard, single power option, cap | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0879 | Power wheelchair, group 4 heavy-duty, single power option, s | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0880 | Power wheelchair, group 4 very heavy-duty, single power opti | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0884 | Power wheelchair, group 4 standard, multiple power option, s | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0885 | Power wheelchair, group 4 standard, multiple power option, c | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0886 | Power wheelchair, group 4 heavy-duty, multiple power option, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0890 | Power wheelchair, group 5 pediatric, single power option, sl | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0891 | Power wheelchair, group 5 pediatric, multiple power option, | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0898 | Power wheelchair, not otherwise classified | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria | ✓ | | ✓ | ✓ | ✓ | |
| Wheelchair and Accessories | K0900 | Customized durable medical equipment, other than wheelchair | ✓ | | ✓ | ✓ | ✓ | |