

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

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)

Home Health

Home Telemonitoring Services

Hospital Beds and accessories

Hospital grade Blood Pressure Monitors for home use

Hospital Inpatient Care

Implantable Hearing Device (excluding batteries)

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BENEFIT CATEGORIES

Magnetoencephalography

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)

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

Skilled Nursing Facility

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

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; revision of adjustable gastric restrictive device component only			✓	✓	✓
Bariatric Surgery	43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only			✓	✓	✓
Bariatric Surgery	43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only			✓	✓	✓
Bariatric Surgery	43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components			✓	✓	✓
Bariatric Surgery	43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)			✓	✓	✓
Bariatric Surgery	43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty			✓	✓	✓
Bariatric Surgery	43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty			✓	✓	✓
Bariatric Surgery	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (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			✓	✓	✓
Bariatric Surgery	43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption			✓	✓	✓
Bariatric Surgery	43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)			✓	✓	✓
Bariatric Surgery	43886	Gastric restrictive procedure, open; revision of subcutaneous port component only			✓	✓	✓
Bariatric Surgery	43887	Gastric restrictive procedure, open; removal of subcutaneous port component only			✓	✓	✓
Bariatric Surgery	43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only			✓	✓	✓

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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	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Clinical criteria used in decision making for Clinician Administered Drugs can be found at: http://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2_Outpatient_Drug%2F2_Outpatient_Drug.htm							
Clinician Administered Drugs	90379	Synagis (seasonal only)	Submit per pharmacy benefits				
Clinician Administered Drugs	A9513	Injection, Lutetium lu 177 dotatate (Lutathera)	✓		✓	✓	✓
Clinician Administered Drugs	J0222	Injection, patisiran, 0.1 mg (Onpattro)	✓		✓	✓	✓
Clinician Administered Drugs	J0567	Injection, cerliponase alfa, 1 mg (Brineura)	✓		✓	✓	✓
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, 5 mg (Adakveo)	✓		✓	✓	✓
Clinician Administered Drugs	J0896	Injection, luspatercept-aamt, 0.25 mg (Reblozyl)	✓		✓	✓	✓
Clinician Administered Drugs	J1301	Injection, edaravone, 1 mg (Radicalva)	✓		✓	✓	✓
Clinician Administered Drugs	J1428	Injection, eteplirsen, 10 mg (Exondys 51)	✓		✓	✓	✓
Clinician Administered Drugs	J1429	Injection, golodirsen (Vyondys 53)	✓		✓	✓	✓
Clinician Administered Drugs	J1632	Injection, brexanolone, 1 mg (Zulresso)	✓		✓	✓	✓
Clinician Administered Drugs	J1726	Injection, hydroxyprogesterone caproate, 10 mg (Makena)	✓		✓	✓	✓
Clinician Administered Drugs	J1729	Injection, hydroxyprogesterone caproate, not otherwise specified	✓	✓	✓	✓	✓
Clinician Administered Drugs	J2182	Injection, mepolizumab, 1 mg (Nucala)	✓	✓	✓	✓	✓
Clinician Administered Drugs	J2326	Injection, nusinersen, 0.1 mg (Spinraza)	✓		✓	✓	✓
Clinician Administered Drugs	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (Luxturna)	✓		✓	✓	✓
Clinician Administered Drugs	J3399	Injection, onasemnogene abeparvovec-xioi (Zolgensma)	✓		✓	✓	✓
Clinician Administered Drugs	J3490	Unclassified drugs	✓		✓	✓	✓
Clinician Administered Drugs	J3590	Unclassified drugs - biologics	✓		✓	✓	✓
Clinician Administered Drugs	J9204	Injection, mogamulizumab-kpkc, 1 mg (Poteligeo)	✓		✓	✓	✓
Clinician Administered Drugs	J9210	Injection, emapalumab-lzsg, 1 mg (Gamifant)	✓		✓	✓	✓
Clinician Administered Drugs	J9229	Injection, inotuzumab ozogamicin, 0.1 mg (Besponsa)	✓		✓	✓	✓
Clinician Administered Drugs	J9269	Injection, tagraxofusp-erzs, 10 mcg (Elzonris)	✓		✓	✓	✓
Clinician Administered Drugs	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg (Lumoxiti)	✓		✓	✓	✓
Clinician Administered Drugs	J9999	Unclassified drug - antineoplastic	✓		✓	✓	✓
Clinician Administered Drugs	Q2041	Axicabtagene Ciloleucel (Yescarta)	✓		✓	✓	✓
Clinician Administered Drugs	Q2042	Tisagenlecleucel (Kymriah)	✓		✓	✓	✓

* A prior authorization is only required when procedure codes are not billed with one of the allowable diagnosis codes. (J0585, J0586, J0587, J0588)

Additional info regarding this can be found on the provider website:

<http://www.thecheckup.org/2020/09/29/provider-alert-prior-authorization-update-for-botulinum-toxin-benefits-with-diagnosis-restriction/>

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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	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	✓		✓	✓	✓
Cosmetic Surgery	15781	Dermabrasion; segmental, face	✓		✓	✓	✓
Cosmetic Surgery	15782	Dermabrasion; regional, other than face	✓		✓	✓	✓
Cosmetic Surgery	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	✓		✓	✓	✓
Cosmetic Surgery	15788	Chemical peel, facial; epidermal	✓		✓	✓	✓
Cosmetic Surgery	15789	Chemical peel, facial; dermal	✓		✓	✓	✓
Cosmetic Surgery	15792	Chemical peel, nonfacial; epidermal	✓		✓	✓	✓
Cosmetic Surgery	15793	Chemical peel, nonfacial; dermal	✓		✓	✓	✓
Cosmetic Surgery	15820	Blepharoplasty, lower eyelid;	✓		✓	✓	✓
Cosmetic Surgery	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	✓		✓	✓	✓
Cosmetic Surgery	15822	Blepharoplasty, upper eyelid;	✓		✓	✓	✓
Cosmetic Surgery	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	✓		✓	✓	✓
Cosmetic Surgery	15824	Rhytidectomy; forehead	✓		✓	✓	✓
Cosmetic Surgery	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	✓		✓	✓	✓
Cosmetic Surgery	15826	Rhytidectomy; glabellar frown lines	✓		✓	✓	✓
Cosmetic Surgery	15828	Rhytidectomy; cheek, chin, and neck	✓		✓	✓	✓
Cosmetic Surgery	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	✓		✓	✓	✓
Cosmetic Surgery	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	✓		✓	✓	✓
Cosmetic Surgery	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	✓		✓	✓	✓
Cosmetic Surgery	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	✓		✓	✓	✓
Cosmetic Surgery	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	✓		✓	✓	✓
Cosmetic Surgery	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	✓		✓	✓	✓
Cosmetic Surgery	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	✓		✓	✓	✓
Cosmetic Surgery	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	✓		✓	✓	✓
Cosmetic Surgery	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	✓		✓	✓	✓
Cosmetic Surgery	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	✓		✓	✓	✓
Cosmetic Surgery	15876	Suction assisted lipectomy; head and neck	✓		✓	✓	✓
Cosmetic Surgery	15877	Suction assisted lipectomy; trunk	✓		✓	✓	✓
Cosmetic Surgery	15878	Suction assisted lipectomy; upper extremity	✓		✓	✓	✓
Cosmetic Surgery	15879	Suction assisted lipectomy; lower extremity	✓		✓	✓	✓
Cosmetic Surgery	17380	Electrolysis epilation, each 30 minutes	✓		✓	✓	✓
Cosmetic Surgery	19300	Mastectomy for gynecomastia	✓		✓	✓	✓
Cosmetic Surgery	19316	Mastopexy	✓		✓	✓	✓
Cosmetic Surgery	19318	Reduction mammoplasty	✓		✓	✓	✓
Cosmetic Surgery	19328	Removal of intact mammary implant	✓		✓	✓	✓
Cosmetic Surgery	19330	Removal of mammary implant material	✓		✓	✓	✓
Cosmetic Surgery	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	✓		✓	✓	✓

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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 elevation of nasal tip	✓		✓	✓	✓
Cosmetic Surgery	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	✓		✓	✓	✓
Cosmetic Surgery	30420	Rhinoplasty, primary; including major septal repair	✓		✓	✓	✓
Cosmetic Surgery	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	✓		✓	✓	✓
Cosmetic Surgery	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	✓		✓	✓	✓
Cosmetic Surgery	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	✓		✓	✓	✓
Cosmetic Surgery	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	✓		✓	✓	✓
Cosmetic Surgery	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	✓		✓	✓	✓
Cosmetic Surgery	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	✓		✓	✓	✓
Cosmetic Surgery	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	✓		✓	✓	✓
Cosmetic Surgery	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	✓		✓	✓	✓
Cosmetic Surgery	69300	Otoplasty, protruding ear, with or without size reduction	✓		✓	✓	✓
Cosmetic Surgery	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	✓		✓	✓	✓
Cosmetic Surgery	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	✓		✓	✓	✓
Cosmetic Surgery	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 (List separately in addition to code for primary procedure)	✓		✓	✓	✓
Cosmetic Surgery	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	✓		✓	✓	✓
Cosmetic Surgery	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	✓		✓	✓	✓
Cosmetic Surgery	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	✓		✓	✓	✓
Cosmetic Surgery	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	✓		✓	✓	✓
Cosmetic Surgery	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	✓		✓	✓	✓
Cosmetic Surgery	15786	Abrasion; single lesion (eg, keratosis, scar)	✓		✓	✓	✓
Cosmetic Surgery	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	✓		✓	✓	✓
Cosmetic Surgery	17360	Chemical exfoliation for acne (eg, acne paste, acid)	✓		✓	✓	✓
Cosmetic Surgery	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	✓		✓	✓	✓
Cosmetic Surgery	21740	Reconstructive repair of pectus excavatum or carinatum; open	✓		✓	✓	✓
Cosmetic Surgery	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	✓		✓	✓	✓
Cosmetic Surgery	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	✓		✓	✓	✓
Cosmetic Surgery	30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	✓		✓	✓	✓
Cosmetic Surgery	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	✓		✓	✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Cosmetic Surgery	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	✓		✓	✓	✓
Cosmetic Surgery	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	✓		✓	✓	✓
Cosmetic Surgery	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	✓		✓	✓	✓
Cosmetic Surgery	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	✓		✓	✓	✓
Cosmetic Surgery	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	✓		✓	✓	✓
Cosmetic Surgery	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	✓		✓	✓	✓
Cosmetic Surgery	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	✓		✓	✓	✓
Cosmetic Surgery	37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	✓		✓	✓	✓
Cosmetic Surgery	37501	Unlisted vascular endoscopy procedure	✓		✓	✓	✓
Cosmetic Surgery	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	✓		✓	✓	✓
Cosmetic Surgery	37718	Ligation, division, and stripping, short saphenous vein	✓		✓	✓	✓
Cosmetic Surgery	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	✓		✓	✓	✓
Cosmetic Surgery	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	✓		✓	✓	✓
Cosmetic Surgery	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	✓		✓	✓	✓
Cosmetic Surgery	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	✓		✓	✓	✓
Cosmetic Surgery	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	✓		✓	✓	✓
Cosmetic Surgery	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	✓		✓	✓	✓
Cosmetic Surgery	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	✓		✓	✓	✓
Cosmetic Surgery	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	✓		✓	✓	✓
Cosmetic Surgery	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	✓		✓	✓	✓

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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 interface material, custom fabricated, includes fitting and adjustment(s)	✓		✓	✓	✓

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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	A4628	Oropharyngeal suction catheter, each	2 per month	4 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	✓		✓	✓	✓

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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 otherwise specified			✓	✓	✓
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 (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	✓	✓	✓	✓	✓
Genetic Testing	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓	✓	✓	✓	✓
Genetic Testing	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	✓	✓	✓	✓	✓
Genetic Testing	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓	✓	✓	✓	✓
Genetic Testing	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	✓	✓	✓	✓	✓
Genetic Testing	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓	✓	✓	✓	✓
Genetic Testing	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	✓	✓	✓	✓	✓
Genetic Testing	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	✓	✓	✓	✓	✓
Genetic Testing	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	✓	✓	✓	✓	✓
Genetic Testing	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequenceBCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	✓	✓	✓	✓	✓
Genetic Testing	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X) beta poly	✓	✓	✓	✓	✓
Genetic Testing	81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	✓	✓	✓	✓	✓
Genetic Testing	81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	✓	✓	✓	✓	✓
Genetic Testing	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	✓	✓	✓	✓	✓
Genetic Testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	✓	✓	✓	✓	✓
Genetic Testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	✓	✓	✓	✓	✓
Genetic Testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	✓	✓	✓	✓	✓
Genetic Testing	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	✓	✓	✓	✓	✓
Genetic Testing	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	✓	✓	✓	✓	✓
Genetic Testing	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	✓	✓	✓	✓	✓
Genetic Testing	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	✓	✓	✓	✓	✓
Genetic Testing	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	✓	✓	✓	✓	✓
Genetic Testing	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	✓	✓	✓	✓	✓

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Genetic Testing	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	✓	✓	✓	✓
Genetic Testing	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	✓	✓	✓	✓
Genetic Testing	81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	✓	✓	✓	✓
Genetic Testing	81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	✓	✓	✓	✓
Genetic Testing	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	✓	✓	✓	✓
Genetic Testing	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	✓	✓	✓	✓
Genetic Testing	81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	✓	✓	✓	✓
Genetic Testing	81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	✓	✓	✓	✓
Genetic Testing	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	✓	✓	✓	✓
Genetic Testing	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	✓	✓	✓	✓
Genetic Testing	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	✓	✓	✓	✓
Genetic Testing	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	✓	✓	✓	✓
Genetic Testing	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	✓	✓	✓	✓
Genetic Testing	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	✓	✓	✓	✓
Genetic Testing	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	✓	✓	✓	✓
Genetic Testing	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	✓	✓	✓	✓
Genetic Testing	81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	✓	✓	✓	✓
Genetic Testing	81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	✓	✓	✓	✓
Genetic Testing	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	✓	✓	✓	✓
Genetic Testing	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	✓	✓	✓	✓
Genetic Testing	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	✓	✓	✓	✓
Genetic Testing	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	✓	✓	✓	✓
Genetic Testing	81261	IGH@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	✓	✓	✓	✓

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Genetic Testing	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	✓	✓	✓	✓
Genetic Testing	81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	✓	✓	✓	✓
Genetic Testing	81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	✓	✓	✓	✓
Genetic Testing	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	✓	✓	✓	✓
Genetic Testing	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	✓	✓	✓	✓
Genetic Testing	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	✓	✓	✓	✓
Genetic Testing	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	✓	✓	✓	✓
Genetic Testing	81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	✓	✓	✓	✓
Genetic Testing	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	✓	✓	✓	✓
Genetic Testing	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓	✓	✓	✓
Genetic Testing	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	✓	✓	✓	✓
Genetic Testing	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓	✓	✓	✓
Genetic Testing	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓	✓	✓	✓
Genetic Testing	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	✓	✓	✓	✓
Genetic Testing	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓	✓	✓	✓
Genetic Testing	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓	✓	✓	✓
Genetic Testing	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	✓	✓	✓	✓
Genetic Testing	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓	✓	✓	✓
Genetic Testing	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	✓	✓	✓	✓
Genetic Testing	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	✓	✓	✓	✓
Genetic Testing	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	✓	✓	✓	✓
Genetic Testing	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	✓	✓	✓	✓
Genetic Testing	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	✓	✓	✓	✓

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Genetic Testing	81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	✓	✓	✓	✓
Genetic Testing	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	✓	✓	✓	✓
Genetic Testing	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	✓	✓	✓	✓
Genetic Testing	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	✓	✓	✓	✓
Genetic Testing	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	✓	✓	✓	✓
Genetic Testing	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	✓	✓	✓	✓
Genetic Testing	81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	✓	✓	✓	✓
Genetic Testing	81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	✓	✓	✓	✓
Genetic Testing	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	✓	✓	✓	✓
Genetic Testing	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	✓	✓	✓	✓
Genetic Testing	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	✓	✓	✓	✓
Genetic Testing	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	✓	✓	✓	✓
Genetic Testing	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	✓	✓	✓	✓
Genetic Testing	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	✓	✓	✓	✓
Genetic Testing	81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	✓	✓	✓	✓
Genetic Testing	81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	✓	✓	✓	✓
Genetic Testing	81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	✓	✓	✓	✓
Genetic Testing	81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	✓	✓	✓	✓
Genetic Testing	81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	✓	✓	✓	✓
Genetic Testing	81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	✓	✓	✓	✓
Genetic Testing	81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	✓	✓	✓	✓
Genetic Testing	81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	✓	✓	✓	✓
Genetic Testing	81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	✓	✓	✓	✓
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	✓	✓	✓	✓

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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 Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	✓	✓	✓	✓	✓	
Genetic Testing	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	✓	✓	✓	✓	✓	
Genetic Testing	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	✓	✓	✓	✓	✓	
Genetic Testing	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	✓	✓	✓	✓	✓	
Genetic Testing	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	✓	✓	✓	✓	✓	
Genetic Testing	81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	✓	✓	✓	✓	✓	
Genetic Testing	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	✓	✓	✓	✓	✓	
Genetic Testing	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	✓	✓	✓	✓	✓	
Genetic Testing	81479	Unlisted molecular pathology procedure	✓	✓	✓	✓	✓	
Genetic Testing	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	✓	✓	✓	✓	✓	
Genetic Testing	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	✓	✓	✓	✓	✓	
Genetic Testing	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	✓	✓	✓	✓	✓	
Genetic Testing	88230	Tissue culture for non-neoplastic disorders; lymphocyte	✓	✓	✓	✓	✓	
Genetic Testing	88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	✓	✓	✓	✓	✓	
Genetic Testing	88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	✓	✓	✓	✓	✓	
Genetic Testing	88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	✓	✓	✓	✓	✓	
Genetic Testing	88239	Tissue culture for neoplastic disorders; solid tumor	✓	✓	✓	✓	✓	
Genetic Testing	88240	Cryopreservation, freezing and storage of cells, each cell line	✓	✓	✓	✓	✓	
Genetic Testing	88241	Thawing and expansion of frozen cells, each aliquot	✓	✓	✓	✓	✓	
Genetic Testing	88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	✓	✓	✓	✓	✓	
Genetic Testing	88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	✓	✓	✓	✓	✓	

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Genetic Testing	88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	✓	✓	✓	✓	✓
Genetic Testing	88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	✓	✓	✓	✓	✓
Genetic Testing	88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	✓	✓	✓	✓	✓
Genetic Testing	88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	✓	✓	✓	✓	✓
Genetic Testing	88264	Chromosome analysis; analyze 20-25 cells	✓	✓	✓	✓	✓
Genetic Testing	88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	✓	✓	✓	✓	✓
Genetic Testing	88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	✓	✓	✓	✓	✓
Genetic Testing	88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	✓	✓	✓	✓	✓
Genetic Testing	88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	✓	✓	✓	✓	✓
Genetic Testing	88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	✓	✓	✓	✓	✓
Genetic Testing	88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	✓	✓	✓	✓	✓
Genetic Testing	88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	✓	✓	✓	✓	✓
Genetic Testing	88280	Chromosome analysis; additional karyotypes, each study	✓	✓	✓	✓	✓
Genetic Testing	88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	✓	✓	✓	✓	✓
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 report	✓	✓	✓	✓	✓
Genetic Testing	88299	Unlisted cytogenetic study	✓	✓	✓	✓	✓

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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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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						
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 grade Blood Pressure Monitors for home use	A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	✓		✓	✓	✓

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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
Implantable Hearing Device (excluding batteries)	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	✓		✓	✓	✓
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; without mastoidectomy	✓		✓	✓	✓
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; with mastoidectomy	✓		✓	✓	✓
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
Magnetoencephalopgraphy	95965	Recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	✓		✓	✓	✓
Magnetoencephalopgraphy	95966	Recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	✓		✓	✓	✓
Magnetoencephalopgraphy	95967	Recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	✓		✓	✓	✓

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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	✓		✓	✓	✓

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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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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Non-Emergency Ambulance Transport	A0382	BLS routine disposable supplies	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0398	ALS routine disposable supplies	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0425	Ground mileage, per statute mile	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0428	Ambulance service, basic life support, nonemergency transport, BLS	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	✓	✓	✓	✓	✓
Non-Emergency Ambulance Transport	A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	✓	✓	✓	✓	✓
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	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	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose 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	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) 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	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	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	D5982	Surgical stent	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5988	Surgical splint	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7471	Removal of lateral exostosis (maxilla or mandible)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7472	Removal of torus palatinus	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7473	Removal of torus mandibularis	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7490	Radical resection of maxilla or mandible	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D7610	Maxilla, open reduction (teeth immobilized if present)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7630	Mandible, open reduction (teeth immobilized if present)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7650	Malar and/or zygomatic arch, open reduction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7671	Alveolus - open reduction, may include stabilization of teet	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7680	Facial bones, complicated reduction with fixation and multip	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7710	Maxilla, open reduction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7730	Mandible, open reduction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7750	Malar and/or zygomatic arch, open reduction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7770	Alveolus - open reduction stabilization of teeth	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7780	Facial bones, complicated reduction with fixation and multip	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7940	Osteoplasty, for orthognathic deformities	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7941	Osteotomy - mandibular rami	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7943	Osteotomy - mandibular rami with bone graft; includes obtain	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7944	Osteotomy-segmented or subapical	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7945	Osteotomy, body of mandible	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7946	LeFort I (maxilla, total)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7947	LeFort I (maxilla, segmented)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7948	LeFort II or LeFort III (osteoplasty of facial bones for mid	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7949	LeFort II or LeFort III, with bone graft	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7953	Bone replacement graft for ridge preservation - per site	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7955	Repair of maxillofacial soft and/or hard tissue defect	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7995	Synthetic graft, mandible or facial bones, by report	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D7996	Implant, mandible for augmentation purposes (excluding alveo	✓		✓	✓	✓
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	D3410	Apicoectomy/periradicular surgery, anterior	✓		✓	✓	✓
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	D3426	Apicoectomy/periradicular surgery (each additional root)	✓		✓	✓	✓
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	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)	✓		✓	✓	✓
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	D0260	Extraoral, each additional film	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0270	Bitewing, single film	✓		✓	✓	✓

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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	D0290	Posterior-anterior or lateral skull and facial bone survey f	✓		✓	✓	✓
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	D0360	Cone beam CT - craniofacial data capture	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0362	Cone beam, 2-dimensional image reconstruction using existing	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0363	Cone beam, 3-dimensional image reconstruction using existing	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0415	Collection of microorganisms for culture and sensitivity	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0416	Viral culture	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0421	Genetic test for susceptibility to oral diseases	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0425	Caries susceptibility tests	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0431	Adjunctive prediagnostic test that aids in detection of muco	✓		✓	✓	✓
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	D0472	Accession of tissue, gross examination, preparation, and tra	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D0473	Accession of tissue, gross and microscopic examination, prep	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0474	Accession of tissue, gross and microscopic examination, incl	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0475	Decalcification procedure	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0476	Special stains for microorganisms	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0477	Special stains, not for microorganisms	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0478	Immunohistochemical stains	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0479	Tissue in-situ hybridization, including interpretation	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0480	Accession of exfoliative cytologic smears, microscopic exami	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0481	Electron microscopy - diagnostic	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0482	Direct immunofluorescence	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0483	Indirect immunofluorescence	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0484	Consultation on slides prepared elsewhere	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0485	Consultation, including preparation of slides from biopsy ma	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D0486	Laboratory accession of brush biopsy sample, microscopic exa	✓		✓	✓	✓
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	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1203	Topical application of fluoride, child	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1204	Topical application of fluoride, adult	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1206	Topical fluoride varnish; therapeutic application for modera	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1310	Nutritional counseling for the control of dental disease	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1320	Tobacco counseling for the control and prevention of oral di	✓		✓	✓	✓

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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	D1515	Space maintainer, fixed bilateral	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1520	Space maintainer, removable unilateral	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1525	Space maintainer, removable bilateral	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1550	Recementation of space maintainer	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D1555	Removal of fixed space maintainer	✓		✓	✓	✓
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	D2410	Gold foil, one surface	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2420	Gold foil, 2 surfaces	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D2430	Gold foil, 3 surfaces	✓		✓	✓	✓
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	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2544	Onlay, metallic, 4 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2610	Inlay, porcelain/ceramic, one surface	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2620	Inlay, porcelain/ceramic, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2630	Inlay, porcelain/ceramic, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2642	Onlay, porcelain/ceramic, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2643	Onlay, porcelain/ceramic, 3 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2644	Onlay, porcelain/ceramic, 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	D2712	Crown - 3/4 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	✓		✓	✓	✓

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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	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D2799	Provisional crown	✓		✓	✓	✓
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	✓		✓	✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
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 (laminate)-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	D2975	Coping	✓		✓	✓	✓
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)	✓		✓	✓	✓
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	D3221	Pulpal debridement, primary and permanent teeth	✓		✓	✓	✓
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)	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D3331	Treatment of root canal obstruction; nonsurgical access	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D3332	Incomplete endodontic therapy; inoperable, unrestorable or f	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D3333	Internal root repair of perforation defects	✓		✓	✓	✓
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	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	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	✓		✓	✓	✓
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	✓		✓	✓	✓

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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	D4261	Osseous surgery (including flap entry and closure), 1 to 3 c	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D4263	Bone replacement graft - first site in quadrant	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D4264	Bone replacement graft - each additional site in quadrant	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D4265	Biologic materials to aid in soft and osseous tissue regener	✓		✓	✓	✓
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	D4268	Surgical revision procedure, per tooth	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D4270	Pedicle soft tissue graft procedure	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D4271	Free soft tissue graft procedure (including donor site surge	✓		✓	✓	✓
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	✓		✓	✓	✓
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	✓		✓	✓	✓

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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	D5225	Maxillary partial denture - flexible base (including any cla	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5226	Mandibular partial denture - flexible base (including any cl	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5281	Removable unilateral partial denture, 1 piece cast metal (in	✓		✓	✓	✓
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	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5510	Repair broken complete denture base	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5520	Replace missing or broken teeth, complete denture (each toot	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D5610	Repair resin denture base	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5620	Repair cast framework	✓		✓	✓	✓
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	D5860	Overdenture, complete, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5861	Overdenture, partial, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5862	Precision attachment, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5867	Replacement of replaceable part of semi-precision or precisi	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D5875	Modification of removable prosthesis following implant surge	✓		✓	✓	✓
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	✓		✓	✓	✓

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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	✓		✓	✓	✓
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	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	D5999	Unspecified maxillofacial prosthesis, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6010	Surgical placement of implant body: endosteal implant	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6012	Surgical placement of interim implant body for transitional	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6040	Surgical placement: eposteal implant	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D6050	Surgical placement: transosteal implant	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6053	Implant/abutment supported removable denture for completely	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6054	Implant/abutment supported removable denture for partially e	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6055	Dental implant supported connecting bar	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6056	Prefabricated abutment - includes placement	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6057	Custom abutment - includes placement	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6058	Abutment supported porcelain/ceramic crown	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6059	Abutment supported porcelain fused to metal crown (high nobl	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6060	Abutment supported porcelain fused to metal crown (predomina	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6061	Abutment supported porcelain fused to metal crown (noble met	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6062	Abutment supported cast metal crown (high noble metal)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6063	Abutment supported cast metal crown (predominantly base meta	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6064	Abutment supported cast metal crown (noble metal)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6065	Implant supported porcelain/ceramic crown	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6066	Implant supported porcelain fused to metal crown (titanium,	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6067	Implant supported metal crown (titanium, titanium alloy, hig	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6068	Abutment supported retainer for porcelain/ceramic FPD	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6069	Abutment supported retainer for porcelain fused to metal FPD	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6070	Abutment supported retainer for porcelain fused to metal FPD	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6071	Abutment supported retainer for porcelain fused to metal FPD	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6072	Abutment supported retainer for cast metal FPD (high noble m	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6073	Abutment supported retainer for cast metal FPD (predominantl	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6074	Abutment supported retainer for cast metal FPD (noble metal)	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D6075	Implant supported retainer for ceramic FPD	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6076	Implant supported retainer for porcelain fused to metal FPD	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6077	Implant supported retainer for cast metal FPD (titanium, tit	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6078	Implant/abutment supported fixed denture for completely eden	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6079	Implant/abutment supported fixed denture for partially edent	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6080	Implant maintenance procedures, including removal of prosth	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6090	Repair implant-supported prosthesis, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6091	Replacement of semi-precision or precision attachment (male	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6092	Recement implant/abutment supported crown	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6093	Recement implant/abutment supported fixed partial denture	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6094	Abutment supported crown - (titanium)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6095	Repair implant abutment, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6100	Implant removal, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6190	Radiographic/surgical implant index, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6194	Abutment supported retainer crown for FPD - (titanium)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6199	Unspecified implant procedure, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6205	Pontic - indirect resin based composite	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6210	Pontic, cast high noble metal	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6211	Pontic, cast predominantly base metal	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6212	Pontic, cast noble metal	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6214	Pontic - titanium	✓		✓	✓	✓
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	✓		✓	✓	✓

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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	D6253	Provisional pontic	✓		✓	✓	✓
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	D6600	Inlay, porcelain/ceramic, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6602	Inlay, cast high noble metal, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6603	Inlay, cast high noble metal, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6604	Inlay, cast predominantly base metal, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6605	Inlay, cast predominantly base metal, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6606	Inlay, cast noble metal, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6607	Inlay, cast noble metal, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6608	Onlay, porcelain/ceramic, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6609	Onlay, porcelain/ceramic, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6610	Onlay, cast high noble metal, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6611	Onlay, cast high noble metal, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6612	Onlay, cast predominantly base metal, 2 surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6613	Onlay, cast predominantly base metal, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6614	Onlay, cast noble metal, 2 surfaces	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D6615	Onlay, cast noble metal, 3 or more surfaces	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6624	Inlay, titanium	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6634	Onlay, titanium	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6710	Crown - indirect resin based composite	✓		✓	✓	✓
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	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6792	Crown, full cast noble metal	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6793	Provisional retainer crown	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6794	Crown - titanium	✓		✓	✓	✓
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	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D6950	Precision attachment	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6970	Post and core in addition to fixed partial denture retainer,	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6972	Prefabricated post and core in addition to bridge retainer	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6973	Core build up for retainer, including any pins	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6975	Coping, metal	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6976	Each additional indirectly fabricated post - same tooth	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D6977	Each additional prefabricated post - same tooth	✓		✓	✓	✓
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	✓		✓	✓	✓

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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	✓		✓	✓	✓
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	D7287	Exfoliative cytological sample collection	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7288	Brush biopsy - transepithelial sample collection	✓		✓	✓	✓
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	D7292	Surgical placement: temporary anchorage device (screw retain	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7293	Surgical placement: temporary anchorage device requiring sur	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7294	Surgical placement: temporary anchorage device without surgi	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7310	Alveoloplasty in conjunction with extractions, 4 or more tee	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7311	Alveoloplasty in conjunction with extractions, 1 to 3 teeth	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7320	Alveoloplasty not in conjunction with extractions, 4 or more	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7321	Alveoloplasty not in conjunction with extractions, 1 to 3 te	✓		✓	✓	✓
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	D7412	Excision of benign lesion, complicated	✓		✓	✓	✓
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	D7415	Excision of malignant lesion, complicated	✓		✓	✓	✓

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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	D7485	Surgical reduction of osseous tuberosity	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7510	Incision and drainage of abscess, intraoral soft tissue	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7511	Incision and drainage of abscess - intraoral soft tissue - c	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7520	Incision and drainage of abscess, extraoral soft tissue	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7521	Incision and drainage of abscess - extraoral soft tissue - c	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7530	Removal of foreign body from mucosa, skin, or subcutaneous a	✓		✓	✓	✓
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	D7620	Maxilla, closed reduction (teeth immobilized if present)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7640	Mandible, closed reduction (teeth immobilized if present)	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7660	Malar and/or zygomatic arch, closed reduction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7670	Alveolus - closed reduction, may include stabilization of te	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7720	Maxilla, closed reduction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7740	Mandible, closed reduction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7760	Malar and/or zygomatic arch, closed reduction	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D7771	Alveolus, closed reduction stabilization of teeth	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7810	Open reduction of dislocation	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7820	Closed reduction of dislocation	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7830	Manipulation under anesthesia	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7840	Condylectomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7850	Surgical discectomy; with/without implant	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7852	Disc repair	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7854	Synovectomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7856	Myotomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7858	Joint reconstruction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7860	Arthrotomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7865	Arthroplasty	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7870	Arthrocentesis	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7871	Nonarthroscopic lysis and lavage	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7872	Arthroscopy, diagnosis, with or without biopsy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7873	Arthroscopy, surgical: lavage and lysis of adhesions	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7874	Arthroscopy, surgical: disc repositioning and stabilization	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7875	Arthroscopy, surgical: synovectomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7876	Arthroscopy, surgical: discectomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7877	Arthroscopy, surgical: debridement	✓		✓	✓	✓
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	✓		✓	✓	✓

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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	D7920	Skin graft (identify defect covered, location, and type of g	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7951	Sinus augmentation with bone or bone substitutes	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7963	Frenuloplasty	✓		✓	✓	✓
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	D7981	Excision of salivary gland, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7982	Sialodochoplasty	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7983	Closure of salivary fistula	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7990	Emergency tracheotomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7991	Coronoidectomy	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7998	Intraoral placement of a fixation device not in conjunction	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D7999	Unspecified oral surgery procedure, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8010	Limited orthodontic treatment of the primary dentition	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8020	Limited orthodontic treatment of the transitional dentition	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8030	Limited orthodontic treatment of the adolescent dentition	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8040	Limited orthodontic treatment of the adult dentition	✓		✓	✓	✓
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	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D8070	Comprehensive orthodontic treatment of the transitional dent	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8080	Comprehensive orthodontic treatment of the adolescent dentit	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8090	Comprehensive orthodontic treatment of the adult dentition	✓		✓	✓	✓
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	D8691	Repair of orthodontic appliance	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8692	Replacement of lost or broken retainer	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D8693	Rebonding or recementing; and/or repair, as required, of fix	✓		✓	✓	✓
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	D9215	Local anesthesia	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9220	Deep sedation/general anesthesia, first 30 minutes	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9221	Deep sedation/general anesthesia, each additional 15 minutes	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9241	Intravenous conscious sedation/analgesia - first 30 minutes	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D9242	Intravenous conscious sedation/analgesia - each additional 1	✓		✓	✓	✓
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	D9450	Case presentation, detailed and extensive treatment planning	✓		✓	✓	✓
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	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9911	Application of desensitizing resin for cervical and/or root	✓		✓	✓	✓
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	D9940	Occlusal guards, by report	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9941	Fabrication of athletic mouthguard	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9942	Repair and/or reline of occlusal guard	✓		✓	✓	✓
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	D9971	Odontoplasty 1-2 teeth; includes removal of enamel projectio	✓		✓	✓	✓

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Oral Surgery & Medically Necessary Dental Procedures	D9972	External bleaching - per arch	✓		✓	✓	✓
Oral Surgery & Medically Necessary Dental Procedures	D9973	External bleaching - per tooth	✓		✓	✓	✓
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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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids	STAR Kids MDCP
Orthotics (custom)	L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	✓		✓	✓		✓
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)	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)	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	✓		✓	✓		✓
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)	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)	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)	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 (CTLSO) or scoliosis orthosis, lumbar or lumbar rib pad	✓		✓	✓		✓
Orthotics (custom)	L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, thoracic pad	✓		✓	✓		✓
Orthotics (custom)	L1080	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, outrigger	✓		✓	✓		✓
Orthotics (custom)	L1100	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather	✓		✓	✓		✓

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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	✓		✓	✓		✓
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)	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)	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)	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	✓		✓	✓		✓
Orthotics (custom)	L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, 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)	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)	L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, 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)	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)	L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad	✓		✓	✓		✓

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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)	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)	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	✓		✓	✓	✓	✓
Orthotics (custom)	L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	✓		✓	✓	✓	✓
Orthotics (custom)	L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	✓		✓	✓	✓	✓
Orthotics (custom)	L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	✓		✓	✓	✓	✓
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	✓		✓	✓	✓	✓
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	✓		✓	✓	✓	✓
Orthotics (custom)	L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	✓		✓	✓	✓	✓
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)	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)	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)	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	✓		✓	✓	✓	✓

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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)	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)	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)	L3919	Hand orthosis (HO), without joints, 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)	L4392	Replacement, soft interface material, static AFO	✓		✓	✓	✓	✓

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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 Services Family Planning Services (STAR/STAR Kids only) Texas Health Steps 	✓	✓	✓	✓	✓

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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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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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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	✓		✓	✓	✓

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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 15 minutes	✓		✓	✓	✓

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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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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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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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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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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	✓		✓	✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	Perinate	STAR	Kids	MDCP
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 or more additional parameters of sleep, attended by a technologist	✓		✓	✓	✓
Sleep Studies in Children (under 18 years old)	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	✓		✓	✓	✓
Sleep Studies in Children (under 18 years old)	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	✓		✓	✓	✓
Sleep Studies in Children (under 18 years old)	95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	✓		✓	✓	✓
Sleep Studies in Children (under 18 years old)	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	✓		✓	✓	✓
Sleep Studies in Children (under 18 years old)	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	✓		✓	✓	✓
Sleep Studies in Children (under 18 years old)	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	✓		✓	✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
SPECT Scan	78071	Parathyroid planar imaging	✓		✓	✓	✓
SPECT Scan	78072	Parathyroid planar imaging	✓		✓	✓	✓
SPECT Scan	78205	Liver imaging (SPECT)	✓		✓	✓	✓
SPECT Scan	78206	Liver imaging (SPECT)	✓		✓	✓	✓
SPECT Scan	78320	Bone and/or joint imaging	✓		✓	✓	✓
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	78607	Diagnostic Nuclear Medicine Procedures on the Nervous System	✓		✓	✓	✓
SPECT Scan	78647	Cerebrospinal fluid flow, imaging (not including introduction of material)	✓		✓	✓	✓
SPECT Scan	78710	Kidney imaging morphology	✓		✓	✓	✓
SPECT Scan	78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s)	✓		✓	✓	✓
SPECT Scan	78807	Radiopharmaceutical localization of inflammatory process	✓		✓	✓	✓
SPECT Scan	0332T	Myocardial sympathetic innervation imaging	✓		✓	✓	✓

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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 prosthesis	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19303	Mastectomy, simple, complete	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19304	Mastectomy, subcutaneous	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19316	Mastopexy	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19324	Mammoplasty, augmentation; without prosthetic implant	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19325	Mammoplasty, augmentation; with prosthetic implant	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	✓		✓	✓	✓
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 expander, including subsequent expansion	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	✓		✓	✓	✓
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 myocutaneous flap (TRAM), single pedicle, including closure of donor site	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	✓		✓	✓	✓

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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 prosthesis form, unilateral, any size, any type	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	✓		✓	✓	✓
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, post mastectomy	✓		✓	✓	✓
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 adhesive	✓		✓	✓	✓
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, prefabricated, reusable, any type, each	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8035	Custom breast prosthesis, post mastectomy, molded to patient model	✓		✓	✓	✓
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
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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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)	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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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
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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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
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	✓		✓	✓	✓
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92620	Evaluation of central auditory function, with report; initial 60 minutes	✓		✓	✓	✓

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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)	✓		✓	✓	✓

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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)	✓		✓	✓	✓	
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, nasothmoid 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, nasothmoid 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, nasothmoid 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	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	✓		✓	✓	✓	

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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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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Transplants including Solid Organ and Bone Marrow	38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	✓		✓	✓	✓
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 transplantation per donor	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	✓		✓	✓	✓
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 cadaver donor	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	44133	Donor enterectomy (including cold preservation), open; partial, from living donor	✓		✓	✓	✓
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 intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47133	Donor hepatectomy (including cold preservation), from cadaver donor	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	✓		✓	✓	✓

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Transplants including Solid Organ and Bone Marrow	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	✓		✓	✓	✓
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 cadaver donor, unilateral or bilateral	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50320	Donor nephrectomy (including cold preservation); open, from living donor	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50323	removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50325	including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	✓		✓	✓	✓
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 recipient nephrectomy	✓		✓	✓	✓

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Transplants including Solid Organ and Bone Marrow	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	✓		✓	✓	✓
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; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2053	Transplantation of small intestine and liver allografts	✓		✓	✓	✓
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 and maintenance of allografts; from cadaver donor	✓		✓	✓	✓
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 umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	✓		✓	✓	✓

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Wheelchair and Accessories	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	✓		✓	✓
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, each	✓		✓	✓
Wheelchair and Accessories	E0952	Toe loop/holder, any type, each	✓		✓	✓
Wheelchair and Accessories	E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	✓		✓	✓
Wheelchair and Accessories	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	✓		✓	✓
Wheelchair and Accessories	E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	✓		✓	✓
Wheelchair and Accessories	E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	✓		✓	✓
Wheelchair and Accessories	E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	✓		✓	✓
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, including any type mounting hardware	✓		✓	✓
Wheelchair and Accessories	E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	✓		✓	✓
Wheelchair and Accessories	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	✓		✓	✓
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, complete assembly, each	✓		✓	✓
Wheelchair and Accessories	E0974	Manual wheelchair accessory, antirollback device, each	✓		✓	✓
Wheelchair and Accessories	E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	✓		✓	✓
Wheelchair and Accessories	E0980	Safety vest, wheelchair	✓		✓	✓
Wheelchair and Accessories	E0981	Wheelchair accessory, seat upholstery, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E0982	Wheelchair accessory, back upholstery, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E0990	Wheelchair accessory, elevating legrest, complete assembly, each	✓		✓	✓
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, without shear reduction	✓		✓	✓
Wheelchair and Accessories	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	✓		✓	✓
Wheelchair and Accessories	E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	✓		✓	✓
Wheelchair and Accessories	E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	✓		✓	✓
Wheelchair and Accessories	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	✓		✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	✓		✓	✓	✓
Wheelchair and Accessories	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	✓		✓	✓	✓
Wheelchair and Accessories	E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	✓		✓	✓	✓
Wheelchair and Accessories	E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	✓		✓	✓	✓
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 manual wheelchair, each	✓		✓	✓	✓
Wheelchair and Accessories	E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	✓		✓	✓	✓
Wheelchair and Accessories	E1020	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	✓		✓	✓	✓
Wheelchair and Accessories	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	✓		✓	✓	✓
Wheelchair and Accessories	E1029	Wheelchair accessory, ventilator tray, fixed	✓		✓	✓	✓
Wheelchair and Accessories	E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	✓		✓	✓	✓
Wheelchair and Accessories	E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	✓		✓	✓	✓
Wheelchair and Accessories	E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	✓		✓	✓	✓
Wheelchair and Accessories	E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	✓		✓	✓	✓
Wheelchair and Accessories	E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	✓		✓	✓	✓
Wheelchair and Accessories	E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	✓		✓	✓	✓
Wheelchair and Accessories	E1161	Manual adult size wheelchair, includes tilt in space	✓		✓	✓	✓
Wheelchair and Accessories	E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	✓		✓	✓	✓
Wheelchair and Accessories	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	✓		✓	✓	✓
Wheelchair and Accessories	E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	✓		✓	✓	✓
Wheelchair and Accessories	E1229	Wheelchair, pediatric size, not otherwise specified	✓		✓	✓	✓
Wheelchair and Accessories	E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	✓		✓	✓	✓
Wheelchair and Accessories	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	✓		✓	✓	✓
Wheelchair and Accessories	E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	✓		✓	✓	✓
Wheelchair and Accessories	E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	✓		✓	✓	✓
Wheelchair and Accessories	E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	✓		✓	✓	✓
Wheelchair and Accessories	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	✓		✓	✓	✓
Wheelchair and Accessories	E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	✓		✓	✓	✓
Wheelchair and Accessories	E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	✓		✓	✓	✓
Wheelchair and Accessories	E1238	Durable medical equipment, miscellaneous	✓		✓	✓	✓
Wheelchair and Accessories	E1239	Power wheelchair, pediatric size, not otherwise specified	✓		✓	✓	✓
Wheelchair and Accessories	E1399	Durable medical equipment, miscellaneous	✓		✓	✓	✓
Wheelchair and Accessories	E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	✓		✓	✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids MDCP
Wheelchair and Accessories	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	✓		✓	✓
Wheelchair and Accessories	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	✓		✓	✓
Wheelchair and Accessories	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	✓		✓	✓
Wheelchair and Accessories	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	✓		✓	✓
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, each	✓		✓	✓
Wheelchair and Accessories	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	✓		✓	✓
Wheelchair and Accessories	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	✓		✓	✓
Wheelchair and Accessories	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	✓		✓	✓
Wheelchair and Accessories	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	✓		✓	✓
Wheelchair and Accessories	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	✓		✓	✓
Wheelchair and Accessories	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	✓		✓	✓
Wheelchair and Accessories	E2217	Manual wheelchair accessory, foam filled propulsion tire, any size, each	✓		✓	✓
Wheelchair and Accessories	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	✓		✓	✓
Wheelchair and Accessories	E2219	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2227	Manual Wheelchair Accessory Gear Reduction Drive Wheel, each	✓		✓	✓
Wheelchair and Accessories	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	✓		✓	✓
Wheelchair and Accessories	E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓
Wheelchair and Accessories	E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓
Wheelchair and Accessories	E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓
Wheelchair and Accessories	E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	✓		✓	✓
Wheelchair and Accessories	E2300	Wheelchair accessory, power seat elevation system, any type	✓		✓	✓
Wheelchair and Accessories	E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	✓		✓	✓
Wheelchair and Accessories	E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	✓		✓	✓

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Wheelchair and Accessories	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	✓		✓	✓	✓
Wheelchair and Accessories	E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2323	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2324	Power wheelchair accessory, chin cup for chin control interface	✓		✓	✓	✓
Wheelchair and Accessories	E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	✓		✓	✓	✓
Wheelchair and Accessories	E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	✓		✓	✓	✓
Wheelchair and Accessories	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	✓		✓	✓	✓
Wheelchair and Accessories	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	✓		✓	✓	✓
Wheelchair and Accessories	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	✓		✓	✓	✓
Wheelchair and Accessories	E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	✓		✓	✓	✓
Wheelchair and Accessories	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	✓		✓	✓	✓
Wheelchair and Accessories	E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	✓		✓	✓	✓
Wheelchair and Accessories	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	✓		✓	✓	✓
Wheelchair and Accessories	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	✓		✓	✓	✓
Wheelchair and Accessories	E2368	Power wheelchair component, drive wheel motor, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	E2369	Power wheelchair component, drive wheel gear box, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	✓		✓	✓	✓
Wheelchair and Accessories	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	✓		✓	✓	✓

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Wheelchair and Accessories	E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	✓		✓	✓
Wheelchair and Accessories	E2378	Power wheelchair component, actuator, replacement only	✓		✓	✓
Wheelchair and Accessories	E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	✓		✓	✓
Wheelchair and Accessories	E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	✓		✓	✓
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	✓		✓	✓

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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, adjustable, width 22 in or greater, any depth	✓		✓	✓	✓
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 programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	✓		✓	✓	✓
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 only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	✓		✓	✓	✓
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, each	✓		✓	✓	✓
Wheelchair and Accessories	K0047	Elevating legrest, upper hanger bracket, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0050	Ratchet assembly, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	K0051	Cam release assembly, footrest or legrest, replacement only,	✓		✓	✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids MDCP
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 in for a high-strength, lightweight, or ultralightweight wheelchair	✓		✓	✓
Wheelchair and Accessories	K0065	Spoke protectors, each	✓		✓	✓
Wheelchair and Accessories	K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	✓		✓	✓
Wheelchair and Accessories	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	✓		✓	✓
Wheelchair and Accessories	K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	✓		✓	✓
Wheelchair and Accessories	K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	✓		✓	✓
Wheelchair and Accessories	K0073	Caster pin lock, each	✓		✓	✓
Wheelchair and Accessories	K0077	Front caster assembly, complete, with solid tire, replacement only, each	✓		✓	✓
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 wheelchair base)	✓		✓	✓
Wheelchair and Accessories	K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	✓		✓	✓
Wheelchair and Accessories	K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	✓		✓	✓
Wheelchair and Accessories	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓
Wheelchair and Accessories	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	✓		✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids MDCP
Wheelchair and Accessories	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓
Wheelchair and Accessories	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓
Wheelchair and Accessories	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	✓		✓	✓
Wheelchair and Accessories	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓
Wheelchair and Accessories	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓
Wheelchair and Accessories	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓
Wheelchair and Accessories	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	✓		✓	✓
Wheelchair and Accessories	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓

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BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	✓		✓	✓	✓
Wheelchair and Accessories	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	✓		✓	✓	✓
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	✓		✓	✓	✓