



**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**

**Cosmetic Surgery**

**Cranial Molding Orthosis**

**DME repairs over 35 units**

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

**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**

**Home Health**

**Home Telemonitoring Services**

**Hospital Beds and accessories**

**Hospital grade Blood Pressure Monitors for home use**

**Implantable Hearing Device (excluding batteries)**

**Magnetoencephalography**

**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**

**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**

**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**

**Psychological Testing (P.A. required when billed outside the allowed hours)**

**Respite Care**

**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**

[BACK TO TABLE OF CONTENTS](#)

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					✓

[BACK TO TABLE OF CONTENTS](#)

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				✓	✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	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)	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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

[BACK TO TABLE OF CONTENTS](#)

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

**Case By Case**

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

[BACK TO TABLE OF CONTENTS](#)

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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Clinician Administered Drugs	90378	Synagis	✓		✓	✓	✓
Clinician Administered Drugs	J0222	Injection, Patisiran, 0.1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J0567	Injection, cerliponase alfa, 1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J0585	Injection, onabotulinumtoxinA, 1 unit	✓		✓	✓	✓
Clinician Administered Drugs	J0586	Injection, abobotulinumtoxinA, 5 units	✓		✓	✓	✓
Clinician Administered Drugs	J0587	Injection, rimabotulinumtoxinB, 100 units	✓		✓	✓	✓
Clinician Administered Drugs	J0588	Injection, incobotulinumtoxinA, 1 unit	✓		✓	✓	✓
Clinician Administered Drugs	J1301	Injection, edaravone, 1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J1428	Injection, eteplirsen, 10 mg	✓		✓	✓	✓
Clinician Administered Drugs	J1726	Injection, hydroxyprogesterone caproate, (Makena),	✓	✓	✓	✓	✓
Clinician Administered Drugs	J1729	Injection, hydroxyprogesterone caproate, not other	✓	✓	✓	✓	✓
Clinician Administered Drugs	J2182	Injection, mepolizumab, 1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J2326	Injection, nusinersen, 0.1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	✓		✓	✓	✓
Clinician Administered Drugs	J3490	Unclassified drugs	✓		✓	✓	✓
Clinician Administered Drugs	J3590	Unclassified drugs - biologics	✓		✓	✓	✓
Clinician Administered Drugs	J9204	Injection, mogamulizumab-kpkc, 1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J9210	Injection, emapalumab-lzsg, 1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J9229	IJ, inotuzumab ozogamicin, 0.1 mg	✓		✓	✓	✓
Clinician Administered Drugs	J9269	Injection, tagraxofusp-erzs, 10 micrograms	✓		✓	✓	✓
Clinician Administered Drugs	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	✓		✓	✓	✓
Clinician Administered Drugs	J9999	Unclassified drug - antineoplastic	✓		✓	✓	✓
Clinician Administered Drugs	Q2040	KYMRIAH INFUSION BAG	✓		✓	✓	✓
Clinician Administered Drugs	Q2041	Axicabtagene Ciloleucel	✓		✓	✓	✓
Clinician Administered Drugs	C9045	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	✓		✓	✓	✓
Clinician Administered Drugs	C9049	Injection, tagraxofusp-erzs, 10 mcg	✓		✓	✓	✓
Clinician Administered Drugs	C9050	Injection, emapalumab-lzsg, 1 mg	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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 wrinkl	✓		✓	✓	✓
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 p	✓		✓	✓	✓
Cosmetic Surgery	15822	Blepharoplasty, upper eyelid;	✓		✓	✓	✓
Cosmetic Surgery	15823	Blepharoplasty, upper eyelid; with excessive skin weighting	✓		✓	✓	✓
Cosmetic Surgery	15824	Rhytidectomy; forehead	✓		✓	✓	✓
Cosmetic Surgery	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap	✓		✓	✓	✓
Cosmetic Surgery	15826	Rhytidectomy; glabellar frown lines	✓		✓	✓	✓
Cosmetic Surgery	15828	Rhytidectomy; cheek, chin, and neck	✓		✓	✓	✓
Cosmetic Surgery	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) f	✓		✓	✓	✓
Cosmetic Surgery	15832	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15833	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15834	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15835	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15836	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15837	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15838	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15839	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
Cosmetic Surgery	15847	Excision, excessive skin and subcutaneous tissue (includes l	✓		✓	✓	✓
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,	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Cosmetic Surgery	19350	Nipple/areola reconstruction	✓		✓	✓	✓
Cosmetic Surgery	19396	Preparation of moulage for custom breast implant	✓		✓	✓	✓
Cosmetic Surgery	30400	Rhinoplasty, primary; lateral and alar cartilages and/or ele	✓		✓	✓	✓
Cosmetic Surgery	30410	Rhinoplasty, primary; complete, external parts including bon	✓		✓	✓	✓
Cosmetic Surgery	30420	Rhinoplasty, primary; including major septal repair	✓		✓	✓	✓
Cosmetic Surgery	30430	Rhinoplasty, secondary; minor revision (small amount of nasa	✓		✓	✓	✓
Cosmetic Surgery	30435	Rhinoplasty, secondary; intermediate revision (bony work wit	✓		✓	✓	✓
Cosmetic Surgery	30450	Rhinoplasty, secondary; major revision (nasal tip work and o	✓		✓	✓	✓
Cosmetic Surgery	30460	Rhinoplasty for nasal deformity secondary to congenital clef	✓		✓	✓	✓
Cosmetic Surgery	30462	Rhinoplasty for nasal deformity secondary to congenital clef	✓		✓	✓	✓
Cosmetic Surgery	67904	Repair of blepharoptosis; (tarso) levator resection or advan	✓		✓	✓	✓
Cosmetic Surgery	67906	Repair of blepharoptosis; superior rectus technique with fas	✓		✓	✓	✓
Cosmetic Surgery	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-	✓		✓	✓	✓
Cosmetic Surgery	69300	Otoplasty, protruding ear, with or without size reduction	✓		✓	✓	✓
Cosmetic Surgery	11920	Tattooing, intradermal introduction of insoluble opaque pigm	✓		✓	✓	✓
Cosmetic Surgery	11921	Tattooing, intradermal introduction of insoluble opaque pigm	✓		✓	✓	✓
Cosmetic Surgery	11922	Tattooing, intradermal introduction of insoluble opaque pigm	✓		✓	✓	✓
Cosmetic Surgery	11950	Subcutaneous injection of filling material (eg, collagen); 1	✓		✓	✓	✓
Cosmetic Surgery	11951	Subcutaneous injection of filling material (eg, collagen); 1	✓		✓	✓	✓
Cosmetic Surgery	11952	Subcutaneous injection of filling material (eg, collagen); 5	✓		✓	✓	✓
Cosmetic Surgery	11954	Subcutaneous injection of filling material (eg, collagen); o	✓		✓	✓	✓
Cosmetic Surgery	11960	Insertion of tissue expander(s) for other than breast, inclu	✓		✓	✓	✓
Cosmetic Surgery	15786	Abrasion; single lesion (eg, keratosis, scar)	✓		✓	✓	✓
Cosmetic Surgery	15787	Abrasion; each additional 4 lesions or less (List separately	✓		✓	✓	✓
Cosmetic Surgery	17360	Chemical exfoliation for acne (eg, acne paste, acid)	✓		✓	✓	✓
Cosmetic Surgery	21235	Graft; ear cartilage, autogenous, to nose or ear (includes o	✓		✓	✓	✓
Cosmetic Surgery	21740	Reconstructive repair of pectus excavatum or carinatum; open	✓		✓	✓	✓
Cosmetic Surgery	21742	Reconstructive repair of pectus excavatum or carinatum; mini	✓		✓	✓	✓
Cosmetic Surgery	21743	Reconstructive repair of pectus excavatum or carinatum; mini	✓		✓	✓	✓
Cosmetic Surgery	36468	Injection(s) of sclerosant for spider veins (telangiectasia)	✓		✓	✓	✓
Cosmetic Surgery	36469	Single or multiple injections of sclerosing solutions, spide	✓		✓	✓	✓
Cosmetic Surgery	36470	Injection of sclerosant; single incompetent vein (other than	✓		✓	✓	✓
Cosmetic Surgery	36471	Injection of sclerosant; multiple incompetent veins (other t	✓		✓	✓	✓
Cosmetic Surgery	36475	Endovenous ablation therapy of incompetent vein, extremity,	✓		✓	✓	✓
Cosmetic Surgery	36476	Endovenous ablation therapy of incompetent vein, extremity,	✓		✓	✓	✓
Cosmetic Surgery	36478	Endovenous ablation therapy of incompetent vein, extremity,	✓		✓	✓	✓
Cosmetic Surgery	36479	Endovenous ablation therapy of incompetent vein, extremity,	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

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

[BACK TO TABLE OF CONTENTS](#)

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

[BACK TO TABLE OF CONTENTS](#)

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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years	A4310	Insertion tray without drainage bag and without catheter (accessories only)	✓		✓	✓	✓
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	✓		✓	✓	✓
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 cone	✓		✓	✓	✓
DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years	A4332	Lubricant, individual sterile packet, each	✓		✓	✓	✓
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	✓		✓	✓	✓
DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years	A4344	Indwelling catheter, Foley type, two-way, all silicone, each	✓		✓	✓	✓
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.	✓		✓	✓	✓
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	✓		✓	✓	✓
DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years	A4353	Intermittent urinary catheter, with insertion supplies; hydrophilic catheters	✓		✓	✓	✓
DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years	A4605	Tracheal suction catheter, closed System, each	✓		✓	✓	✓
DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years	B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	✓		✓	✓	✓
DME/Equipment/Supplies when exceeding benefit limitations for members under 20 years	B9998 U2	Nonobturated gastrostomy or jejunostomy tube with insertion supplies and extensions	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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)				✓	✓

[BACK TO TABLE OF CONTENTS](#)

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					✓

[BACK TO TABLE OF CONTENTS](#)

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				✓	✓

[BACK TO TABLE OF CONTENTS](#)

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					✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Genetic Testing	81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast	✓	✓	✓	✓	✓
Genetic Testing	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, c	✓	✓	✓	✓	✓
Genetic Testing	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis	✓	✓	✓	✓	✓
Genetic Testing	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta poly	✓	✓	✓	✓	✓
Genetic Testing	81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) transl	✓	✓	✓	✓	✓
Genetic Testing	81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) transl	✓	✓	✓	✓	✓
Genetic Testing	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome	✓	✓	✓	✓	✓
Genetic Testing	81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast	✓	✓	✓	✓	✓
Genetic Testing	81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast	✓	✓	✓	✓	✓
Genetic Testing	81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast	✓	✓	✓	✓	✓
Genetic Testing	81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian c	✓	✓	✓	✓	✓
Genetic Testing	81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian c	✓	✓	✓	✓	✓
Genetic Testing	81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian c	✓	✓	✓	✓	✓
Genetic Testing	81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian c	✓	✓	✓	✓	✓
Genetic Testing	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (	✓	✓	✓	✓	✓
Genetic Testing	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (	✓	✓	✓	✓	✓
Genetic Testing	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (	✓	✓	✓	✓	✓
Genetic Testing	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (	✓	✓	✓	✓	✓
Genetic Testing	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide	✓	✓	✓	✓	✓
Genetic Testing	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide	✓	✓	✓	✓	✓
Genetic Testing	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide	✓	✓	✓	✓	✓
Genetic Testing	81228	Cytogenomic constitutional (genome-wide) microarray analysis	✓	✓	✓	✓	✓
Genetic Testing	81229	Cytogenomic constitutional (genome-wide) microarray analysis	✓	✓	✓	✓	✓
Genetic Testing	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hype	✓	✓	✓	✓	✓
Genetic Testing	81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability	✓	✓	✓	✓	✓
Genetic Testing	81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi	✓	✓	✓	✓	✓
Genetic Testing	81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental	✓	✓	✓	✓	✓
Genetic Testing	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental	✓	✓	✓	✓	✓
Genetic Testing	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leuk	✓	✓	✓	✓	✓
Genetic Testing	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leuk	✓	✓	✓	✓	✓
Genetic Testing	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycoge	✓	✓	✓	✓	✓
Genetic Testing	81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene ana	✓	✓	✓	✓	✓
Genetic Testing	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg,	✓	✓	✓	✓	✓
Genetic Testing	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg,	✓	✓	✓	✓	✓
Genetic Testing	81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs d	✓	✓	✓	✓	✓
Genetic Testing	81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene	✓	✓	✓	✓	✓
Genetic Testing	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha tha	✓	✓	✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Genetic Testing	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer i	✓	✓	✓	✓	✓
Genetic Testing	81265	Comparative analysis using Short Tandem Repeat (STR) markers	✓	✓	✓	✓	✓
Genetic Testing	81266	Comparative analysis using Short Tandem Repeat (STR) markers	✓	✓	✓	✓	✓
Genetic Testing	81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene	✓	✓	✓	✓	✓
Genetic Testing	81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analy	✓	✓	✓	✓	✓
Genetic Testing	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, heredi	✓	✓	✓	✓	✓
Genetic Testing	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg	✓	✓	✓	✓	✓
Genetic Testing	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg	✓	✓	✓	✓	✓
Genetic Testing	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg	✓	✓	✓	✓	✓
Genetic Testing	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg	✓	✓	✓	✓	✓
Genetic Testing	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg	✓	✓	✓	✓	✓
Genetic Testing	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg	✓	✓	✓	✓	✓
Genetic Testing	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposi	✓	✓	✓	✓	✓
Genetic Testing	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposi	✓	✓	✓	✓	✓
Genetic Testing	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposi	✓	✓	✓	✓	✓
Genetic Testing	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gen	✓	✓	✓	✓	✓
Genetic Testing	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analy	✓	✓	✓	✓	✓
Genetic Testing	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/ka	✓	✓	✓	✓	✓
Genetic Testing	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (	✓	✓	✓	✓	✓
Genetic Testing	81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (	✓	✓	✓	✓	✓
Genetic Testing	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome,	✓	✓	✓	✓	✓
Genetic Testing	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome,	✓	✓	✓	✓	✓
Genetic Testing	81330	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome,	✓	✓	✓	✓	✓
Genetic Testing	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N a	✓	✓	✓	✓	✓
Genetic Testing	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antip	✓	✓	✓	✓	✓
Genetic Testing	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1	✓	✓	✓	✓	✓
Genetic Testing	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg,	✓	✓	✓	✓	✓
Genetic Testing	81373	HLA Class I typing, low resolution (eg, antigen equivalents)	✓	✓	✓	✓	✓
Genetic Testing	81374	HLA Class I typing, low resolution (eg, antigen equivalents)	✓	✓	✓	✓	✓
Genetic Testing	81375	HLA Class II typing, low resolution (eg, antigen equivalents	✓	✓	✓	✓	✓
Genetic Testing	81377	HLA Class II typing, low resolution (eg, antigen equivalents	✓	✓	✓	✓	✓
Genetic Testing	81380	HLA Class I typing, high resolution (ie, alleles or allele g	✓	✓	✓	✓	✓
Genetic Testing	81381	HLA Class I typing, high resolution (ie, alleles or allele g	✓	✓	✓	✓	✓
Genetic Testing	81382	HLA Class II typing, high resolution (ie, alleles or allele	✓	✓	✓	✓	✓
Genetic Testing	81383	HLA Class II typing, high resolution (ie, alleles or allele	✓	✓	✓	✓	✓
Genetic Testing	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	✓	✓	✓	✓	✓
Genetic Testing	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	✓	✓	✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Genetic Testing	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	✓	✓	✓	✓	✓
Genetic Testing	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	✓	✓	✓	✓	✓
Genetic Testing	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	✓	✓	✓	✓	✓
Genetic Testing	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	✓	✓	✓	✓	✓
Genetic Testing	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	✓	✓	✓	✓	✓
Genetic Testing	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	✓	✓	✓	✓	✓
Genetic Testing	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	✓	✓	✓	✓	✓
Genetic Testing	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys D	✓	✓	✓	✓	✓
Genetic Testing	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys D	✓	✓	✓	✓	✓
Genetic Testing	81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) ge	✓	✓	✓	✓	✓
Genetic Testing	81450	Targeted genomic sequence analysis panel, hematolymphoid neo	✓	✓	✓	✓	✓
Genetic Testing	81455	Targeted genomic sequence analysis panel, solid organ or hem	✓	✓	✓	✓	✓
Genetic Testing	81479	Unlisted molecular pathology procedure	✓	✓	✓	✓	✓
Genetic Testing	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analy	✓	✓	✓	✓	✓
Genetic Testing	81519	Oncology (breast), mRNA, gene expression profiling by real-t	✓	✓	✓	✓	✓
Genetic Testing	88230	Tissue culture for non-neoplastic disorders; lymphocyte	✓	✓	✓	✓	✓
Genetic Testing	88233	Tissue culture for non-neoplastic disorders; skin or other s	✓	✓	✓	✓	✓
Genetic Testing	88235	Tissue culture for non-neoplastic disorders; amniotic fluid	✓	✓	✓	✓	✓
Genetic Testing	88237	Tissue culture for neoplastic disorders; bone marrow, blood	✓	✓	✓	✓	✓
Genetic Testing	88239	Tissue culture for neoplastic disorders; solid tumor	✓	✓	✓	✓	✓
Genetic Testing	88240	Cryopreservation, freezing and storage of cells, each cell l	✓	✓	✓	✓	✓
Genetic Testing	88241	Thawing and expansion of frozen cells, each aliquot	✓	✓	✓	✓	✓
Genetic Testing	88245	Chromosome analysis for breakage syndromes; baseline Sister	✓	✓	✓	✓	✓
Genetic Testing	88248	Chromosome analysis for breakage syndromes; baseline breakag	✓	✓	✓	✓	✓
Genetic Testing	88249	Chromosome analysis for breakage syndromes; score 100 cells,	✓	✓	✓	✓	✓
Genetic Testing	88261	Chromosome analysis; count 5 cells, 1 karyotype, with bandin	✓	✓	✓	✓	✓
Genetic Testing	88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with b	✓	✓	✓	✓	✓
Genetic Testing	88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyoty	✓	✓	✓	✓	✓
Genetic Testing	88264	Chromosome analysis; analyze 20-25 cells	✓	✓	✓	✓	✓
Genetic Testing	88267	Chromosome analysis, amniotic fluid or chorionic villus, cou	✓	✓	✓	✓	✓
Genetic Testing	88269	Chromosome analysis, in situ for amniotic fluid cells, count	✓	✓	✓	✓	✓
Genetic Testing	88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	✓	✓	✓	✓	✓
Genetic Testing	88272	Molecular cytogenetics; chromosomal in situ hybridization, a	✓	✓	✓	✓	✓
Genetic Testing	88273	Molecular cytogenetics; chromosomal in situ hybridization, a	✓	✓	✓	✓	✓
Genetic Testing	88274	Molecular cytogenetics; interphase in situ hybridization, an	✓	✓	✓	✓	✓
Genetic Testing	88275	Molecular cytogenetics; interphase in situ hybridization, an	✓	✓	✓	✓	✓
Genetic Testing	88280	Chromosome analysis; additional karyotypes, each study	✓	✓	✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Genetic Testing	88283	Chromosome analysis; additional specialized banding techniqu	✓	✓	✓	✓	✓
Genetic Testing	88285	Chromosome analysis; additional cells counted, each study	✓	✓	✓	✓	✓
Genetic Testing	88289	Chromosome analysis; additional high resolution study	✓	✓	✓	✓	✓
Genetic Testing	88291	Cytogenetics and molecular cytogenetics, interpretation and	✓	✓	✓	✓	✓
Genetic Testing	88299	Unlisted cytogenetic study	✓	✓	✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	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	E0277	Powered pressure-reducing air mattress	✓		✓	✓	✓
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	E0190*	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	✓		✓	✓	✓
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	✓		✓	✓	✓
Hospital Beds and accessories	E0271	Mattress, innerspring	✓		✓	✓	✓
Hospital Beds and accessories	E0315	Bed accessory: board, table, or support device, any type	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Implantable Hearing Device (excluding batteries)	69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓
	69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	69930	Cochlear device implantation, with or without mastoidectomy	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	L8499	Unlisted procedure for miscellaneous prosthetic services	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	L8614	Cochlear device, includes all internal and external components	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	L8615	Headset/headpiece for use with cochlear implant device, replacement	✓		✓	✓	✓
Implantable Hearing Device (excluding batteries)	L8616	Microphone for use with cochlear implant device, replacemen	✓		✓	✓	✓
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	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Magnetoencephalography	95965	Recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	✓		✓	✓	✓
Magnetoencephalography	95966	Recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	✓		✓	✓	✓
Magnetoencephalography	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)	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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

[BACK TO TABLE OF CONTENTS](#)

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	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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

**BACK TO TABLE OF CONTENTS**

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

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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)	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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

[BACK TO TABLE OF CONTENTS](#)

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

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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

BACK TO TABLE OF CONTENTS

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

[BACK TO TABLE OF CONTENTS](#)

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

[BACK TO TABLE OF CONTENTS](#)

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

[BACK TO TABLE OF CONTENTS](#)

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

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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 tooth	✓		✓	✓	✓
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)	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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

BACK TO TABLE OF CONTENTS

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

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
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 tooth	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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)	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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

BACK TO TABLE OF CONTENTS

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

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
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)	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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

BACK TO TABLE OF CONTENTS

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

**BACK TO TABLE OF CONTENTS**

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

BACK TO TABLE OF CONTENTS

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

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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

**BACK TO TABLE OF CONTENTS**

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

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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

**BACK TO TABLE OF CONTENTS**

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

BACK TO TABLE OF CONTENTS

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

[BACK TO TABLE OF CONTENTS](#)

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

[BACK TO TABLE OF CONTENTS](#)

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			✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

<b>Psychological Testing (P.A. Required when billed outside the allowed hours)</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
Neurobehavioral testing	96116	Under Neurobehavioral Status Examination	✓		✓	✓	✓
Neurobehavioral testing	96121	Under Neurobehavioral Status Examination	✓		✓	✓	✓
Psychological Testing	96130	Under Psychological and Neuropsychological Testing Evaluation Services	✓		✓	✓	✓
Psychological Testing	96131	Under Psychological and Neuropsychological Testing Evaluation Services	✓		✓	✓	✓
Neuropsychological testing	96132	Under Psychological and Neuropsychological Testing Evaluation Services	✓		✓	✓	✓
Neuropsychological testing	96133	Under Psychological and Neuropsychological Testing Evaluation Services	✓		✓	✓	✓
Psychological Testing	96136	Under Psychological and Neuropsychological Test Administration and Scoring	✓		✓	✓	✓
Psychological Testing	96137	Under Psychological and Neuropsychological Test Administration and Scoring	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Respite Care MDCP	T1005	Respite care services, up to 15 minutes					✓
Respite Care MDCP	T2027	Specialized childcare, waiver; per 15 minutes					✓
Respite Care MDCP	H2015	Habilitation, prevocational, waiver; per hour					✓

[BACK TO TABLE OF CONTENTS](#)

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

BACK TO TABLE OF CONTENTS

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	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11970	Replacement of tissue expander with permanent prosthesis	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11971	Removal of tissue expander(s) without insertion of prosthesi	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19303	Mastectomy, simple, complete	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19304	Mastectomy, subcutaneous	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19305	Mastectomy, radical, including pectoral muscles, axillary ly	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19306	Mastectomy, radical, including pectoral muscles, axillary an	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19307	Mastectomy, modified radical, including axillary lymph nodes	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19316	Mastopexy	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19324	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	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19342	Delayed insertion of breast prosthesis following mastopexy,	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19350	Nipple/areola reconstruction	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19355	Correction of inverted nipples	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19357	Breast reconstruction, immediate or delayed, with tissue exp	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19361	Breast reconstruction with latissimus dorsi flap, without pr	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19364	Breast reconstruction with free flap	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19366	Breast reconstruction with other technique	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19367	Breast reconstruction with transverse rectus abdominis myocu	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19368	Breast reconstruction with transverse rectus abdominis myocu	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19369	Breast reconstruction with transverse rectus abdominis myocu	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	S2068	Breast reconstruction with deep inferior epigastric perforat	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19370	Open periprosthetic capsulotomy, breast	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19371	Periprosthetic capsulectomy, breast	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19380	Revision of reconstructed breast	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19499	Unlisted procedure, breast	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8001	Breast prosthesis, mastectomy bra, with integrated breast pr	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8002	Breast prosthesis, mastectomy bra, with integrated breast pr	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8010	Breast prosthesis, mastectomy sleeve	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8015	External breast prosthesis garment, with mastectomy form, po	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8020	Breast prosthesis, mastectomy form	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8030	Breast prosthesis, silicone or equal, without integral adhes	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8031	Breast prosthesis, silicone or equal, with integral adhesive	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8032	Nipple prosthesis, reusable, any type, each	✓		✓	✓	✓
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8035	Custom breast prosthesis, post mastectomy, molded to patient	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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)	97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An	✓		✓	✓	✓
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	✓		✓	✓	✓
Therapy-Occupational (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psych	✓		✓	✓	✓
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	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

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)	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	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

<b>BENEFIT CATEGORY</b>	<b>CODE</b>	<b>CODE DESCRIPTION</b>	<b>CHIP</b>	<b>CHIP Perinate</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>STAR Kids MDCP</b>
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

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)	97161	Physical therapy evaluation: low complexity, requiring these	✓		✓	✓	✓
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97162	Physical therapy evaluation: moderate complexity, requiring	✓		✓	✓	✓
Therapy-Physical (excluding Early Childhood Intervention (ECI) Programs, Reevaluations and Acute Therapy Evaluations with the AT Modifier)	97163	Physical therapy evaluation: high complexity, requiring thes	✓		✓	✓	✓
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	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

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)	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	✓		✓	✓	✓

**BACK TO TABLE OF CONTENTS**

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)	92521	Evaluation of speech fluency (eg, stuttering, cluttering)	✓		✓	✓	✓
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	✓		✓	✓	✓
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	✓		✓	✓	✓
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92524	Behavioral and qualitative analysis of voice and resonance	✓		✓	✓	✓
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)	92610	Evaluation of oral and pharyngeal swallowing function	✓		✓	✓	✓
Therapy-Speech (excluding Early Childhood Intervention (ECI) Programs, Reevaluations)	92620	Evaluation of central auditory function, with report; initial 60 minutes	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
TMJ diagnosis and treatment	21010	Arthrotomy, temporomandibular joint	✓		✓	✓	✓
TMJ diagnosis and treatment	21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	✓		✓	✓	✓
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	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	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	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	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeuti	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Transition Assistance	T2038	Community transition, waiver; per service					✓

BACK TO TABLE OF CONTENTS

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

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Transplants including Solid Organ and Bone Marrow	47146	Backbench reconstruction of cadaver or living donor liver gr	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	47147	Backbench reconstruction of cadaver or living donor liver gr	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48160	Pancreatectomy, total or subtotal, with autologous transplan	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48550	Donor pancreatectomy (including cold preservation), with or	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48551	Backbench standard preparation of cadaver donor pancreas all	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48552	Backbench reconstruction of cadaver donor pancreas allograft	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48554	Transplantation of pancreatic allograft	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	48556	Removal of transplanted pancreatic allograft	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50300	Donor nephrectomy (including cold preservation); from cadave	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50320	Donor nephrectomy (including cold preservation); open, from	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50323	Backbench standard preparation of cadaver donor renal allogr	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50325	Backbench standard preparation of living donor renal allogra	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50327	Backbench reconstruction of cadaver or living donor renal al	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50328	Backbench reconstruction of cadaver or living donor renal al	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50329	Backbench reconstruction of cadaver or living donor renal al	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50340	Recipient nephrectomy (separate procedure)	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50360	Renal allotransplantation, implantation of graft; without re	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50365	Renal allotransplantation, implantation of graft; with recip	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50370	Removal of transplanted renal allograft	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50380	Renal autotransplantation, reimplantation of kidney	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	50547	Laparoscopy, surgical; donor nephrectomy (including cold pre	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2053	Transplantation of small intestine and liver allografts	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2054	Transplantation of multivisceral organs	✓		✓	✓	✓

[BACK TO TABLE OF CONTENTS](#)

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Transplants including Solid Organ and Bone Marrow	S2055	Harvesting of donor multivisceral organs, with preparation a	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2060	Lobar lung transplantation	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2061	Donor lobectomy (lung) for transplantation, living donor	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2065	Simultaneous pancreas kidney transplantation	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2140	Cord blood harvesting for transplantation, allogeneic	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2142	Cord blood-derived stem-cell transplantation, allogeneic	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2150	Bone marrow or blood-derived stem cells (peripheral or umbil	✓		✓	✓	✓
Transplants including Solid Organ and Bone Marrow	S2152	Solid organ(s), complete or segmental, single organ or combi	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	E0950	Wheelchair accessory, tray, each	✓		✓	✓	✓
Wheelchair and Accessories	E0951	Heel loop/holder, any type, with or without ankle strap, eac	✓		✓	✓	✓
Wheelchair and Accessories	E0952	Toe loop/holder, any type, each	✓		✓	✓	✓
Wheelchair and Accessories	E0953	Wheelchair accessory, lateral thigh or knee suppor	✓		✓	✓	✓
Wheelchair and Accessories	E0954	Wheelchair accessory, foot box, any type, includes	✓		✓	✓	✓
Wheelchair and Accessories	E0955	Wheelchair accessory, headrest, cushioned, any type, includi	✓		✓	✓	✓
Wheelchair and Accessories	E0956	Wheelchair accessory, lateral trunk or hip support, any type	✓		✓	✓	✓
Wheelchair and Accessories	E0957	Wheelchair accessory, medial thigh support, any type, includ	✓		✓	✓	✓
Wheelchair and Accessories	E0958	Manual wheelchair accessory, one-arm drive attachment, each	✓		✓	✓	✓
Wheelchair and Accessories	E0959	Manual wheelchair accessory, adapter for amputee, each	✓		✓	✓	✓
Wheelchair and Accessories	E0960	Wheelchair accessory, shoulder harness/straps or chest strap	✓		✓	✓	✓
Wheelchair and Accessories	E0961	Manual wheelchair accessory, wheel lock brake extension (han	✓		✓	✓	✓
Wheelchair and Accessories	E0967	Manual wheelchair accessory, hand rim with projections, any	✓		✓	✓	✓
Wheelchair and Accessories	E0969	Narrowing device, wheelchair	✓		✓	✓	✓
Wheelchair and Accessories	E0970	No. 2 footplates, except for elevating legrest	✓		✓	✓	✓
Wheelchair and Accessories	E0971	Manual wheelchair accessory, antitipping device, each	✓		✓	✓	✓
Wheelchair and Accessories	E0973	Wheelchair accessory, adjustable height, detachable armrest,	✓		✓	✓	✓
Wheelchair and Accessories	E0974	Manual wheelchair accessory, antirollback device, each	✓		✓	✓	✓
Wheelchair and Accessories	E0978	Wheelchair accessory, positioning belt/safety belt/pelvic st	✓		✓	✓	✓
Wheelchair and Accessories	E0980	Safety vest, wheelchair	✓		✓	✓	✓
Wheelchair and Accessories	E0981	Wheelchair accessory, seat upholstery, replacement only, eac	✓		✓	✓	✓
Wheelchair and Accessories	E0982	Wheelchair accessory, back upholstery, replacement only, eac	✓		✓	✓	✓
Wheelchair and Accessories	E0990	Wheelchair accessory, elevating legrest, complete assembly,	✓		✓	✓	✓
Wheelchair and Accessories	E0992	Manual wheelchair accessory, solid seat insert	✓		✓	✓	✓
Wheelchair and Accessories	E0994	Armrest, each	✓		✓	✓	✓
Wheelchair and Accessories	E0995	Wheelchair accessory, calf rest/pad, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	E1002	Wheelchair accessory, power seating system, tilt only	✓		✓	✓	✓
Wheelchair and Accessories	E1003	Wheelchair accessory, power seating system, recline only, wi	✓		✓	✓	✓
Wheelchair and Accessories	E1004	Wheelchair accessory, power seating system, recline only, wi	✓		✓	✓	✓
Wheelchair and Accessories	E1005	Wheelchair accessory, power seating system, recline only, wi	✓		✓	✓	✓
Wheelchair and Accessories	E1006	Wheelchair accessory, power seating system, combination tilt	✓		✓	✓	✓
Wheelchair and Accessories	E1007	Wheelchair accessory, power seating system, combination tilt	✓		✓	✓	✓
Wheelchair and Accessories	E1008	Wheelchair accessory, power seating system, combination tilt	✓		✓	✓	✓
Wheelchair and Accessories	E1009	Wheelchair accessory, addition to power seating system, mech	✓		✓	✓	✓
Wheelchair and Accessories	E1010	Wheelchair accessory, addition to power seating system, powe	✓		✓	✓	✓
Wheelchair and Accessories	E1011	Modification to pediatric size wheelchair, width adjustment	✓		✓	✓	✓
Wheelchair and Accessories	E1014	Reclining back, addition to pediatric size wheelchair	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	E1015	Shock absorber for manual wheelchair, each	✓		✓	✓	✓
Wheelchair and Accessories	E1016	Shock absorber for power wheelchair, each	✓		✓	✓	✓
Wheelchair and Accessories	E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty	✓		✓	✓	✓
Wheelchair and Accessories	E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty	✓		✓	✓	✓
Wheelchair and Accessories	E1020	Residual limb support system for wheelchair, any type	✓		✓	✓	✓
Wheelchair and Accessories	E1028	Wheelchair accessory, manual swingaway, retractable or remov	✓		✓	✓	✓
Wheelchair and Accessories	E1029	Wheelchair accessory, ventilator tray, fixed	✓		✓	✓	✓
Wheelchair and Accessories	E1050	Fully-reclining wheelchair, fixed full-length arms, swing-aw	✓		✓	✓	✓
Wheelchair and Accessories	E1060	Fully-reclining wheelchair, detachable arms, desk or full-le	✓		✓	✓	✓
Wheelchair and Accessories	E1070	Fully-reclining wheelchair, detachable arms (desk or full-le	✓		✓	✓	✓
Wheelchair and Accessories	E1100	Semi-reclining wheelchair, fixed full-length arms, swing-awa	✓		✓	✓	✓
Wheelchair and Accessories	E1110	Semi-reclining wheelchair, detachable arms (desk or full-len	✓		✓	✓	✓
Wheelchair and Accessories	E1140	Wheelchair, detachable arms, desk or full-length, swing-away	✓		✓	✓	✓
Wheelchair and Accessories	E1161	Manual adult size wheelchair, includes tilt in space	✓		✓	✓	✓
Wheelchair and Accessories	E1220	Wheelchair; specially sized or constructed, (indicate brand	✓		✓	✓	✓
Wheelchair and Accessories	E1225	Wheelchair accessory, manual semi-reclining back, (recline g	✓		✓	✓	✓
Wheelchair and Accessories	E1226	Wheelchair accessory, manual fully reclining back, (recline	✓		✓	✓	✓
Wheelchair and Accessories	E1229	Wheelchair, pediatric size, not otherwise specified	✓		✓	✓	✓
Wheelchair and Accessories	E1230	Power operated vehicle (3- or 4-wheel nonhighway), specify b	✓		✓	✓	✓
Wheelchair and Accessories	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable	✓		✓	✓	✓
Wheelchair and Accessories	E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustab	✓		✓	✓	✓
Wheelchair and Accessories	E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable	✓		✓	✓	✓
Wheelchair and Accessories	E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustab	✓		✓	✓	✓
Wheelchair and Accessories	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating	✓		✓	✓	✓
Wheelchair and Accessories	E1236	Wheelchair, pediatric size, folding, adjustable, with seatin	✓		✓	✓	✓
Wheelchair and Accessories	E1237	Wheelchair, pediatric size, rigid, adjustable, without seati	✓		✓	✓	✓
Wheelchair and Accessories	E1238	Wheelchair, pediatric size, folding, adjustable, without sea	✓		✓	✓	✓
Wheelchair and Accessories	E1239	Power wheelchair, pediatric size, not otherwise specified	✓		✓	✓	✓
Wheelchair and Accessories	E2201	Manual wheelchair accessory, nonstandard seat frame, width g	✓		✓	✓	✓
Wheelchair and Accessories	E2202	Manual wheelchair accessory, nonstandard seat frame width, 2	✓		✓	✓	✓
Wheelchair and Accessories	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 2	✓		✓	✓	✓
Wheelchair and Accessories	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 2	✓		✓	✓	✓
Wheelchair and Accessories	E2205	Manual wheelchair accessory, handrim without projections (in	✓		✓	✓	✓
Wheelchair and Accessories	E2206	Manual wheelchair accessory, wheel lock assembly, complete,	✓		✓	✓	✓
Wheelchair and Accessories	E2207	Wheelchair accessory, crutch and cane holder, each	✓		✓	✓	✓
Wheelchair and Accessories	E2208	Wheelchair accessory, cylinder tank carrier, each	✓		✓	✓	✓
Wheelchair and Accessories	E2209	Accessory, arm trough, with or without hand support, each	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	E2210	Wheelchair accessory, bearings, any type, replacement only,	✓		✓	✓	✓
Wheelchair and Accessories	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any	✓		✓	✓	✓
Wheelchair and Accessories	E2212	Manual wheelchair accessory, tube for pneumatic propulsion t	✓		✓	✓	✓
Wheelchair and Accessories	E2213	Manual wheelchair accessory, insert for pneumatic propulsion	✓		✓	✓	✓
Wheelchair and Accessories	E2214	Manual wheelchair accessory, pneumatic caster tire, any size	✓		✓	✓	✓
Wheelchair and Accessories	E2215	Manual wheelchair accessory, tube for pneumatic caster tire,	✓		✓	✓	✓
Wheelchair and Accessories	E2216	Manual wheelchair accessory, foam filled propulsion tire, an	✓		✓	✓	✓
Wheelchair and Accessories	E2217	Manual wheelchair accessory, foam filled caster tire, any si	✓		✓	✓	✓
Wheelchair and Accessories	E2218	Manual wheelchair accessory, foam propulsion tire, any size,	✓		✓	✓	✓
Wheelchair and Accessories	E2219	Manual wheelchair accessory, foam caster tire, any size, eac	✓		✓	✓	✓
Wheelchair and Accessories	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsi	✓		✓	✓	✓
Wheelchair and Accessories	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster t	✓		✓	✓	✓
Wheelchair and Accessories	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster t	✓		✓	✓	✓
Wheelchair and Accessories	E2224	Manual wheelchair accessory, propulsion wheel excludes tire,	✓		✓	✓	✓
Wheelchair and Accessories	E2225	Manual wheelchair accessory, caster wheel excludes tire, any	✓		✓	✓	✓
Wheelchair and Accessories	E2226	Manual wheelchair accessory, caster fork, any size, replacem	✓		✓	✓	✓
Wheelchair and Accessories	E2228	Manual wheelchair accessory, wheel braking system and lock,	✓		✓	✓	✓
Wheelchair and Accessories	E2291	Back, planar, for pediatric size wheelchair including fixed	✓		✓	✓	✓
Wheelchair and Accessories	E2292	Seat, planar, for pediatric size wheelchair including fixed	✓		✓	✓	✓
Wheelchair and Accessories	E2293	Back, contoured, for pediatric size wheelchair including fix	✓		✓	✓	✓
Wheelchair and Accessories	E2294	Seat, contoured, for pediatric size wheelchair including fix	✓		✓	✓	✓
Wheelchair and Accessories	E2300	Wheelchair accessory, power seat elevation system, any type	✓		✓	✓	✓
Wheelchair and Accessories	E2310	Power wheelchair accessory, electronic connection between wh	✓		✓	✓	✓
Wheelchair and Accessories	E2311	Power wheelchair accessory, electronic connection between wh	✓		✓	✓	✓
Wheelchair and Accessories	E2312	Power wheelchair accessory, hand or chin control interface,	✓		✓	✓	✓
Wheelchair and Accessories	E2313	Power wheelchair accessory, harness for upgrade to expandabl	✓		✓	✓	✓
Wheelchair and Accessories	E2321	Power wheelchair accessory, hand control interface, remote j	✓		✓	✓	✓
Wheelchair and Accessories	E2323	Power wheelchair accessory, specialty joystick handle for ha	✓		✓	✓	✓
Wheelchair and Accessories	E2324	Power wheelchair accessory, chin cup for chin control interf	✓		✓	✓	✓
Wheelchair and Accessories	E2325	Power wheelchair accessory, sip and puff interface, nonpropo	✓		✓	✓	✓
Wheelchair and Accessories	E2326	Power wheelchair accessory, breath tube kit for sip and puff	✓		✓	✓	✓
Wheelchair and Accessories	E2327	Power wheelchair accessory, head control interface, mechanic	✓		✓	✓	✓
Wheelchair and Accessories	E2328	Power wheelchair accessory, head control or extremity contro	✓		✓	✓	✓
Wheelchair and Accessories	E2329	Power wheelchair accessory, head control interface, contact	✓		✓	✓	✓
Wheelchair and Accessories	E2330	Power wheelchair accessory, head control interface, proximit	✓		✓	✓	✓
Wheelchair and Accessories	E2340	Power wheelchair accessory, nonstandard seat frame width, 20	✓		✓	✓	✓
Wheelchair and Accessories	E2341	Power wheelchair accessory, nonstandard seat frame width, 24	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20	✓		✓	✓	✓
Wheelchair and Accessories	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22	✓		✓	✓	✓
Wheelchair and Accessories	E2351	Power wheelchair accessory, electronic interface to operate	✓		✓	✓	✓
Wheelchair and Accessories	E2359	Power wheelchair accessory, group 34 sealed lead acid batter	✓		✓	✓	✓
Wheelchair and Accessories	E2361	Power wheelchair accessory, 22 NF sealed lead acid battery,	✓		✓	✓	✓
Wheelchair and Accessories	E2363	Power wheelchair accessory, group 24 sealed lead acid batter	✓		✓	✓	✓
Wheelchair and Accessories	E2366	Power wheelchair accessory, battery charger, single mode, fo	✓		✓	✓	✓
Wheelchair and Accessories	E2368	Power wheelchair component, drive wheel motor, replacement o	✓		✓	✓	✓
Wheelchair and Accessories	E2369	Power wheelchair component, drive wheel gear box, replacemen	✓		✓	✓	✓
Wheelchair and Accessories	E2370	Power wheelchair component, integrated drive wheel motor and	✓		✓	✓	✓
Wheelchair and Accessories	E2371	Power wheelchair accessory, group 27 sealed lead acid batter	✓		✓	✓	✓
Wheelchair and Accessories	E2373	Power wheelchair accessory, hand or chin control interface,	✓		✓	✓	✓
Wheelchair and Accessories	E2374	Power wheelchair accessory, hand or chin control interface,	✓		✓	✓	✓
Wheelchair and Accessories	E2375	Power wheelchair accessory, nonexpandable controller, includ	✓		✓	✓	✓
Wheelchair and Accessories	E2376	Power wheelchair accessory, expandable controller, including	✓		✓	✓	✓
Wheelchair and Accessories	E2377	Power wheelchair accessory, expandable controller, including	✓		✓	✓	✓
Wheelchair and Accessories	E2378	Power wheelchair component, actuator, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	E2381	Power wheelchair accessory, pneumatic drive wheel tire, any	✓		✓	✓	✓
Wheelchair and Accessories	E2382	Power wheelchair accessory, tube for pneumatic drive wheel t	✓		✓	✓	✓
Wheelchair and Accessories	E2383	Power wheelchair accessory, insert for pneumatic drive wheel	✓		✓	✓	✓
Wheelchair and Accessories	E2384	Power wheelchair accessory, pneumatic caster tire, any size,	✓		✓	✓	✓
Wheelchair and Accessories	E2385	Power wheelchair accessory, tube for pneumatic caster tire,	✓		✓	✓	✓
Wheelchair and Accessories	E2386	Power wheelchair accessory, foam filled drive wheel tire, an	✓		✓	✓	✓
Wheelchair and Accessories	E2387	Power wheelchair accessory, foam filled caster tire, any siz	✓		✓	✓	✓
Wheelchair and Accessories	E2388	Power wheelchair accessory, foam drive wheel tire, any size,	✓		✓	✓	✓
Wheelchair and Accessories	E2389	Power wheelchair accessory, foam caster tire, any size, repl	✓		✓	✓	✓
Wheelchair and Accessories	E2390	Power wheelchair accessory, solid (rubber/plastic) drive whe	✓		✓	✓	✓
Wheelchair and Accessories	E2391	Power wheelchair accessory, solid (rubber/plastic) caster ti	✓		✓	✓	✓
Wheelchair and Accessories	E2392	Power wheelchair accessory, solid (rubber/plastic) caster ti	✓		✓	✓	✓
Wheelchair and Accessories	E2394	Power wheelchair accessory, drive wheel excludes tire, any s	✓		✓	✓	✓
Wheelchair and Accessories	E2395	Power wheelchair accessory, caster wheel excludes tire, any	✓		✓	✓	✓
Wheelchair and Accessories	E2396	Power wheelchair accessory, caster fork, any size, replaceme	✓		✓	✓	✓
Wheelchair and Accessories	E2625	Skin protection and positioning wheelchair seat cushion, adj	✓		✓	✓	✓
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	K0007	Extra heavy-duty wheelchair	✓		✓	✓	✓
Wheelchair and Accessories	K0009	Other manual wheelchair/base	✓		✓	✓	✓
Wheelchair and Accessories	K0010	Standard-weight frame motorized/power wheelchair	✓		✓	✓	✓
Wheelchair and Accessories	K0011	Standard-weight frame motorized/power wheelchair with progra	✓		✓	✓	✓
Wheelchair and Accessories	K0012	Lightweight portable motorized/power wheelchair	✓		✓	✓	✓
Wheelchair and Accessories	K0013	Custom motorized/power wheelchair base	✓		✓	✓	✓
Wheelchair and Accessories	K0015	Detachable, nonadjustable height armrest, each	✓		✓	✓	✓
Wheelchair and Accessories	K0017	Detachable, adjustable height armrest, base, replacement onl	✓		✓	✓	✓
Wheelchair and Accessories	K0018	Detachable, adjustable height armrest, upper portion, replac	✓		✓	✓	✓
Wheelchair and Accessories	K0019	Arm pad, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0020	Fixed, adjustable height armrest, pair	✓		✓	✓	✓
Wheelchair and Accessories	K0037	High mount flip-up footrest, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0038	Leg strap, each	✓		✓	✓	✓
Wheelchair and Accessories	K0039	Leg strap, H style, each	✓		✓	✓	✓
Wheelchair and Accessories	K0040	Adjustable angle footplate, each	✓		✓	✓	✓
Wheelchair and Accessories	K0041	Large size footplate, each	✓		✓	✓	✓
Wheelchair and Accessories	K0042	Standard size footplate, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0043	Footrest, lower extension tube, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0044	Footrest, upper hanger bracket, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0045	Footrest, complete assembly, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0046	Elevating legrest, lower extension tube, replacement only, e	✓		✓	✓	✓
Wheelchair and Accessories	K0047	Elevating legrest, upper hanger bracket, replacement only, e	✓		✓	✓	✓
Wheelchair and Accessories	K0050	Ratchet assembly, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	K0051	Cam release assembly, footrest or legrest, replacement only,	✓		✓	✓	✓
Wheelchair and Accessories	K0052	Swingaway, detachable footrests, replacement only, each	✓		✓	✓	✓
Wheelchair and Accessories	K0053	Elevating footrests, articulating (telescoping), each	✓		✓	✓	✓
Wheelchair and Accessories	K0056	Seat height less than 17 in or equal to or greater than 21 i	✓		✓	✓	✓
Wheelchair and Accessories	K0065	Spoke protectors, each	✓		✓	✓	✓
Wheelchair and Accessories	K0069	Rear wheel assembly, complete, with solid tire, spokes or mo	✓		✓	✓	✓
Wheelchair and Accessories	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes o	✓		✓	✓	✓
Wheelchair and Accessories	K0071	Front caster assembly, complete, with pneumatic tire, replac	✓		✓	✓	✓
Wheelchair and Accessories	K0072	Front caster assembly, complete, with semipneumatic tire, re	✓		✓	✓	✓
Wheelchair and Accessories	K0073	Caster pin lock, each	✓		✓	✓	✓
Wheelchair and Accessories	K0077	Front caster assembly, complete, with solid tire, replacemen	✓		✓	✓	✓
Wheelchair and Accessories	K0098	Drive belt for power wheelchair, replacement only	✓		✓	✓	✓
Wheelchair and Accessories	K0105	IV hanger, each	✓		✓	✓	✓
Wheelchair and Accessories	K0108	Wheelchair component or accessory, not otherwise specified	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	K0195	Elevating legrests, pair (for use with capped rental wheelch	✓		✓	✓	✓
Wheelchair and Accessories	K0669	Wheelchair accessory, wheelchair seat or back cushion, does	✓		✓	✓	✓
Wheelchair and Accessories	K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead ac	✓		✓	✓	✓
Wheelchair and Accessories	K0800	Power operated vehicle, group 1 standard, patient weight cap	✓		✓	✓	✓
Wheelchair and Accessories	K0801	Power operated vehicle, group 1 heavy-duty, patient weight c	✓		✓	✓	✓
Wheelchair and Accessories	K0802	Power operated vehicle, group 1 very heavy-duty, patient wei	✓		✓	✓	✓
Wheelchair and Accessories	K0813	Power wheelchair, group 1 standard, portable, sling/solid se	✓		✓	✓	✓
Wheelchair and Accessories	K0814	Power wheelchair, group 1 standard, portable, captain's chai	✓		✓	✓	✓
Wheelchair and Accessories	K0815	Power wheelchair, group 1 standard, sling/solid seat and bac	✓		✓	✓	✓
Wheelchair and Accessories	K0816	Power wheelchair, group 1 standard, captain's chair, patient	✓		✓	✓	✓
Wheelchair and Accessories	K0820	Power wheelchair, group 2 standard, portable, sling/solid se	✓		✓	✓	✓
Wheelchair and Accessories	K0821	Power wheelchair, group 2 standard, portable, captain's chai	✓		✓	✓	✓
Wheelchair and Accessories	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, p	✓		✓	✓	✓
Wheelchair and Accessories	K0823	Power wheelchair, group 2 standard, captain's chair, patient	✓		✓	✓	✓
Wheelchair and Accessories	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back,	✓		✓	✓	✓
Wheelchair and Accessories	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patie	✓		✓	✓	✓
Wheelchair and Accessories	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/	✓		✓	✓	✓
Wheelchair and Accessories	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair,	✓		✓	✓	✓
Wheelchair and Accessories	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat	✓		✓	✓	✓
Wheelchair and Accessories	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair,	✓		✓	✓	✓
Wheelchair and Accessories	K0835	Power wheelchair, group 2 standard, single power option, sli	✓		✓	✓	✓
Wheelchair and Accessories	K0836	Power wheelchair, group 2 standard, single power option, cap	✓		✓	✓	✓
Wheelchair and Accessories	K0837	Power wheelchair, group 2 heavy-duty, single power option, s	✓		✓	✓	✓
Wheelchair and Accessories	K0838	Power wheelchair, group 2 heavy-duty, single power option, c	✓		✓	✓	✓
Wheelchair and Accessories	K0839	Power wheelchair, group 2 very heavy-duty, single power opti	✓		✓	✓	✓
Wheelchair and Accessories	K0840	Power wheelchair, group 2 extra heavy-duty, single power opt	✓		✓	✓	✓
Wheelchair and Accessories	K0841	Power wheelchair, group 2 standard, multiple power option, s	✓		✓	✓	✓
Wheelchair and Accessories	K0842	Power wheelchair, group 2 standard, multiple power option, c	✓		✓	✓	✓
Wheelchair and Accessories	K0843	Power wheelchair, group 2 heavy-duty, multiple power option,	✓		✓	✓	✓
Wheelchair and Accessories	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, p	✓		✓	✓	✓
Wheelchair and Accessories	K0849	Power wheelchair, group 3 standard, captain's chair, patient	✓		✓	✓	✓
Wheelchair and Accessories	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back,	✓		✓	✓	✓
Wheelchair and Accessories	K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patie	✓		✓	✓	✓
Wheelchair and Accessories	K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/	✓		✓	✓	✓
Wheelchair and Accessories	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair,	✓		✓	✓	✓
Wheelchair and Accessories	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat	✓		✓	✓	✓
Wheelchair and Accessories	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair,	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	K0856	Power wheelchair, group 3 standard, single power option, sli	✓		✓	✓	✓
Wheelchair and Accessories	K0857	Power wheelchair, group 3 standard, single power option, cap	✓		✓	✓	✓
Wheelchair and Accessories	K0858	Power wheelchair, group 3 heavy-duty, single power option, s	✓		✓	✓	✓
Wheelchair and Accessories	K0859	Power wheelchair, group 3 heavy-duty, single power option, c	✓		✓	✓	✓
Wheelchair and Accessories	K0860	Power wheelchair, group 3 very heavy-duty, single power opti	✓		✓	✓	✓
Wheelchair and Accessories	K0861	Power wheelchair, group 3 standard, multiple power option, s	✓		✓	✓	✓
Wheelchair and Accessories	K0862	Power wheelchair, group 3 heavy-duty, multiple power option,	✓		✓	✓	✓
Wheelchair and Accessories	K0863	Power wheelchair, group 3 very heavy-duty, multiple power op	✓		✓	✓	✓
Wheelchair and Accessories	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power o	✓		✓	✓	✓
Wheelchair and Accessories	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, p	✓		✓	✓	✓
Wheelchair and Accessories	K0869	Power wheelchair, group 4 standard, captain's chair, patient	✓		✓	✓	✓
Wheelchair and Accessories	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back,	✓		✓	✓	✓
Wheelchair and Accessories	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/	✓		✓	✓	✓
Wheelchair and Accessories	K0877	Power wheelchair, group 4 standard, single power option, sli	✓		✓	✓	✓
Wheelchair and Accessories	K0878	Power wheelchair, group 4 standard, single power option, cap	✓		✓	✓	✓
Wheelchair and Accessories	K0879	Power wheelchair, group 4 heavy-duty, single power option, s	✓		✓	✓	✓
Wheelchair and Accessories	K0880	Power wheelchair, group 4 very heavy-duty, single power opti	✓		✓	✓	✓
Wheelchair and Accessories	K0884	Power wheelchair, group 4 standard, multiple power option, s	✓		✓	✓	✓
Wheelchair and Accessories	K0885	Power wheelchair, group 4 standard, multiple power option, c	✓		✓	✓	✓
Wheelchair and Accessories	K0886	Power wheelchair, group 4 heavy-duty, multiple power option,	✓		✓	✓	✓
Wheelchair and Accessories	K0890	Power wheelchair, group 5 pediatric, single power option, sl	✓		✓	✓	✓
Wheelchair and Accessories	K0891	Power wheelchair, group 5 pediatric, multiple power option,	✓		✓	✓	✓
Wheelchair and Accessories	K0898	Power wheelchair, not otherwise classified	✓		✓	✓	✓
Wheelchair and Accessories	K0001	Standard wheelchair	✓		✓	✓	✓
Wheelchair and Accessories	K0002	Standard hemi (low seat) wheelchair	✓		✓	✓	✓
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	✓		✓	✓	✓
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	E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	✓		✓	✓	✓
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	✓		✓	✓	✓

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Wheelchair and Accessories	E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	✓		✓	✓	✓
Wheelchair and Accessories	E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	✓		✓	✓	✓
Wheelchair and Accessories	E2609	Custom fabricated wheelchair seat cushion, any size	✓		✓	✓	✓
Wheelchair and Accessories	E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2619	Replacement cover for wheelchair seat cushion or back cushion, each	✓		✓	✓	✓
Wheelchair and Accessories	E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	✓		✓	✓	✓
Wheelchair and Accessories	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	✓		✓	✓	✓
Wheelchair and Accessories	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	✓		✓	✓	✓
Wheelchair and Accessories	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	✓		✓	✓	✓