

New York Medicaid - List of Goods and Services that required Prior Authorizations during 2025.

Procedure Code	Description
10040	REMOVAL OF ACNE
11950	INJECTION OF FILLING MATERIAL UNDER SKIN, 1.0 CC OR LESS
11951	INJECTION OF FILLING MATERIAL UNDER SKIN, 1.1-5.0 CC
11952	INJECTION OF FILLING MATERIAL UNDER SKIN, 5.1-10.0 CC
11954	INJECTION OF FILLING MATERIAL UNDER SKIN, MORE THAN 10.0 CC
15769	SELF SOFT TISSUE GRAFT
15771	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK, BREASTS, SCALP, ARMS, OR LEGS, 50.0 CC OR LESS
15772	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO TRUNK, BREASTS, SCALP, ARMS, OR LEGS, EACH ADDITIONAL 50.0 CC
15773	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE, EYELIDS, MOUTH, NECK, EARS, AROUND EYES, GENITALS, HANDS, OR FEET, 25.0 CC OR LESS
15774	GRAFT USING PATIENT'S FAT REMOVED BY LIPOSUCTION AND INSERTED INTO FACE, EYELIDS, MOUTH, NECK, EARS, AROUND EYES, GENITALS, HANDS, OR FEET, EACH ADDITIONAL 25.0 CC
15775	HAIR TRANSPLANT, 1-15 PUNCH GRAFTS
15776	HAIR TRANSPLANT, MORE THAN 15 PUNCH GRAFTS
15780	DERMABRASION OF SKIN OF TOTAL FACE
15781	REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS
15782	DERMABRASION OF SKIN OTHER THAN FACE
15783	DERMABRASION OF SUPERFICIAL SCARS OR TATTOOS FROM SKIN
15786	SCRAPING OF SKIN GROWTH, FIRST GROWTH
15787	SCRAPING OF SKIN GROWTH, EACH ADDITIONAL 1-4 GROWTHS
15788	CHEMICAL PEEL OF OUTER LAYER OF SKIN OF FACE
15789	CHEMICAL PEEL OF DEEP LAYER OF SKIN OF FACE
15792	CHEMICAL PEEL OF OUTER LAYER OF NONFACIAL SKIN
15793	CHEMICAL PEEL OF DEEP LAYER OF NONFACIAL SKIN
15810	SALABRASION; 20 SQ CM OR LESS
15811	SALABRASION; OVER 20 SQ CM
15819	REMOVAL OF EXTRA SKIN OF NECK
15820	REPAIR OF LOWER EYELID DEFECT
15821	REMOVAL OF EXCESSIVE SKIN OF LOWER EYELID AND FAT AROUND EYE
15822	REMOVAL OF EXCESSIVE SKIN OF UPPER EYELID

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15823	REMOVAL OF EXCESSIVE SKIN AND FAT OF UPPER EYELID
15824	REMOVAL OF WRINKLES AND EXTRA SKIN OF FOREHEAD
15825	REMOVAL OF WRINKLES AND EXTRA SKIN OF NECK
15826	INCISION, STRETCHING, AND SUTURE OF SKIN BETWEEN EYEBROWS
15828	REMOVAL OF WRINKLES AND EXTRA SKIN OF CHEEKS, CHIN, AND NECK
15829	REMOVAL OF WRINKLES AND EXTRA SKIN WITH GRAFTING OF CHEEKS, CHIN, AND NECK
15830	REMOVAL OF EXTRA SKIN AND TISSUE OF ABDOMEN
15831	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN
15832	REMOVAL OF EXTRA SKIN AND TISSUE OF THIGH
15833	REMOVAL OF EXTRA SKIN AND TISSUE OF LEG
15834	REMOVAL OF EXTRA SKIN AND TISSUE OF HIP
15835	REMOVAL OF EXTRA SKIN AND TISSUE OF BUTTOCK
15836	REMOVAL OF EXTRA SKIN AND TISSUE OF ARM
15837	REMOVAL OF EXTRA SKIN AND TISSUE OF FOREARM OR HAND
15838	REMOVAL OF EXTRA SKIN AND TISSUE OF CHIN
15839	REMOVAL OF EXTRA SKIN AND TISSUE OF OTHER AREA
15847	EXTENSIVE REMOVAL OF EXTRA SKIN AND TISSUE OF ABDOMEN
15876	SUCTION ASSISTED REMOVAL OF FAT OF HEAD AND NECK
15877	SUCTION ASSISTED REMOVAL OF FAT OF BODY
15878	SUCTION ASSISTED REMOVAL OF FAT OF ARM
15879	SUCTION ASSISTED REMOVAL OF FAT OF LEG
17380	HAIR REMOVAL BY ELECTROLYSIS, EACH 30 MINUTES
19316	REPAIR FOR SAGGING OF THE BREAST
21120	IMPLANTATION OF GRAFT TO ENLARGE CHIN BONE
21123	INSERTION OF SLIDING BONE GRAFT TO ENLARGE CHIN BONE, ADDITIONAL BONE GRAFT
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY;
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP
30410	RESHAPING OF BONE, CARTILAGE, AND/OR TIP OF NOSE
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR
30430	REVISION TO RESHAPE NOSE OR SMALL AMOUNT OF TIP OF NOSE AFTER PREVIOUS REPAIR

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30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)
30462	REVISION OF CONGENITAL NASAL DEFECT WITH LENGTHENING OF TIP OF NOSE
30465	REPAIR OF NASAL PASSAGE
30468	REPAIR OF COLLAPSED NOSTRIL USING IMPLANT IN SIDE OF NOSE
31588	GENERAL REPAIR OF VOICE BOX
37788	RESTORATION OF BLOOD FLOW IN ARTERY OF PENIS
37790	BLOCKAGE OF PENIS VEIN
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT
54400	INSERTION OF NON-INFLATABLE PENILE IMPLANT
54401	INSERTION OF INFLATABLE PENILE IMPLANT
54405	INSERTION OF MULTICOMPONENT INFLATABLE PENILE IMPLANT
54408	REPAIR OF MULTICOMPONENT INFLATABLE PENILE IMPLANT
54410	REMOVAL AND REPLACEMENT OF MULTICOMPONENT INFLATABLE PENILE IMPLANT DURING SAME SURGERY
54411	REMOVAL AND REPLACEMENT OF INFECTED COMPONENTS OF INFLATABLE PENILE IMPLANT
54416	REMOVAL AND REPLACEMENT OF NONINFLATABLE PENILE IMPLANT
54417	REMOVAL AND REPLACEMENT OF INFECTED NONINFLATABLE PENILE IMPLANT
67820	REMOVAL OF EYELASHES USING FORCEPS
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)
70336	MRI SCAN OF JAW JOINT
70450	CT SCAN HEAD OR BRAIN WITHOUT CONTRAST
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)
70470	CT SCAN OF HEAD OR BRAIN BEFORE AND AFTER CONTRAST
70480	CT SCAN OF CRANIAL CAVITY WITHOUT CONTRAST
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
70486	CT SCAN OF FACE WITHOUT CONTRAST
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS

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70490	CT SCAN OF SOFT TISSUE OF NECK WITHOUT CONTRAST
70491	CT SCAN OF SOFT TISSUE OF NECK WITH CONTRAST
70492	CT SCAN OF SOFT TISSUE OF NECK BEFORE AND AFTER CONTRAST
70496	CT SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST
70498	CT SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST
70540	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITHOUT CONTRAST
70542	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK WITH CONTRAST
70543	MRI SCAN OF BONE OF EYE SOCKET, FACE, AND/OR NECK BEFORE AND AFTER CONTRAST
70544	MRI SCAN OF BLOOD VESSELS OF HEAD WITHOUT CONTRAST
70545	MRI SCAN OF BLOOD VESSELS OF HEAD WITH CONTRAST
70546	MRI SCAN OF BLOOD VESSELS OF HEAD BEFORE AND AFTER CONTRAST
70547	MRI SCAN OF BLOOD VESSELS OF NECK WITHOUT CONTRAST
70548	MRI SCAN OF BLOOD VESSELS OF NECK WITH CONTRAST
70549	MRI SCAN OF BLOOD VESSELS OF NECK BEFORE AND AFTER CONTRAST
70551	MRI SCAN OF BRAIN WITHOUT CONTRAST
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
70555	FUNCTIONAL MRI SCAN OF BRAIN WITH NEUROFUNCTIONAL TESTING
71250	CT SCAN OF CHEST WITHOUT CONTRAST
71260	CT SCAN OF CHEST WITH CONTRAST
71270	CT SCAN OF CHEST BEFORE AND AFTER CONTRAST
71271	LOW DOSE CT SCAN OF CHEST FOR LUNG CANCER SCREENING
71275	CT SCAN OF BLOOD VESSELS OF CHEST WITH CONTRAST
71550	MRI SCAN OF CHEST WITHOUT CONTRAST
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT
72125	CT SCAN OF UPPER SPINE WITHOUT CONTRAST
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL

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72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72128	CT SCAN OF MIDDLE SPINE WITHOUT CONTRAST
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72131	CT SCAN OF LOWER SPINE WITHOUT CONTRAST
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72141	MRI SCAN OF UPPER SPINAL CANAL WITHOUT CONTRAST
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;
72146	MRI SCAN OF MIDDLE SPINAL CANAL WITHOUT CONTRAST
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;
72148	MRI SCAN OF LOWER SPINAL CANAL WITHOUT CONTRAST
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR
72159	MRI SCAN OF BLOOD VESSELS OF SPINAL CANAL
72191	CT SCAN OF BLOOD VESSELS OF PELVIS WITH CONTRAST
72192	CT SCAN OF PELVIS WITHOUT CONTRAST
72193	CT SCAN OF PELVIS WITH CONTRAST
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72195	MRI SCAN OF PELVIS WITHOUT CONTRAST
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),
72198	MRI SCAN OF BLOOD VESSELS OF PELVIS
73200	CT SCAN OF ARM WITHOUT CONTRAST

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73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY
73206	CT SCAN OF BLOOD VESSELS OF ARM WITH CONTRAST
73218	MRI SCAN OF ARM WITHOUT CONTRAST
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;
73221	MRI SCAN OF ARM JOINT WITHOUT CONTRAST
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT
73225	MRI SCAN OF BLOOD VESSELS OF ARM
73700	CT SCAN OF LEG WITHOUT CONTRAST
73701	CT SCAN OF LEG WITH CONTRAST MATERIAL
73702	CT SCAN OF LEG BEFORE AND AFTER CONTRAST
73706	CT SCAN OF BLOOD VESSELS OF LOWER LEG WITH CONTRAST
73718	MRI SCAN OF LEG WITHOUT CONTRAST
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;
73721	MRI SCAN OF LEG JOINT WITHOUT CONTRAST
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT
73725	MRI SCAN OF BLOOD VESSELS OF LEG
74150	CT SCAN OF ABDOMEN WITHOUT CONTRAST
74160	CT SCAN OF ABDOMEN WITH CONTRAST
74170	CT SCAN OF ABDOMEN BEFORE AND AFTER CONTRAST
74174	CT SCAN OF BLOOD VESSELS OF ABDOMEN AND PELVIS WITH CONTRAST
74175	CT SCAN OF BLOOD VESSELS OF ABDOMEN WITH CONTRAST
74176	CT SCAN OF ABDOMEN AND PELVIS WITHOUT CONTRAST
74177	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST
74178	CT SCAN OF ABDOMEN AND PELVIS BEFORE AND AFTER CONTRAST
74181	MRI SCAN OF ABDOMEN WITHOUT CONTRAST
74182	MRI SCAN OF ABDOMEN WITH CONTRAST
74183	MRI SCAN OF ABDOMEN BEFORE AND AFTER CONTRAST
74185	MRI SCAN OF BLOOD VESSELS OF ABDOMEN

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74261	DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITHOUT CONTRAST
74262	DIAGNOSTIC CT SCAN OF LARGE INTESTINE WITH CONTRAST
74263	SCREENING CT SCAN OF LARGE INTESTINE
74712	MRI SCAN OF FETUS FOR SINGLE OR FIRST PREGNANCY
74713	MRI SCAN OF FETUS FOR EACH ADDITIONAL PREGNANCY
75557	MRI SCAN OF HEART WITHOUT CONTRAST
75559	MRI SCAN OF HEART WITHOUT CONTRAST WITH STRESS IMAGING
75561	MRI SCAN OF HEART BEFORE AND AFTER CONTRAST
75563	MRI SCAN OF HEART BEFORE AND AFTER CONTRAST WITH STRESS IMAGING
75565	MRI SCAN OF BLOOD FLOW OF HEART
75574	CT SCAN OF BLOOD VESSELS AND GRAFTS OF HEART WITH CONTRAST
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING
76380	LIMITED OR FOLLOW-UP CT SCAN
77046	MRI SCAN OF 1 BREAST WITHOUT CONTRAST
77047	MRI SCAN OF BOTH BREASTS WITHOUT CONTRAST
77048	MRI SCAN OF 1 BREAST
77049	MRI SCAN OF BOTH BREASTS
77058	MRI SCAN OF ONE BREAST WITH CONTRAST
77059	MRI SCAN OF BOTH BREASTS WITH CONTRAST
77084	MRI SCAN OF BONE MARROW
78429	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION AND CONCURRENT CT SCAN
78430	NUCLEAR MEDICINE STUDY OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS WITH CONCURRENT CT SCAN
78431	NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS WITH CONCURRENT CT SCAN
78432	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FLOW EVALUATION REQUIRING 2 INJECTIONS
78433	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FLOW EVALUATION REQUIRING 2 INJECTIONS AND CONCURRENT CT SCAN
78451	NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT

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78452	NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS AND SPECT
78453	NUCLEAR MEDICINE STUDY OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2D IMAGE
78454	NUCLEAR MEDICINE STUDIES OF HEART MUSCLE AT REST AND WITH STRESS WITH SINGLE 2DIMAGE
78459	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE
78468	NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH MEASUREMENT OF INTERNAL BLOOD VOLUME EJECTED WITH EVERY BEAT
78469	NUCLEAR MEDICINE STUDY OF HEART MUSCLE FOLLOWING HEART ATTACK WITH SPECT
78472	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS WITH MEASUREMENT OF INTERNAL BLOOD VOLUME EJECTED WITH EVERY BEAT OVER MULTIPLECYCLES
78473	NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS WITH MEASUREMENT OF INTERNAL BLOOD VOLUME EJECTED WITH EVERY BEAT OVER MULTIPLECYCLES
78481	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION WITH MEASUREMENT OF INTERNAL BLOOD VOLUME EJECTED WITH EVERY BEAT OVER A SINGLE CYCLE
78483	NUCLEAR MEDICINE STUDIES OF HEART PUMPING FUNCTION BY FIRST PASS TECHNIQUE WITHMEASUREMENT OF INTERNAL BLOOD VOLUME EJECTED WITH EVERY BEAT OVER A SINGLE CYCL
78491	NUCLEAR MEDICINE STUDY OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS
78492	NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND WITH STRESS
78494	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION BY LABELING RED BLOOD CELLS WITH MEASUREMENT OF INTERNAL BLOOD VOLUME EJECTED WITH EVERY BEAT OVER MULTIPLECYCLES WITH SPECT
78496	NUCLEAR MEDICINE STUDY OF HEART PUMPING FUNCTION OVER SINGLE CYCLE
78608	NUCLEAR MEDICINE STUDY OF BRAIN WITH METABOLIC EVALUATION
78609	NUCLEAR MEDICINE STUDY OF BRAIN WITH BLOOD FLOW EVALUATION
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)
78812	NUCLEAR MEDICINE STUDY FROM SKULL BASE TO MID-THIGH
78813	NUCLEAR MEDICINE STUDY WHOLE BODY
78814	NUCLEAR MEDICINE STUDY LIMITED AREA WITH CT SCAN
78815	NUCLEAR MEDICINE STUDY FROM SKULL BASE TO MID-THIGH WITH CT SCAN
78816	NUCLEAR MEDICINE STUDY WHOLE BODY WITH CT SCAN
92065	EYE TRAINING EXERCISE PERFORMED BY HEALTH CARE PROFESSIONAL
A4211	SUPPLIES FOR SELF ADMINISTERED

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A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE
A4265	PARAFFIN, PER POUND
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR
A4335	INCONTINENCE SUPPLY MISC
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, OR SILICONE ELASTOMERIC, ETC.), EACH
A4421	OSTOMY SUPPLY; MISCELLANEOUS
A4453	RECTAL CATHETER WITH OR WITHOUT BALLOON, FOR USE WITH ANY TYPE TRANSANAL IRRIGATION SYSTEM, EACH
A4457	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH
A4459	MANUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER RESERVOIR, PUMP, TUBING, AND ACCESSORIES, WITHOUT CATHETER, ANY TYPE
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT
A4632	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP, ANY TYPE, EACH
A4649	SURGICAL SUPPLY MISC
A5149	INCONTINENCE/OSTOMY SUPPLY MIS
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED

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A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED
A6512	COMPRESSION BURN GARMET NOC
A6519	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR NIGHTTIME USE, EACH
A6542	GRADIENT COMPRESSION STOCKING, CUSTOM MADE
A6549	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR DAYTIME USE, EACH
A6559	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, CUSTOM, EACH
A6560	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, CUSTOM, EACH
A6561	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40 MMHG OR GREATER, CUSTOM, EACH
A6584	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS, NOT OTHERWISE SPECIFIED
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM
A9282	WIG, ANY TYPE, EACH
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED
B4085	GASTRONOMY TUBE SILICONE W/SLI
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH
B4220	PARENTERAL NUT SUPPLY KIT;PREM
B4222	PARENTERAL NUT SUPPLY KIT;HOME
B4224	PARENTERAL NUT ADMINISTRATION
B9998	NOC FOR ENTERAL SUPPLIES
B9999	NOT OTHERWISE CLASSIFIED PAREN
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW

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D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS, WITH OR WITHOUT CRANIUM
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)
D2720	CROWN-RESIN WITH HIGH NOBLE METAL
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL
D2722	CROWN-RESIN WITH NOBLE METAL
D2740	CROWN - PORCELAIN/CERAMIC
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL
D2782	CROWN - 3/4 CAST NOBLE METAL
D2790	CROWN-FULL CAST HIGH NOBLE METAL
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL
D2792	CROWN-FULL CAST NOBLE METAL
D2794	CROWN - TITANIUM AND TITANIUM ALLOYS
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR
D3410	APICOECTOMY - ANTERIOR

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D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)
D3425	APICOECTOMY - MOLAR (FIRST ROOT)
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)
D3430	RETROGRADE FILLING-PER ROOT
D4245	APICALLY POSITIONED FLAP
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE
D4266	GUIDED TISSUE REGENERATION, NATURAL TEETH - RESORBABLE BARRIER, PER SITE
D4267	GUIDED TISSUE REGENERATION, NATURAL TEETH - NON-RESORBABLE BARRIER, PER SITE
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES), FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES), EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTHPOSITION IN SAME GRAFT SITE
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
D5110	COMPLETE DENTURE - MAXILLARY
D5120	COMPLETE DENTURE - MANDIBULAR
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH)
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS,RESTS AND TEETH)

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D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)
D5710	REBASE COMPLETE MAXILLARY DENTURE
D5711	REBASE COMPLETE MANDIBULAR DENTURE
D5720	REBASE MAXILLARY PARTIAL DENTURE
D5721	REBASE MANDIBULAR PARTIAL DENTURE
D5730	RELINE COMPLETE MAXILLARY DENTURE (DIRECT)
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)
D5740	RELINE MAXILLARY PARTIAL DENTURE (DIRECT)
D5741	RELINE MANDIBULAR PARTIAL DENTURE (DIRECT)
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT
D6013	SURGICAL PLACEMENT OF MINI IMPLANT
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN
D6066	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)

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D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD
D6076	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS
D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS
D6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS
D6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS
D6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6086	IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS
D6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS
D6088	IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS
D6094	ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS
D6097	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6098	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS
D6099	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE ALLOYS
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT
D6106	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER IMPLANT
D6110	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR
D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY
D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR
D6114	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY
D6115	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR
D6116	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY

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D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR
D6120	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6121	IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY BASE ALLOYS
D6122	IMPLANT SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS
D6123	IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND TITANIUM ALLOYS
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND TITANIUM ALLOYS
D6195	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6210	PONTIC-CAST HIGH NOBLE METAL
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL
D6212	PONTIC-CAST NOBLE METAL
D6214	PONTIC - TITANIUM AND TITANIUM ALLOYS
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL
D6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6245	PONTIC - PORCELAIN/CERAMIC
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL
D6252	PONTIC-RESIN WITH NOBLE METAL
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS
D6720	RETAINER CROWN-RESIN WITH HIGH NOBLE METAL
D6721	RETAINER CROWN-RESIN WITH PREDOMINANTLY BASE METAL
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL
D6740	RETAINER CROWN - PORCELAIN/CERAMIC
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL
D6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASED METAL
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL

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D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC
D6784	RETAINER CROWN 3/4 - TITANIUM AND TITANIUM ALLOYS
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL
D6792	RETAINER CROWN - FULL CAST NOBLE METAL
D6794	RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY
D7290	SURGICAL REPOSITIONING OF TEETH
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE RE-ATTACHMENTS, REVISION OF SOFT TISSUE ATTACHMENT, AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE
E0192	LOW PRESSURE/EQUALIZATION PAD
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS

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E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH
E0980	SAFETY VEST,WHEELCHAIR
E0986	MANUAL WHEELCHAIR ACCESSORY, POWER ASSIST SYSTEM
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE EACH
E1013	PEDIATRIC WHEELCHAIR,CONTOURED
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE, OTHER

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E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED
E1032	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE
E1033	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST, CUSHIONED, ANY TYPE
E1034	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT, ANY TYPE
E1220	WHEELCHAIR SPECIALLY SIZED OR
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION
E1399	DURABLE MEDICAL EQUIPMENT, MISC
E1900	AUGMENTAIVE COMMUNICATION DEVI
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER
E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH

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E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK
E2399	POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL RELATED ELECTRONICS AND ANY TYPE MOUNTING HARDWARE

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E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG
J0275	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
K0009	OTHER MANUAL WHEELCHAIR
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
K0115	CUSTOM BACK FOR WHEELCHAIR, POS
K0116	SEATING SYSTEM, BACK/SEAT, CUSTO
K0261	WOUND FILLER NOT CLASS GEL/PAS
K0262	WOUND FILLER NOT CLASS DRY FOR
K0456	HOS BED HVY DTY XTRA WIDE W/SI
K0457	COMMODE CHAIR XTRA WIDE HVY DT
K0458	WALKER HVY DTY W/O WHEELS, EA
K0459	WALKER HVY DTY, WHEELED, EA
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE

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K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
K1013	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH
K1022	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT, ANY TYPE
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT

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L1320	THORACIC, PECTUS CARINATUM ORTHOSIS, STERNAL COMPRESSION, RIGID CIRCUMFERENTIALFRAME WITH ANTERIOR AND POSTERIOR RIGID PADS, CUSTOM FABRICATED
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSIONSTYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3672	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INLCUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3673	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFTINTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH
L3902	WHFO, EXT POWER, COMPRESSED GA
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3968	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

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L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L5615	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY
L5846	ADD ENDO KS MICROPROCESSOR SWI
L5847	ADD, ENDOSKELETON KNEE-SHIN SYS
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE

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L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXIONAND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L6025	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODESAND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODESAND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)
L6028	PARTIAL HAND, FINGER, AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB, AMPUTATION AT METACARPAL LEVEL, INCLUDING FLEXIBLE OR NON-FLEXIBLE INTERFACE, MOLDED TO PATIENT MODEL, INCLUDING PALM, FOR USE WITHOUT EXTERNAL POWER AND/OR PASSIVE PROSTHETIC DIGIT/THUMB, NOT INCLUDING INSERTS DESCRIBED BY L6692
L6029	UPPER EXTREMITY ADDITION, TEST SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS
L6030	UPPER EXTREMITY ADDITION, EXTERNAL FRAME, PARTIAL HAND INCLUDING FINGERS
L6031	REPLACEMENT SOCKET/INTERFACE, PARTIAL HAND INCLUDING FINGERS, MOLDED TO PATIENTMODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
L6032	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)
L6033	ADDITION TO UPPER EXTREMITY PROSTHESIS, PARTIAL HAND INCLUDING FINGERS, ACRYLICMATERIAL
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW
L6639	UPPER EXTREMITY ADDITION, HEAVY DUTY FEATURE, ANY ELBOW
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE

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L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)
L6700	TERM DEV HOOK DORRANCE OR EQUA
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC
L6715	TERM DEV HOOK DORRANCE OR EQUA
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED
L6880	TERM DEV HANDS BOCK VO
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE

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L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE

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L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
L7010	ELECTRC HAND, OTTO BCK,STEEP ,E
L7015	ELECTRC HAND, SYS TEKNK,VARTY
L7020	ELECTR GREIFER, OTTO BCK, EQUA
L7025	ELECTR HAND, OTTO BCK, EQUAL,
L7030	ELECTR HAND, SYS TEKNK, VARTY
L7035	ELECTR GREIFER, OTTO BCK, EQUA
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVIC
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE
L7260	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL
L7261	ELECTRONIC WRIST ROTATOR, FOR UTAH ARM
L7266	SERVO CONTROL, STEEPER OR EQUAL
L7272	ANALOGUE CONTROL, UNB OR EQUAL
L7274	PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L7900	MALE VACUUM ERECTION SYSTEM
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES

New York Medicaid - List of Goods and Services that required Prior Authorizations during 2025.

L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT
S5001	PRESCRIPTION DRUG, BRAND NAME
S8032	LOW-DOSE COMPUTED TOMOGRAPHY FOR LUNG CANCER SCREENING
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR
T1002	RN SERVICES, UP TO 15 MINUTES
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH
T5999	SUPPLY,NOT OTHERWISE SPECIFIED
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE
V2740	TINT, PLASTIC, ROSE 1 OR 2 PER LENS
V2741	TINT, PLASTIC, OTHER THAN ROSE 1-2, PER LENS
V2742	TINT, GLASS ROSE 1 OR 2, PER LENS
V2743	TINT, GLASS OTHER THAN ROSE 1 OR 2, PER LENS
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS
V5030	HEARING AID MONAURAL, BODY WOR
V5040	HEARING AID-MONAURAL-BODY WORN
V5090	DISPENSING FEE FOR ONE HEARING
V5170	HEARING AID, CROS, IN THE EAR
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)
V5180	HEARING AID, CROS, BEHIND THE EAR
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)
V5190	HEARING AID, CONTRALATERAL ROUTING, MONAURAL, GLASSES
V5200	DISPENSING FEE, CONTRALATERAL, MONAURAL
V5210	HEARING AID, BICROS, IN THE EAR
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE
V5220	HEARING AID, BICROS, BEHIND THE EAR

New York Medicaid - List of Goods and Services that required Prior Authorizations during 2025.

V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE
V5230	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, GLASSES
V5240	DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL
Z3914	MANUAL RESUSCITATOR
Z3956	WALKER/TRAINER,WHEELED,ADJUSTA
Z4710	AUGMENTATIVE COMMUNICATION SYS
Z4911	LABOR (MECHANICAL), PER HALF H
Z4912	LABOR (ELECTRICAL), PER HALF H