



Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	Yes	Yes	No
01999	Under Anesthesia for Other Procedures	Yes	Yes	No
0213T	Epidural Steroid and Facet injection	not valid for Medi-Cal	Yes	No
0214T	Injection(s), diagnostic or therapeutic	not valid for Medi-Cal	Yes	No
0215T	Epidural Steroid and Facet injection	not valid for Medi-Cal	Yes	No
0216T	Epidural steroid and facet injection	not valid for Medi-Cal	Yes	No
0217T	Epidural steroid and Facet injection	not valid for Medi-Cal	Yes	No
0218T	Epidural Steroid and Facet injection	not valid for Medi-Cal	Yes	No
0228T	Injection, anesthetic agent and/or steroid transforaminal epidural with ultrasound guidance cervical or thoracic	not valid for Medi-Cal	Yes	No
0229T	Injection, anesthetic agent and/or steroid transforaminal epidural with ultrasound guidance add'l	not valid for Medi-Cal	Yes	No
0230T	Injection, anesthetic agent and/or steroid transforminal epidural, with US guidance lumbar or sacral	not valid for Medi-Cal	Yes	No
0231T	Injection, anesthetic agent and/or steroid, transforaminal epidural, with US guidance, lumbar or sacral	not valid for Medi-Cal	Yes	No
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	Yes	Yes	No
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	Yes	Yes	No
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	Yes	Yes	No
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	Yes	Yes	No
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	Yes	Yes	No
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Yes	Yes	No
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Yes	Yes	No
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	Yes	Yes	No
0324U	Oncology (ovarian), spheroid cell culture, 4-drug panel (carboplatin, doxorubicin, gemcitabine, paclitaxel), tumor chemotherapy response prediction for each drug	Yes	Yes	No
0325U	Oncology (ovarian), spheroid cell culture, poly (ADP-ribose) polymerase (PARP) inhibitors (niraparib, olaparib, rucapar b, velparib), tumor response prediction for each drug	Yes	Yes	No
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Yes	Yes	No
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	Yes	Yes	No

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0328U	Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service	Yes	Yes	No
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	Yes	Yes	No
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	Yes	Yes	No
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alternations	Yes	Yes	No
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in highrisk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein desgamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	Yes	Yes	No
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalinfixated paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Yes	Yes	No
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood	Yes	Yes	No
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood	Yes	Yes	No
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	Yes	Yes	No
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	Yes	Yes	No
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline	Yes	Yes	No
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	Yes	Yes	No
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH	Yes	Yes	No
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	Yes	Yes	No
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Yes	Yes	No
0656/T2045	Hospice service, general inpatient care (no respite)/ Hospice general care	Yes	Yes	No
0742T	Aqmbf spect xers/strs & rest	Yes	Yes	No
0743T	B1 str & fx rsk vrt fx assmt	Yes	Yes	No
0749T	B1 str&fx rsk assmt dxr-bmd	Yes	Yes	No
0750T	B1 str&fx rsk asmt dxrbmd1vw	Yes	Yes	No
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	Yes	Yes	No
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet. Total area up to 100 sq CM. First 25sq CM or less wound surface area	Yes	Yes	No

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15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Yes	Yes	No
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Yes	Yes	No
15278	Each additional 100 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Yes	Yes	No
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Yes	Yes	No
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Yes	Yes	No
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Yes	Yes	No
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Yes	Yes	No
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Yes	Yes	No
15778	Impl absrb msh/prsth dly cls	Yes	Yes	No
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Yes	Yes	No
15781	Dermabrasion; segmental, face	Yes	Yes	No
15782	Dermabrasion; regional, other than face	Yes	Yes	No
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Yes	Yes	No
15820	Blepharoplasty, lower eyelid	Yes	Yes	No
15821	Blepharoplasty, lower eyelid, w/ extensive herniated fat pad	Yes	Yes	No
15822	Blepharoplasty, upper eyelid	Yes	Yes	No
15823	Rhytidectomy w/ excess skin on lids	Yes	Yes	No
15999	Unlisted procedure, excision pressure ulcer	Yes	Yes	No
17311	Mohs, 1 stage, h/n/hf/g	Yes	Yes	No
17312	Mohs addl stage	Yes	Yes	No
17313	Mohs, 1 stage, t/a/l	Yes	Yes	No
17314	Mohs, addl stage, t/a/l	Yes	Yes	No
17315	Mohs surg, addl block	Yes	Yes	No
17999	Skin, mucous membrane and subcutaneous tissue	Yes	Yes	No
19300	Mastectomy for gynecomastia	Yes	Yes	No
19318	Reduction mammoplasty	Yes	Yes	No
19325	Mammoplasty, augmentation; w/ prosthetic implant	Yes	Yes	No
19328	Removal of intact mammary implant	Yes	Yes	No
19330	Removal of mammary implant material, unilateral	Yes	Yes	No
19499	Unlisted procedure, breast	Yes	Yes	No
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Yes	Yes	No
20561	Needle insertion(s) without injection(s); 3 or more muscles	Yes	Yes	No
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	Yes	Yes	No
20930	Allograft for spine surgery only; morselized	Yes	Yes	No
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	Yes	Yes	No
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	Yes	Yes	No

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20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	Yes	Yes	No
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminae fragments) obtained from same incision	Yes	Yes	No
20950	Monitoring of interstitial fluid pressure (includes insertion of device eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	Yes	Yes	No
20975	Electrical stimulation to aid bone healing; invasive (operative)	Yes	Yes	No
20999	Unlisted procedure, musculoskeletal system, general	Yes	Yes	No
21026	Excision of bone; facial bone(s)	Yes	Yes	No
21127	Augment mandible body/ankle w/ bone graft	Yes	Yes	No
21137	Reduction forehead; contouring only	Yes	Yes	No
21138	Reduction forehead; contouring and application of prosthetic material or bone graft	Yes	Yes	No
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Yes	Yes	No
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/o bone graft	Yes	Yes	No
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/ bone graft	Yes	Yes	No
21195	Reconstruction of mandibular rami and/or body, sagittal split; w/o internal rigid fixation	Yes	Yes	No
21196	Reconstruction of mandibular rami and/or body, sagittal split; w/ internal rigid fixation	Yes	Yes	No
21208	Osteoplasty, facial bones; augmentation	Yes	Yes	No
21209	Osteoplasty, facial bones; reduction	Yes	Yes	No
21299	Unlisted craniofacial and maxillofacial procedure	Yes	Yes	No
21450	Closed treatment of mandibular fracture; without manipulation	Yes	Yes	No
21499	Unlisted musculoskeletal procedure, head	Yes	Yes	No
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Yes	Yes	No
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Yes	Yes	No
21899	Unlisted procedure, neck or thorax	Yes	Yes	No
22532	Arthrodesis, thoracic, lateral extracavitary technique, incl minimal discectomy to prepare interspace	Yes	Yes	No
22533	Arthrodesis, lumbar, lateral extracavitary technique, incl minimal discectomy to prepare interspace	Yes	Yes	No
22586	Arthrodesis, pre-sacral, including disc space preparation, discectomy	Yes	Yes	No
22633	Lumbar spine fusion combined	Yes	Yes	No
22634	Spine fusion extra segment	Yes	Yes	No
22841	Internal spinal fixation by wiring of spinous processes	Yes	Yes	No
22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	Yes	Yes	No
22860	Total disc arthroplasty 2 interspaces	Yes	Yes	No
22861	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	Yes	No
22864	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	Yes	No
22899	Unlisted procedure, spine	Yes	Yes	No
22999	Unlisted procedure, abdomen, musculoskeletal system	Yes	Yes	No
23472	Total arthroplasty of glenohumeral joint with glenoid and proximal humeral replacement	Yes	Yes	No
23473	Revision of total shoulder arthroplasty w/ allograft; humeral or glenoid component	Yes	Yes	No
23474	Revision of total shoulder arthroplasty w/ allograft; humeral and glenoid component	Yes	Yes	No
23929	Unlisted procedure, shoulder	Yes	Yes	No

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24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area < 5 cm	Yes	Yes	No
24362	Arthroplasty, Elbow; with Implant and Fascia Lata Ligament Reconstruction	Yes	Yes	No
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	Yes	Yes	No
24370	Revision of total elbow arthroplasty, w/ allograft; humeral or ulnar component	Yes	Yes	No
24371	Revision of total elbow arthroplasty, w/ allograft; humeral and ulnar component	Yes	Yes	No
24940	Cineplasty, upper extremity, complete procedure	Yes	Yes	No
24999	Upper arm/elbow surgery	Yes	Yes	No
25999	Forearm or wrist surgery	Yes	Yes	No
26587	Reconstruction of supernumerary digit, soft tissue and bone	Yes	Yes	No
26591	Repair, intrinsic muscles of hand	Yes	Yes	No
26596	Excision of constricting ring of finger, with multiple Z-plasties	Yes	Yes	No
26989	Hand/Finger Surgery	Yes	Yes	No
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement, w/ or w/o autograft or allograft	Yes	Yes	No
27132	Conversion of previous hip surgery to total hip arthroplasty, w/ or w/o autograft or allograft	Yes	Yes	No
27134	Revision of total hip arthroplasty; both components, w/ or w/o autograft or allograft	Yes	Yes	No
27137	Revision of total hip arthroplasty; acetabular component only, w/ or w/o autograft or allograft	Yes	Yes	No
27138	Revision of total hip arthroplasty; femoral component only, w/ or w/o allograft	Yes	Yes	No
27158	Repair, Revision, and/or Reconstruction Procedures on the Pelvis and Hip Joint	Yes	Yes	No
27230	Treat thigh fracture	Yes	Yes	No
27299	Pelvis/Hip Joint Surgery	Yes	Yes	No
27427	Ligamentous reconstruction (augmentation), knee	Yes	Yes	No
27445	Arthroplasty, knee, hinge prosthesis	Yes	Yes	No
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Yes	Yes	No
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Yes	Yes	No
27495	Repair, Revision, and/or Reconstruction Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Yes	No
27599	Leg surgery procedure	Yes	Yes	No
27612	Arthrotomy ankle w/ post release	Yes	Yes	No
27725	Repair of lower leg	Yes	Yes	No
27759	Open treatment of tibial shaft fracture by intramedullary implant, w/ or w/o interlocking screws and/or cerclage	Yes	Yes	No
27899	Leg/Ankle surgery procedure	Yes	Yes	No
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular) <1.5cm	Yes	Yes	No
28899	Foot/Toes surgery procedure	Yes	Yes	No
29358	Lower extremity application of casts	Yes	Yes	No
29799	Casting or strapping procedures	Yes	Yes	No
29999	Arthroscopy of Joint	Yes	Yes	No
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Yes	Yes	No
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Yes	Yes	No
30420	Rhinoplasty, primary; including major septal repair	Yes	Yes	No
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Yes	Yes	No
30469	Rpr nsl vlv collapse w/rmdlg	Yes	Yes	No
30520	Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft	Yes	Yes	No
30999	Nasal surgery procedure	Yes	Yes	No

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31299	Sinus surgery procedure	Yes	Yes	No
31576	Laryngoscopy, flexible fiberoptic, with biopsy	Yes	Yes	No
31578	Laryngoscopy, flexible fiberoptic, with removal of lesion	Yes	Yes	No
31599	Larynx surgery procedure	Yes	Yes	No
31899	Trachea or bronchi surgical procedure	Yes	Yes	No
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	Yes	Yes	No
32851	Lung Transplant, single, without cardiopulmonary bypass	Yes	Yes	No
32852	Lung transplant, single; w/ cardiopulmonary bypass	Yes	Yes	No
32853	Lung transplant, double; w/o cardiopulmonary bypass	Yes	Yes	No
32854	Lung transplant, double; w/ cardiopulmonary bypass	Yes	Yes	No
32999	Lungs and pleura surgery procedure	Yes	Yes	No
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Yes	Yes	No
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Yes	Yes	No
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp	Yes	Yes	No
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Yes	Yes	No
33647	Repair of Atrial Septal Defect and Ventricular Septal Defect, with Direct or Patch Closure	Yes	Yes	No
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	Yes	Yes	No
33900	Perq p-art revsc 1 nm nt uni	Yes	Yes	No
33901	Perq p-art revsc 1 nm nt bi	Yes	Yes	No
33902	Perq p-art revsc 1 abnor uni	Yes	Yes	No
33903	Perq p-art revsc 1 abnor bi	Yes	Yes	No
33904	Perq p-art revsc each addl	Yes	Yes	No
33945	Heart Transplant, with or without recipient cardiectomy	Yes	Yes	No
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only (Elective insertions only)	Yes	Yes	No
33999	Cardiac surgery procedure	Yes	Yes	No
34839	Plnning Pt Spec Fenest Graft	Yes	Yes	No
34841	Endovasc Visc Aorta 1 Graft	Yes	Yes	No
34842	Endovasc Visc Aorta 2 Graft	Yes	Yes	No
34843	Endovasc Visc Aorta 3 Graft	Yes	Yes	No
34844	Endovasc Visc Aorta 4 Graft	Yes	Yes	No
34845	Visc & Infraren Abd 1 Prosth	Yes	Yes	No
34846	Visc & Infraren Abd 2 Prosth	Yes	Yes	No
34847	Visc & Infraren Abd 3 Prosth	Yes	Yes	No
34848	Visc & Infraren Abd 4+ Prost	Yes	Yes	No
35011	Direct repair of aneurysm, pseudoaneurysm, or excision [partial or tota ] and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	Yes	Yes	No
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	Yes	Yes	No

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35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	Yes	Yes	No
35184	Repair, congenital arteriovenous fistula; extremities	Yes	Yes	No
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure	Yes	Yes	No
35665	Arterial bypass graft, Iliofemoral	Yes	Yes	No
36299	Unlisted procedure, vascular injection	Yes	Yes	No
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Yes	Yes	No
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Yes	Yes	No
36470	Injection of sclerosing solution; single incompetent vein (other than telangiectasia)	Yes	Yes	No
36471	Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), same leg	Yes	Yes	No
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Yes	Yes	No
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	No
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Yes	Yes	No
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	No
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Yes	Yes	No
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Yes	Yes	No
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Yes	Yes	No
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Yes	Yes	No
36836	Prq av fstl crtj uxtr 1 acs	Yes	Yes	No
36837	Prq av fstl crt uxtr sep acs	Yes	Yes	No
37241	Vasc embolize/occlude venous	Yes	Yes	No
37242	Vasc embolize/occlude artery	Yes	Yes	No
37243	Vasc embolize/occlude organ	Yes	Yes	No
37244	Vasc embolize/occlude bleed	Yes	Yes	No
37501	Vascular endoscopy procedure	Yes	Yes	No
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	Yes	Yes	No
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	Yes	Yes	No
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	Yes	Yes	No
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Yes	Yes	No

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37718	Ligation, division, and stripping, short saphenous vein (for bilateral procedure, use modifier 50)	Yes	Yes	No
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Yes	Yes	No
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	Yes	Yes	No
37760	Ligation of perforators veins, subfascial, radical (Linton type) including skin graft, when performed, open, 1 leg	Yes	Yes	No
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Yes	Yes	No
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Yes	Yes	No
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Yes	Yes	No
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Yes	Yes	No
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	Yes	Yes	No
37799	Unlisted procedure, vascular surgery	Yes	Yes	No
38129	Laparoscope procedure on spleen	Yes	Yes	No
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Yes	Yes	No
38208	Thawing of previously frozen harvest, without washing	Yes	Yes	No
38209	Thawing of previously frozen harvest, with washing	Yes	Yes	No
38210	Specific cell depletion within harvest, T-hyphencell depletion	Yes	Yes	No
38211	Tumor cell depletion of harvest	Yes	Yes	No
38212	Red blood cell depletion of harvest	Yes	Yes	No
38213	Platelet depletion of harvest	Yes	Yes	No
38214	Volume depletion of harvest	Yes	Yes	No
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Yes	Yes	No
38230	Bone marrow harvesting for transplantation	Yes	Yes	No
38232	Bone marrow harvest autolog	Yes	Yes	No
38240	Bone marrow transplantation; allogenic	Yes	Yes	No
38241	Bone marrow transplant; autologous	Yes	Yes	No
38242	Lymphocyte Infuse Transplant	Yes	Yes	No
38243	Transplant, Hematopoietic cell boost	Yes	Yes	No
38531	Biopsy or excision of lymph node(s); open, inguino-femoral node(s)	Yes	Yes	No
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	Yes	Yes	No
38589	Unlisted laparoscopy procedure, lymphatic system	Yes	Yes	No
38792	Injection procedure; for identification of sentinel node	Yes	Yes	No
38999	Blood/Lymph system procedure	Yes	Yes	No
39499	Mediastinal procedure	Yes	Yes	No
39599	Diaphragm surgery procedure	Yes	Yes	No
40525	Reconstruct lip with flap	Yes	Yes	No
40799	Lip surgery procedure	Yes	Yes	No
40899	Mouth surgery procedure	Yes	Yes	No
41113	Excision of lesion of tongue with closure; posterior one-third	Yes	Yes	No
41599	Tongue, floor of mouth surgery	Yes	Yes	No
41820	Gingivectomy, excision gingiva, each quadrant	Yes	Yes	No
41821	Operculectomy, excision pericoronal tissues	Yes	Yes	No
41850	Destruction of lesion (except excision), dentoalveolar structures	Yes	Yes	No
41870	Periodontal mucosal grafting	Yes	Yes	No



Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
41899	Dentoalveolar structures	Yes	Yes	No
42299	Palate or uvula surgery	Yes	Yes	No
42509	Parotid duct diversion, bilateral (Wike type procedure)	Yes	Yes	No
42699	Procedures on the salivary gland and ducts	Yes	Yes	No
42999	Procedures on the Pharynx, adenoids, and tonsils	Yes	Yes	No
43206	Esoph optical endomicroscopy	Yes	Yes	No
43289	Laparoscopic procedures on the esophagus	Yes	Yes	No
43290	Egd flx trnsorl dplmnt balo	Yes	Yes	No
43291	Egd flx trnsorl rmlvl balo	Yes	Yes	No
43496	Free Jejunum Flap Microvasc	Yes	Yes	No
43499	Esophagus surgery procedure	Yes	Yes	No
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Yes	Yes	No
43645	with gastric bypass and small intestine reconstruction to limit absorption	Yes	Yes	No
43659	Laparoscope Proc Stom	Yes	Yes	No
43770	placement of adjustable gastric band (gastric band and subcutaneous port components)	Yes	Yes	No
43771	revision of adjustable gastric band component only	Yes	Yes	No
43772	removal of adjustable gastric band component only	Yes	Yes	No
43773	removal and replacement of adjustable gastric band component only	Yes	Yes	No
43774	removal of adjustable gastric band and subcutaneous port components	Yes	Yes	No
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Yes	Yes	No
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Yes	Yes	No
43843	other than vertical-banded gastroplasty	Yes	Yes	No
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (150-100cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Yes	Yes	No
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Yes	Yes	No
43847	with small intestine reconstruction to limit absorption	Yes	Yes	No
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band	Yes	Yes	No
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Yes	Yes	No
43887	removal of subcutaneous port component only	Yes	Yes	No
43888	Removal and replacement of subcutaneous port component only	Yes	Yes	No
43999	Stomach Surgery Procedure	Yes	Yes	No
44015	Insert Needle Cath Bowel	Yes	Yes	No
44135	Intestine Transplant Cadaver	Yes	Yes	No
44147	Partial Removal of Colon	Yes	Yes	No
44160	Removal of Colon	Yes	Yes	No
44238	Laparoscope Proc Intestine	Yes	Yes	No
44381	Small Bowel Endoscopy Br/Wa	Yes	Yes	No
44384	Small Bowel Endoscopy	Yes	Yes	No
44401	Colonoscopy with Ablation	Yes	Yes	No
44402	Colonoscopy w/Stent Plcmt	Yes	Yes	No
44403	Colonoscopy W/Resection	Yes	Yes	No
44404	Colonoscopy W/Injection	Yes	Yes	No
44405	Colonoscopy W/Dilation	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
44406	Colonoscopy W/Ultrasound	Yes	Yes	No
44407	Colonoscopy W/Ndl Aspir/Bx	Yes	Yes	No
44408	Colonoscopy W/Decompression	Yes	Yes	No
44799	Unlisted Procedure Intestine	Yes	Yes	No
44899	Bowel Surgery Procedure	Yes	Yes	No
45346	Sigmoidoscopy W/Ablation	Yes	Yes	No
45347	Sigmoidoscopy W/Plcmt Stent	Yes	Yes	No
45349	Sigmoidoscopy W/Resection	Yes	Yes	No
45350	Sgmdsc W/Band Ligation	Yes	Yes	No
45378	Colonoscopy, flexible; diagnostic <b>(Under age of 45)</b>	Yes	Yes	No
45380	Colonoscopy, flexible; with biopsy <b>(Under age of 45)</b>	Yes	Yes	No
45388	Colonoscopy W/Ablation	Yes	Yes	No
45389	Colonoscopy W/Stent Plcmt	Yes	Yes	No
45390	Colonoscopy W/Resection	Yes	Yes	No
45393	Colonoscopy W/Decompression	Yes	Yes	No
45398	Colonoscopy W/Band Ligation	Yes	Yes	No
45399	Unlisted Procedure Colon	Yes	Yes	No
45499	Laparoscope Proc Rectum	Yes	Yes	No
45560	Repair of Rectocele	Yes	Yes	No
45999	Rectum Surgery Procedure	Yes	Yes	No
46180	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Yes	Yes	No
46715	Rep Perf Anoper Fistu	Yes	Yes	No
46999	Anus Surgery Procedure	Yes	Yes	No
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Yes	Yes	No
47379	Laparoscope Procedure Liver	Yes	Yes	No
47399	Liver Surgery Procedure	Yes	Yes	No
47579	Laparoscope Proc Biliary	Yes	Yes	No
47612	Removal Of Gallbladder	Yes	Yes	No
47999	Bile Tract Surgery Procedure	Yes	Yes	No
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Yes	Yes	No
48999	Pancreas Surgery Procedure	Yes	Yes	No
49329	Laparo Proc Abdm/Per/Oment	Yes	Yes	No
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional,ventral, umbilical, spigelian), any approach (ie, open, laparoscopic,robotic), initial, including implantation of mesh or other prosthesiswhen performed, total length of defect(s); less than 3 cm, reducible	Yes	Yes	No
49592	Repair of anterior abdominal hernia(s)less than 3 cm, incarcerated or strangulated	Yes	Yes	No
49593	Repair of anterior abdominal hernia(s), 3 cm to 10 cm, reducible	Yes	Yes	No
49594	Repair of anterior abdominal hernia(s), 3 cm to 10 cm, incarcerated or strangulated	Yes	Yes	No
49595	Repair of anterior abdominal hernia(s)greater than 10 cm,reducible	Yes	Yes	No
49596	Repair of anterior abdominal hernia(s)greater than 10 cm,reducible	Yes	Yes	No
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional,ventral, umbilical, spigelian), any approach (ie, open, laparoscopicrobotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
49614	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	Yes	Yes	No
49615	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	Yes	Yes	No
49616	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	Yes	Yes	No
49617	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	Yes	Yes	No
49618	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	Yes	Yes	No
49622	Repair of parastomal hernia, any approach (i.e., open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	Yes	Yes	No
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (i.e., open, laparoscopic, robotic) (List separately in addition to code for primary procedure)	Yes	Yes	No
49659	Laparo Proc Hernia Repair	Yes	Yes	No
49906	Free Omental Flap Microvasc	Yes	Yes	No
49999	Abdomen Surgery Procedure	Yes	Yes	No
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	Yes	Yes	No
50365	Renal allotransplantation, implantation of graft; w/ recipient nephrectomy	Yes	Yes	No
50370	Removal of transplanted renal allograft	Yes	Yes	No
50380	Renal autotransplantation, reimplantation of kidney	Yes	Yes	No
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	Yes	Yes	No
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	Yes	Yes	No
50549	Laparoscope Proc Renal	Yes	Yes	No
50592	Perc Rf Ablate Renal Tumor	Yes	Yes	No
50949	Laparoscope Proc Ureter	Yes	Yes	No
51999	Laparoscope Proc Bla	Yes	Yes	No
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Yes	Yes	No
53899	Urology Surgery Procedure	Yes	Yes	No
54699	Laparoscope Proc Testis	Yes	Yes	No
55559	Laparo Proc Spermatic Cord	Yes	Yes	No
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Yes	Yes	No
55899	Genital Surgery Procedure	Yes	Yes	No
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)(Use 57XX0 in conjunction with 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461)	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Yes	Yes	No
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)	Yes	Yes	No
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	No
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	No
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	No
58260	Vaginal hysterectomy, for uterus 250 g or less;	Yes	Yes	No
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Yes	Yes	No
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Yes	Yes	No
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Yes	Yes	No
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Yes	Yes	No
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Yes	Yes	No
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Yes	Yes	No
58285	Vaginal hysterectomy, radical (Schauta type operation)	Yes	Yes	No
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Yes	Yes	No
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	No
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Yes	Yes	No
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Yes	Yes	No
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Yes	Yes	No
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	No
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Yes	Yes	No
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	No
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	Yes	Yes	No
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Yes	Yes	No
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	No
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Yes	Yes	No
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	No
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	Yes	Yes	No
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	No
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Yes	Yes	No
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	No
58575	Laparoscopy, surgical; total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Yes	Yes	No
58578	Laparo Proc Uterus	Yes	Yes	No
58579	Hysteroscope Procedure	Yes	Yes	No
58679	Laparo Proc Oviduct-Ovary	Yes	Yes	No
58999	Genital Surgery Procedure	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
59897	Fetal Invas Px w/Us	Yes	Yes	No
59898	Laparo Proc Ob Care/Deliver	Yes	Yes	No
59899	Maternity Care Procedure	Yes	Yes	No
60659	Laparo Proc Endocrine	Yes	Yes	No
60699	Endocrine Surgery Procedure	Yes	Yes	No
61630	Intracranial Angioplasty	Yes	Yes	No
61635	Intracran Angioplasty w/Stent	Yes	Yes	No
61640	Dilate Ic Vasospasm Init	Yes	Yes	No
61641	Dilate Ic Vasospasm Addon	Yes	Yes	No
61642	Dilate Ic Vasospasm Addon	Yes	Yes	No
61770	Incise Skull for Treatment	Yes	Yes	No
61796	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Simple Cranial Lesion	Yes	Yes	No
61797	Stereotactic Radiosurgery; Each Additional Cranial Lesion, Simple (List Sep)	Yes	Yes	No
61798	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Complex Cranial Lesion	Yes	Yes	No
61799	Stereotactic Radiosurgery; Each Additional Cranial Lesion, Complex (List Sep)	Yes	Yes	No
61800	Application of Stereotactic Headframe for Stereotactic Radiosurgery (List Sep)	Yes	Yes	No
61867	Twist drill, burr hole, craniotomy/craniectomy w/stereotactic implant neurostimulator electrode array	Yes	Yes	No
61885	Insertion or placement of cranial neurostimulator pulse generator or receiver, direct or indirect coupling: with connection to a single electrode array	Yes	Yes	No
62304	Myelography Lumbar Injection	Yes	Yes	No
62305	Myelography Lumbar Injection	Yes	Yes	No
62320	Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, cervical or thoracic; without imaging guidance	Yes	Yes	No
62321	Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	No
62322	Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	No
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	No
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic, without imaging guidance	Yes	Yes	No
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic, with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	No
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	No
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Yes	Yes	No
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Yes	Yes	No
62380	Ndsc Dcmprn 1 Ntrspc Lumbar	Yes	Yes	No
63042	Laminotomy Single Lumbar	Yes	Yes	No
63101	Vertebral corpectomy, thoracic, partial/complete, lat extracavitary approach w/decomp spinal cord/n	Yes	Yes	No
63102	Vertebral corpectomy, lumbar, partial/complete, lat extracavitary approach w/decomp spinal cord/n	Yes	Yes	No
63103	Vertebral corpectomy, thoracic or lumbar, each additional segment	Yes	Yes	No
63620	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Spinal Lesion	Yes	Yes	No
63621	Stereotactic Radiosurgery; Each Additional Spinal Lesion (List Separately In Addition To Code for Primary Procedure)	Yes	Yes	No
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes	No
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Yes	Yes	No
64479	Intro/injection of anesthetic agent diagnostic or therapeutic in the somatic nerves	Yes	Yes	No
64480	Intro/injection of anesthetic agent diagnostic or therapeutic in the somatic nerves	Yes	Yes	No
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	Yes	No
64484	Injections(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (list separately in addition to code for primary procedure)	Yes	Yes	No
64486	Tap Block Unil By Injection	Yes	Yes	No
64487	Tap Block Uni By Infusion	Yes	Yes	No
64488	Tap Block Bi Injection	Yes	Yes	No
64489	Tap Block Bi By Infusion	Yes	Yes	No
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Yes	Yes	No
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Yes	Yes	No
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Yes	Yes	No
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Yes	Yes	No
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level	Yes	Yes	No
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)	Yes	Yes	No
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Yes	Yes	No
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes	No
64702	Neuroplasty; digital, one or both, same digit	Yes	Yes	No
64704	Neuroplasty; nerve of hand or foot	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	Yes	Yes	No
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve	Yes	Yes	No
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus	Yes	Yes	No
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus	Yes	Yes	No
64716	Neuroplasty and/or transposition; cranial nerve	Yes	Yes	No
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	Yes	Yes	No
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	Yes	Yes	No
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	Yes	Yes	No
64722	Decompression; unspecified nerve(s)	Yes	Yes	No
64726	Decompression; plantar digital nerve	Yes	Yes	No
64727	Internal neurolysis, requiring use of operating microscope	Yes	Yes	No
64783	Limb Nerve Surgery Addon	Yes	Yes	No
64837	Repair Nerve Addon	Yes	Yes	No
64859	Nerve Surgery	Yes	Yes	No
64999	Nervous System Surgery	Yes	Yes	No
65155	Reinsert Ocular Implant	Yes	Yes	No
65757	Prep Corneal Endo Allograft	Yes	Yes	No
65780	Ocular surface reconstruction; amniotic membrane transplantation	Yes	Yes	No
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	Yes	Yes	No
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	Yes	Yes	No
66179	Aqueous Shunt Eye w/o Graft	Yes	Yes	No
66184	Revision of Aqueous Shunt	Yes	Yes	No
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Yes	Yes	No
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Yes	Yes	No
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Yes	Yes	No
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Yes	Yes	No
66999	Unlisted Procedure, Anterior Segment, Eye	Yes	Yes	No
67218	Treatment of Retinal Lesion	Yes	Yes	No
67299	Eye Surgery Procedure	Yes	Yes	No
67314	Strabismus, One Muscle	Yes	Yes	No
67316	Strabismus, 2+ Muscles	Yes	Yes	No
67318	Revise Eye Muscle(s)	Yes	Yes	No
67320	Revise Eye Muscle(s) Add-On	Yes	Yes	No
67331	Eye Surgery Follow-Up Add-On	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
67332	Rerevise Eye Muscles Add-On	Yes	Yes	No
67335	Eye Suture During Surgery	Yes	Yes	No
67399	Eye Muscle Surgery Procedure	Yes	Yes	No
67599	Orbit Surgery Procedure	Yes	Yes	No
67902	Eyelid repair	Yes	Yes	No
67912	Correction of lagophthalmos, w/implantation of upper eyelid lid load (eg, gold weight)	Yes	Yes	No
67999	Eyelid Surgery Procedure	Yes	Yes	No
68328	Revise/Graft Eyelid Lining	Yes	Yes	No
68371	Harvesting conjunctival allograft, living donor	Yes	Yes	No
68399	Eyelid Lining Surgery	Yes	Yes	No
68899	Tear Duct System Surgery	Yes	Yes	No
69399	Outer Ear Surgery Procedure	Yes	Yes	No
69670	Remove Mastoid Air Cells	Yes	Yes	No
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation) unilateral	Yes	Yes	No
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Yes	Yes	No
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Yes	Yes	No
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Yes	Yes	No
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Yes	Yes	No
69799	Middle Ear Surgery Procedure	Yes	Yes	No
69930	Cochlear device implantation, w/ or w/o mastoidectomy	Yes	Yes	No
69949	Inner Ear Surgery Procedure	Yes	Yes	No
69979	Temporal Bone Surgery	Yes	Yes	No
70540	Magnetic resonance imaging, orbit/face/neck; w/o contrast material	Yes	Yes	No
70542	Magnetic resonance imaging, orbit/face/neck; w/ contrast material	Yes	Yes	No
70543	Magnetic resonance imaging, orbit/face/neck; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	No
70544	Magnetic resonance angiography, head; w/o contrast material	Yes	Yes	No
70545	Magnetic resonance angiography, head; w/ contrast material	Yes	Yes	No
70546	Magnetic resonance angiography, head; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	No
70547	Magnetic resonance angiography, neck; w/o contrast material	Yes	Yes	No
70548	Magnetic resonance angiography, neck; w/ contrast material	Yes	Yes	No
70549	Magnetic resonance angiography, neck; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	No
70551	Magnetic resonance imaging, brain; w/o contrast material	Yes	Yes	No
70552	Magnetic resonance imaging, brain; w/ contrast material	Yes	Yes	No
70553	Magnetic resonance imaging, brain; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	No
70555	Magnetic resonance imaging, brain, functional MRI;requiring physician or psychologist administration of entire neuro functional testing	Yes	Yes	No
70557	Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material	Yes	Yes	No



<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
70558	Magnetic resonance imaging, brain, during open intracranial procedure; w/ contrast material	Yes	Yes	No
70559	Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	Yes	No
71550	Magnetic resonance angiography, chest; w/o contrast material	Yes	Yes	No
71551	Magnetic resonance angiography, chest; w/ contrast material	Yes	Yes	No
71552	Magnetic resonance angiography, chest; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	No
71555	Magnetic resonance imaging angio chest w or w/o dye	Yes	Yes	No
72141	Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material	Yes	Yes	No
72142	Magnetic resonance imaging, spinal canal and contents, cervical; w/ contrast material	Yes	Yes	No
72146	Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material	Yes	Yes	No
72147	Magnetic resonance imaging, spinal canal and contents, thoracic; w/ contrast material	Yes	Yes	No
72148	Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material	Yes	Yes	No
72149	Magnetic resonance imaging, spinal canal and contents, lumbar; w/ contrast material	Yes	Yes	No
72156	Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
72157	Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
72158	Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
72159	Magnetic resonance angio spine w/o & w/ dye	Yes	Yes	No
72195	Magnetic resonance imaging, pelvis; w/o contrast materials	Yes	Yes	No
72196	Magnetic resonance imaging, pelvis; w/ contrast materials	Yes	Yes	No
72197	Magnetic resonance imaging, pelvis; w/o contrast materials, followed by contrast material(s) and further sequences	Yes	Yes	No
72198	Magnetic resonance angio pelvis w/o & w/ dye	Yes	Yes	No
73218	Magnetic resonance imaging, upper extremity other than joint; w/o contrast material	Yes	Yes	No
73219	Magnetic resonance imaging, upper extremity other than joint; w/ contrast material	Yes	Yes	No
73220	Magnetic resonance imaging, upper extremity other than joint; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
73221	Magnetic resonance imaging, any joint of upper extremity; w/o contrast material	Yes	Yes	No
73222	Magnetic resonance imaging, any joint of upper extremity; w/ contrast material	Yes	Yes	No
73223	Magnetic resonance imaging, any joint of upper extremity; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
73225	Magnetic resonance angio upper extr w/o & w/ dye	Yes	Yes	No
73718	Magnetic resonance imaging, lower extremity other than joint; w/o contrast material	Yes	Yes	No
73719	Magnetic resonance imaging, lower extremity other than joint; w/ contrast material	Yes	Yes	No
73720	Magnetic resonance imaging, lower extremity other than joint; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
73721	Magnetic resonance imaging, any joint of lower extremity; w/o contrast material	Yes	Yes	No
73722	Magnetic resonance imaging, any joint of lower extremity; w/ contrast material	Yes	Yes	No
73723	Magnetic resonance imaging, any joint of lower extremity; w/o contrast material, followed by contrast material(s)	Yes	Yes	No
73725	Magnetic resonance angio lwr ext w/ or w/o dye	Yes	Yes	No
74181	Magnetic resonance imaging, abdomen; w/o contrast materials	Yes	Yes	No
74182	Magnetic resonance imaging, abdomen; w/ contrast materials	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
74183	Magnetic resonance imaging, abdomen; w/o contrast materials, followed by contrast material(s) and further sequences	Yes	Yes	No
74185	Magnetic resonance angiography, abdomen, w/ or w/o contrast material	Yes	Yes	No
74261	Computed tomographic [CT] colonography, diagnostic, including image postprocessing; without contrast material	Yes	Yes	No
74262	Computed tomographic [CT] colonography, diagnostic, including image postprocessing; with contrast material[s] including non-contrast images, if performed	Yes	Yes	No
74263	Computed tomographic [CT] colonography, screening, including image postprocessing	Yes	Yes	No
74283	Ther Nma Rdctj Intus/Obstrcj	Yes	Yes	No
74775	Xray Exam of Perineum	Yes	Yes	No
75831	Vein X-Ray Kidney	Yes	Yes	No
75833	Vein X-Ray Kidneys	Yes	Yes	No
75840	Vein X-Ray Adrenal Gland	Yes	Yes	No
75860	Vein X-Ray Neck	Yes	Yes	No
75872	Vein X-Ray Skull Epidural	Yes	Yes	No
75880	Vein X-Ray Eye Socket	Yes	Yes	No
75887	Vein X-Ray Liver w/o Hemodyn	Yes	Yes	No
75889	Vein X-Ray Liver w/Hemodynam	Yes	Yes	No
75891	Vein X-Ray Liver	Yes	Yes	No
75893	Venous Sampling by Catheter	Yes	Yes	No
75894	X-Rays Transcath Therapy	Yes	Yes	No
75970	Vascular Biopsy	Yes	Yes	No
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	Yes	Yes	No
76391	Magnetic resonance (eg, v bration) elastography	Yes	Yes	No
76496	Fluoroscopic Procedure	Yes	Yes	No
76497	Ct Procedure	Yes	Yes	No
76498	Mri Procedure	Yes	Yes	No
76499	Radiographic Procedure	Yes	Yes	No
76883	Us nrv&acc strux 1xtr compre	Yes	Yes	No
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Yes	Yes	No
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Yes	Yes	No
76999	Echo Examination Procedure	Yes	Yes	No
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Yes	No
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Yes	No
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Yes	Yes	No
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Yes	Yes	No
77061	Breast Tomosynthesis Uni	Yes	Yes	No
77062	Breast Tomosynthesis Bi	Yes	Yes	No
77299	Radiation Therapy Planning	Yes	Yes	No
77385	Ntsty Modul Rad Tx Dlvr Smpl	Yes	Yes	No
77386	Ntsty Modul Rad Tx Dlvr Cplx	Yes	Yes	No
77387	Guidance for Radiaj Tx Dlvr	Yes	Yes	No

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77399	External Radiation Dosimetry	Yes	Yes	No
77424	lo Rad Tx Delivery by X-Ray	Yes	Yes	No
77425	*12lo Rad Tx Deliver by Elctrns	Yes	Yes	No
77499	Radiation Therapy Management	Yes	Yes	No
77520	Proton Trmt Simple W/O Comp	Yes	Yes	No
77522	Proton Trmt Simple W/Comp	Yes	Yes	No
77523	Proton Trmt Intermediate	Yes	Yes	No
77525	Proton Treatment Complex	Yes	Yes	No
77799	Radium/Radioisotope Therapy	Yes	Yes	No
78103	Bone Marrow Imaging Mult	Yes	Yes	No
78104	Bone Marrow Imaging Body	Yes	Yes	No
78199	Nuclear Exam Blood/Lymph	Yes	Yes	No
78299	G.I. Nuclear Procedure	Yes	Yes	No
78399	Musculoskeletal Nuclear Exam	Yes	Yes	No
78428	Nuclear Exam, Heart Shunt	Yes	Yes	No
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes	Yes	No
78430	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Yes	Yes	No
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Yes	Yes	No
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)	Yes	Yes	No
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Yes	Yes	No
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Yes	Yes	No
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Yes	Yes	No
78491	Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress	Not a covered benefit	Yes	No
78492	Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress	Not a covered benefit	Yes	No
78499	Cardiovascular Nuclear Exam	Yes	Yes	No
78599	Respiratory Nuclear Exam	Yes	Yes	No
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	Yes	No
78609	Brain Imaging (Pet)	Yes	Yes	No
78699	Nervous System Nuclear Exam	Yes	Yes	No
78799	Genitourinary Nuclear Exam	Yes	Yes	No
78804	Radiopharm localization tumor/distribution radiopharm agent(s); whole body, req 2 or more days	Yes	Yes	No
78811	Tumor imaging, positron emission tomography (PET); limited area (e.g. chest, head/neck)	Yes	Yes	No
78812	Tumor imaging, positron emission tomography (PET); skull base to mid thigh	Yes	Yes	No

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78813	Tumor imaging, positron emission tomography (PET); whole body	Yes	Yes	No
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g. chest, head/neck)	Yes	Yes	No
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g. Skull base to mid-thigh)	Yes	Yes	No
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g. whole body)	Yes	Yes	No
78830	Radiopharmaceutical localization of tumor, inflammatory process, or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired CT transmission scan for anatomical review, localization, and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Yes	Yes	No
78999	Nuclear Diagnostic Exam	Yes	Yes	No
79403	Radiopharm therapy, radiolabeled monoclonal antibody by IV infusion	Yes	Yes	No
79440	Nuclear Rx Intra-Articular	Yes	Yes	No
79999	Nuclear Medicine Therapy	Yes	Yes	No
80400	ACTH stimulation panel; for adrenal insufficiency. This panel must include the following: Cortisol (82533 x 2)	Yes	Yes	No
80402	ACTH stimulation panel; for 21 hydroxylase deficiency. This panel must include the following: Cortisol (82533 x 2)	Yes	Yes	No
80406	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency. This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)	Yes	Yes	No
80408	Aldosterone suppression evaluation panel (eg, saline infusion). This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	Yes	Yes	No
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin). This panel must include the following: Calcitonin (82308 x 3)	Yes	Yes	No
80412	Corticotropin releasing hormone (CRH) stimulation panel. This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropin hormone (ACTH) (82024 x 6)	Yes	Yes	No
80414	Chorionic gonadotropin stimulation panel; testosterone response. This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	Yes	Yes	No
80415	Chorionic gonadotropin stimulation panel; estradiol response. This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)	Yes	Yes	No
80416	Renal vein renin stimulation panel (eg, captopril). This panel must include the following: Renin (84244 x 6)	Yes	Yes	No
80417	Peripheral vein renin stimulation panel (eg, captopril). This panel must include the following: Renin (84244 x 2)	Yes	Yes	No
80418	Combined rapid anterior pituitary evaluation panel. This panel must include the following: Adrenocorticotropin hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)	Yes	Yes	No
80420	Dexamethasone suppression panel, 48 hour. This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	Yes	Yes	No
80422	Glucagon tolerance panel; for insulinoma. This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	Yes	Yes	No
80424	Glucagon tolerance panel; for pheochromocytoma. This panel must include the following: Catecholamines, fractionated (82384 x 2)	Yes	Yes	No
80426	Gonadotropin releasing hormone stimulation panel. This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	Yes	Yes	No
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration). This panel must include the following: Human growth hormone (HGH) (83003 x 4)	Yes	Yes	No
80430	Growth hormone suppression panel (glucose administration). This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	Yes	Yes	No
80432	Insulin-induced C-peptide suppression panel. This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
80434	Insulin tolerance panel; for ACTH insufficiency. This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	Yes	Yes	No
80435	Insulin tolerance panel; for growth hormone deficiency. This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	Yes	Yes	No
80436	Metyrapone panel. This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	Yes	Yes	No
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	Yes	Yes	No
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	Yes	Yes	No
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]), gene analysis, common variant, HPA-1a/b (L33P)	Yes	Yes	No
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]), gene analysis, common variant, HPA-2a/b (T145M)	Yes	Yes	No
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]), gene analysis, common variant, HPA-3a/b (I843S)	Yes	Yes	No
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]), gene analysis, common variant, HPA-4a/b (R143Q)	Yes	Yes	No
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]), gene analysis, common variant (eg, HPA-5a/b (K505E))	Yes	Yes	No
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]), gene analysis, common variant, HPA-6a/b (R489Q)	Yes	Yes	No
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]), gene analysis, common variant, HPA-9a/b (V837M)	Yes	Yes	No
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule), gene analysis, common variant, HPA-15a/b (S682Y)	Yes	Yes	No
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble), common variants	Yes	Yes	No
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial), common variants	Yes	Yes	No
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Yes	No
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Yes	No
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Yes	No
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Yes	No
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Yes	No
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Yes	No
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	Yes	Yes	No
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Yes	Yes	No
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Yes	Yes	No
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Yes	Yes	No

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81175	ASXL1 (additional sex combs like 1, transcriptional regulator), gene analysis; full gene sequence	Yes	Yes	No
81176	ASXL1 (additional sex combs like 1, transcriptional regulator), gene analysis; targeted sequence analysis	Yes	Yes	No
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Yes	Yes	No
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Yes	Yes	No
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Yes	Yes	No
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Yes	Yes	No
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Yes	Yes	No
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Yes	Yes	No
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Yes	Yes	No
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Yes	Yes	No
81201	APC (adenomatous polyposis coli) full gene sequence	Yes	Yes	No
81202	APC (adenomatous polyposis coli) known familial variants	Yes	Yes	No
81203	APC (adenomatous polyposis coli); duplication/deletion variant	Yes	Yes	No
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Yes	Yes	No
81206	Bcr/abl1 gene major bp	Yes	Yes	No
81207	Bcr/abl1 gene minor bp	Yes	Yes	No
81208	Bcr/abl1 gene other bp	Yes	Yes	No
81210	Braf gene	Yes	Yes	No
81212	BRCA1&2 185&5385&6174 var	Yes	Yes	No
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes	Yes	No
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Yes	No
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Yes	Yes	No
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Yes	Yes	No
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Yes	Yes	No
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Yes	Yes	No
81225	CYP2c19 Gene Analysis Common Variants	Yes	Yes	No
81226	CYP2d6 Gene Analysis Common Variants	Yes	Yes	No
81227	CYP2c9 Gene Analysis Common Variants	Yes	Yes	No
81230	CYP3a4 Gene Analysis Common Variants	Yes	Yes	No
81231	CYP3a5 Gene Analysis Common Variants	Yes	Yes	No
81291	MTHFR Gene Analysis Common Variants	Yes	Yes	No
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Yes	Yes	No
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Yes	Yes	No
81235	EGFR gene analysis, common variants	Yes	Yes	No
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Yes	Yes	No
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Yes	Yes	No
81238	F9 (coagulation factor IX), full gene sequence	Yes	Yes	No
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Yes	Yes	No
81250	G6pc gene	Yes	Yes	No
81256	Hfe gene	Yes	Yes	No
81257	Hba1/Hba2 Gene	Yes	Yes	No
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; known familial variant	Yes	Yes	No
81260	lkbkap gene	Yes	Yes	No
81265	Str markers specimen anal	Yes	Yes	No
81266	Str markers spec anal addl	Yes	Yes	No
81267	Chimerism anal no cell selec	Yes	Yes	No
81268	Chimerism anal w/cell select	Yes	Yes	No
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; duplication/deletion variants	Yes	Yes	No
81270	Jak2 gene	Yes	Yes	No
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Yes	Yes	No
81275	Kras gene	Yes	Yes	No
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Yes	Yes	No
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Yes	Yes	No
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Yes	Yes	No
81283	IFNL3 (interferon, lambda 3), gene analysis, rs12979860 variant	Yes	Yes	No
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Yes	Yes	No
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Yes	Yes	No

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81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Yes	Yes	No
81287	Mgmt gene methylation anal	Yes	Yes	No
81288	Mlh1 Gene	Yes	Yes	No
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Yes	Yes	No
81292	Mlh1 gene full seq	Yes	Yes	No
81293	Mlh1 gene known variants	Yes	Yes	No
81294	Mlh1 gene dup/delete variant	Yes	Yes	No
81295	Msh2 gene full seq	Yes	Yes	No
81296	Msh2 gene known variants	Yes	Yes	No
81297	Msh2 gene dup/delete variant	Yes	Yes	No
81298	Msh6 gene full seq	Yes	Yes	No
81299	Msh6 gene known variants	Yes	Yes	No
81300	Msh6 gene dup/delete variant	Yes	Yes	No
81301	Microsatellite instability	Yes	Yes	No
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Yes	Yes	No
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Yes	Yes	No
81309	PIK3CA gene analysis, targeted sequence analysis	Yes	Yes	No
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81315	Pml/raralpha com breakpoints	Yes	Yes	No
81316	Pml/raralpha 1 breakpoint	Yes	Yes	No
81317	Pms2 gene full seq analysis	Yes	Yes	No
81318	Pms2 known familial variants	Yes	Yes	No
81319	Pms2 gene dup/delet variants	Yes	Yes	No
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Yes	Yes	No
81321	PTEN gene analysis; full sequence analysis	Yes	Yes	No
81322	PTEN gene analysis; known familial variant	Yes	Yes	No
81323	PTEN gene analysis; duplication/deletion variant	Yes	Yes	No
81331	Snrpn/ube3a gene	Yes	Yes	No
81334	RUNX1 (runt related transcription factor 1), gene analysis, targeted sequence analysis	Yes	Yes	No
81335	TPMT Genotype (Thiopurine S-Methyltransferase)	Yes	Yes	No
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Yes	Yes	No
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Yes	Yes	No
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Yes	Yes	No
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Yes	Yes	No
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	No
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Yes	Yes	No
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Yes	Yes	No



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81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Yes	Yes	No
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Yes	Yes	No
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Yes	Yes	No
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Yes	Yes	No
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Yes	Yes	No
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	Yes	Yes	No
81361	HBB (hemoglobin, subunit beta), common variant(s)	Yes	Yes	No
81362	HBB (hemoglobin, subunit beta); known familial variant(s)	Yes	Yes	No
81363	HBB (hemoglobin, subunit beta); duplication/deletion variant(s)	Yes	Yes	No
81364	HBB (hemoglobin, subunit beta), full gene sequence	Yes	Yes	No
81370	Hla i & ii typing lr	Yes	Yes	No
81371	Hla i & ii type verify lr	Yes	Yes	No
81372	Hla i typing complete lr	Yes	Yes	No
81373	Hla i typing 1 locus lr	Yes	Yes	No
81374	Hla i typing 1 antigen lr	Yes	Yes	No
81375	Hla ii typing ag equiv lr	Yes	Yes	No
81376	Hla ii typing 1 locus lr	Yes	Yes	No
81377	Hla ii type 1 ag equiv lr	Yes	Yes	No
81378	Hla i & ii typing hr	Yes	Yes	No
81379	Hla i typing complete hr	Yes	Yes	No
81380	Hla i typing 1 locus hr	Yes	Yes	No
81381	Hla i typing 1 allele hr	Yes	Yes	No
81382	Hla ii typing 1 loc hr	Yes	Yes	No
81383	Hla ii typing 1 allele hr	Yes	Yes	No
81400	Mopath procedure level 1	Yes	Yes	No
81401	Mopath procedure level 2	Yes	Yes	No
81402	Mopath procedure level 3	Yes	Yes	No
81403	Mopath procedure level 4	Yes	Yes	No
81404	Mopath procedure level 5	Yes	Yes	No
81405	Molecular pathology procedure, Level 6, (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) Includes FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence	Yes	Yes	No
81406	IDUA (iduronidase, alpha-L) (e.g. mucopolysaccharidosis, type I)	Yes	Yes	No
81407	Mopath procedure level 8	Yes	Yes	No
81408	Mopath Procedure Level 9	Yes	Yes	No
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Yes	Yes	No
81420	Fetal chromosomal aneuploidy genomic sequence analysis panel, must include analysis of chromosomes 13, 18, and 21	Yes	Yes	No

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81432	Hereditary breast cancer - related disorders (eg , hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	Yes	Yes	No
81434	Hereditary retinal disorders [e.g., retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy], genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR and USH2A	Yes	Yes	No
81435	Hereditary Colon Ca Disorders	Yes	Yes	No
81436	Hereditary Colon Ca Disorders	Yes	Yes	No
81445	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, RLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed.	Yes	Yes	No
81448	Hereditary peripheral neuropathies, genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes.	Yes	Yes	No
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes	Yes	Yes	No
81479	Unlisted molecular pathology procedure	Yes	Yes	No
81500	Onco (ovarian), biochemical assays of two proteins	Yes	Yes	No
81503	Onco (ovarian), biochemical assays of five proteins	Yes	Yes	No
81506	Endo (type 2 diabetes), assays of seven analytes	Yes	Yes	No
81507	Fetal aneuploidy trisom risk	Yes	Yes	No
81508	Fetal congenital abnormalities, biochemical assays of two proteins	Yes	Yes	No
81509	Fetal congenital abnormalities, biochemical assays of three proteins	Yes	Yes	No
81510	Fetal congenital abnormalities, biochemical assays of three analytes	Yes	Yes	No
81511	Fetal congenital abnormalities, biochemical assays of four analytes	Yes	Yes	No
81512	Fetal congenital abnormalities, biochemical assays of five analytes	Yes	Yes	No
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Yes	Yes	No
81519	Onco (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes	Yes	Yes	No
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis.	Yes	Yes	No
81521	Oncology (breast), mRNA microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis.	Yes	Yes	No
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Yes	Yes	No
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Yes	Yes	No
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as metastasis risk score	Yes	Yes	No
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Yes	Yes	No
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Yes	Yes	No

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81595	Cardiology Hrt TrnspI Mrna	Yes	Yes	No
81599	Unlisted Multianalyte Assay with Algorithmic Analysis	Yes	Yes	No
85999	Hematology Procedure	Yes	Yes	No
86711	Ant body; JC (John Cunningham) virus	Yes	Yes	No
86828	HLA Class I/II HLA antigens; qualitative	Yes	Yes	No
86829	HLA Class I/II HLA antigens; qualitative	Yes	Yes	No
86830	HLA Class I; HLA phenotypes	Yes	Yes	No
86831	HLA Class II; HLA phenotypes	Yes	Yes	No
86832	HLA Class I High definition qualitative panel	Yes	Yes	No
86833	HLA Class II High definition qualitative panel	Yes	Yes	No
86834	HLA Class I High semi-quantitative panel	Yes	Yes	No
86835	HLA Class II High semi-quantitative panel	Yes	Yes	No
86849	Allomap® gene expression profiling	Yes	Yes	No
86927	Plasma Fresh Frozen	Yes	Yes	No
86930	Frozen Blood Prep	Yes	Yes	No
86931	Frozen Blood Thaw	Yes	Yes	No
86932	Frozen Blood Freeze/Thaw	Yes	Yes	No
86960	Vol Reduction of Blood/Prod	Yes	Yes	No
86999	Immunology Procedure	Yes	Yes	No
87563	M. Genitalium Amp Probe	Yes	Yes	No
87910	Genotype analysis; cytomegalovirus	Yes	Yes	No
87912	Genotype analysis; hepatitis B	Yes	Yes	No
87999	Unlisted microbiology procedure	Yes	Yes	No
88199	Cytopathology Procedure	Yes	Yes	No
88299	Cytogenetic Study	Yes	Yes	No
88399	Surgical Pathology Procedure	Yes	Yes	No
88749	In Vivo Lab Service	Yes	Yes	No
89240	Pathology Lab Procedure	Yes	Yes	No
89398	Unlisted Reprod Med Lab Proc	Yes	Yes	No
91110	GI tract imaging, intraluminal (eg, capsule endoscopy), espohagus w/ physician interpretation & report	Yes	Yes	No
91112	GI WIRELESS CAPSULE W/INTERP	Yes	Yes	No
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon	Yes	Yes	No
91299	Gastroenterology Procedure	Yes	Yes	No
92002	Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient	Yes	Yes	No
92004	Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient one or more visits	Yes	Yes	No
92071	Contact lens fitting for tx	Yes	Yes	No
92072	Fit contac lens for managmnt	Yes	Yes	No
92229	Retinal imaging with automated point-of-care equipment	Yes	Yes	No
92499	Ophthalmologic Service or Procedure Un	Yes	Yes	No
92507	Treatment of speech, language, voice, communication, and / or auditory processing disorder, individual	Yes	Yes	No
92508	Group, 2 or more individuals	Yes	Yes	No
92521	Evaluation of speech fluency	Yes	Yes	No
92522	Evaluate speech production	Yes	Yes	No
92523	Speech sound lang comprehen	Yes	Yes	No

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92524	Behavioral and qualitative analysis of voice and resonance	Yes	Yes	No
92531	Spontaneous Nystagmus Study	Yes	Yes	No
92532	Positional Nystagmus Test	Yes	Yes	No
92534	Optokinetic Nystagmus Test	Yes	Yes	No
92558	*12Evoked Auditory Test Qual	Yes	Yes	No
92630	Aud Rehab Preling Hear Loss	Yes	Yes	No
92633	Aud Rehab Postling Hear Loss	Yes	Yes	No
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	Yes	Yes	No
92651	For hearing status determination, broadband stimuli, with interpretation and report	Yes	Yes	No
92652	For threshold estimation at multiple frequencies, with interpretation and report	Yes	Yes	No
92653	Neurodiagnostic, with interpretation and report	Yes	Yes	No
92700	Ent Procedure/Service	Yes	Yes	No
92971	Cardioassist-method of circulatory assist; external	Yes	Yes	No
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Yes	Yes	No
93569	Njx cth slct p-art angrp uni	Yes	Yes	No
93573	Njx cath slct p -art angrp bi	Yes	Yes	No
93574	Njx cath slct pulm vn angrph	Yes	Yes	No
93575	Njx cath slct p angrph mapca	Yes	Yes	No
93623	Stimulation Pacing Heart	Yes	Yes	No
93660	Tilt Table Evaluation	Yes	Yes	No
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report	Yes	Yes	No
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	Yes	Yes	No
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	Yes	Yes	No
93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report	Yes	Yes	No
93797	Cardiac Rehabilitation without continuous ECG monitoring	Yes	Yes	No
93798	Cardiac Rehabilitation with continuous ECG monitoring	Yes	Yes	No
93799	Cardiovascular Procedure	Yes	Yes	No
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	Yes	Yes	No
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited studies	Yes	Yes	No
93998	Noninvas Vasc Dx Study Proc	Yes	Yes	No
94011	Spirometry Up To 2 Yrs Old	Yes	Yes	No
94012	Spirimtry W/Brnchdil Inf-2 Yr	Yes	Yes	No
94013	Meas Lung Vol Thru 2 Yrs	Yes	Yes	No
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	Yes	Yes	No
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation, <b>without</b> continuous oximetry monitoring (per session)	Yes	Yes	No
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation, <b>with</b> continuous oximetry monitoring (per session)	Yes	Yes	No
94799	Pulmonary Service/Procedure	Yes	Yes	No
95012	Nitric oxide expired gas determination	Yes	Yes	No
95700	Eeg Cont Rec W/Vid Eeg Tech	Yes	Yes	No

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95705	Eeg W/O Vid 2-12 Hr Unmnr	Yes	Yes	No
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	Yes	Yes	No
95707	Eeg W/O Vid 2-12Hr Cont Mntr	Yes	Yes	No
95708	Eeg Wo Vid Ea 12-26Hr Unmnr	Yes	Yes	No
95709	Eeg W/O Vid Ea 12-26Hr Intmt	Yes	Yes	No
95710	Eeg W/O Vid Ea 12-26Hr Cont	Yes	Yes	No
95711	Veeg 2-12 Hr Unmonitored	Yes	Yes	No
95712	Veeg 2-12 Hr Intmt Mntr	Yes	Yes	No
95713	Veeg 2-12 Hr Cont Mntr	Yes	Yes	No
95714	Veeg Ea 12-26 Hr Unmnr	Yes	Yes	No
95715	Veeg Ea 12-26Hr Intmt Mntr	Yes	Yes	No
95716	Veeg Ea 12-26Hr Cont Mntr	Yes	Yes	No
95782	Polysomnography; <than 6 years, with 4/> addl parameters, attd by tech	Yes	Yes	No
95783	Polysomnography; <than 6 years, with initiation of CPAP/BiPap, attd by tech	Yes	Yes	No
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Yes	Yes	No
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Yes	Yes	No
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Yes	Yes	No
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Yes	Yes	No
95941	Ionm Remote/>1 Pt Or Per Hr	Yes	Yes	No
95965	Magnetoencephalography [MEG], recording and analysis; for spontaneous brain magnetic activity	Yes	Yes	No
95966	Magnetoencephalography [MEG], recording and analysis; for spontaneous brain magnetic activity	Yes	Yes	No
95967	Magnetoencephalography [MEG], recording and analysis; for evoked magnetic fields, each additional modality	Yes	Yes	No
95992	Canalith Repositioning Proc	Yes	Yes	No
95999	Neurological Procedure	Yes	Yes	No
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report	Yes	Yes	No
96377	Applicaton On-Body Injector	Yes	Yes	No
96549	Chemotherapy Unspecified	Yes	Yes	No
96567	Photodynamic Tx Skin	Yes	Yes	No
96999	Dermatological Procedure	Yes	Yes	No
97039	Unlisted modality	Yes	Yes	No
97113	Theraputic procedure, one or more areas, each 15 minutes; aquatic therapy with theraputic exercises	Yes	Yes	No
97139	Theraputic procedure, one or more areas, each 15 minutes; unlisted procedure	Yes	Yes	No
97161	PT eval low complex 20 min	not valid for Medi-Cal	Yes	No
97162	PT eval mod complex 30 min	not valid for Medi-Cal	Yes	No
97163	PT eval high complex 45 min	not valid for Medi-Cal	Yes	No
97164	PT re-eval est plan care	not valid for Medi-Cal	Yes	No
97165	OT eval low complex 30 min	not valid for Medi-Cal	Yes	No
97166	OT eval mod complex 45 min	not valid for Medi-Cal	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
97167	OT eval high complex 60 min	not valid for Medi-Cal	Yes	No
97168	OT re-eval est plan care	not valid for Medi-Cal	Yes	No
97530	Therapeutic activities, direct (one-on-one) patient contact by provider, each 15 minutes	Yes	Yes	No
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact by the provider, each 15 minutes	Yes	Yes	No
97750	Therapeutic performance test or measurement, with written report, each 15 minutes	Yes	Yes	No
97799	Unlisted Phys Med/Rehab Serv Or Proc	Yes	Yes	No
99070	Special Supplies Phys/Qhp	Yes	Yes	No
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	Yes	Yes	No
99199	Special Service/Proc/Report	Yes	Yes	No
99202	Office/Outpt New 20 minutes	Yes	Yes	No
99203	Office/Outpt New 30 minutes	Yes	Yes	No
99204	Office/Outpt New 45 minutes	Yes	Yes	No
99205	Office/Outpt New 60 minutes	Yes	Yes	No
99215	Office/Outpt Est 40 minutes	Yes	Yes	No
99242	Office consult, 30 minutes	Yes	Yes	No
99243	Office consult, 40 minutes	Yes	Yes	No
99244	Office consult, 60 minutes	Yes	Yes	No
99245	Office consult, 80 minutes	Yes	Yes	No
99429	Unlisted Preventive Med.	Yes	Yes	No
99499	Unlisted E & M Service	Yes	Yes	No
99600	Unlisted home visit service or procedure	Yes	Yes	No
A0130	Non-emergency transportation: wheelchair van (refer to NEMT code)	Yes	No	Yes
A0380	Medical Transportation, Basic Life Support (BLS) mileage (per mile)	Yes	No	Yes
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)(refer to NEMT code)	Yes	Yes	No
A0428	Ambulance service, basic life support, non-emergency transport (BLS)(refer to NEMT code)	Yes	Yes	No
A0430	Fixed Wing Air Transport	Yes	Yes	No
A0431	Rotary Wing Air Transport	Yes	Yes	No
A2011	Supra sdrm, per square centimeter	Yes	Yes	No
A2012	Suprathel, per square centimeter	Yes	Yes	No
A2013	Innovamatrix fs, per square centimeter	Yes	Yes	No
A2014	Omeza collag per 100 mg Omeza collagen matrix, per 100	Yes	Yes	No
A2015	Phoenix wound matrix, per square centimeter	Yes	Yes	No
A2016	Permeaderm b, per square centimeter	Yes	Yes	No
A2017	Permeaderm glove, each	Yes	Yes	No
A2018	Permeaderm c, per square centimeter	Yes	Yes	No
A4100	Skin substitute, fda cleared as a device, not otherwise specified	Yes	Yes	No
A0999	Unlisted Ambulance Service	Yes	Yes	No
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	Yes	Yes	No
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	Yes	Yes	No
A4650	*08Implant Radiation Dosimeter	Yes	Yes	No
A6501	Compres Burngarment Bodysuit	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
A6502	Compres Burngarment Chinstrp	Yes	Yes	No
A6503	Compres Burngarment Facehood	Yes	Yes	No
A6504	Cmprsburngarment Glovewrist	Yes	Yes	No
A6505	Cmprsburngarment Glovee bow	Yes	Yes	No
A6506	Cmprsburngrmnt Gloveaxilla	Yes	Yes	No
A6507	Cmprs Burngarment Footknee	Yes	Yes	No
A6508	Cmprs Burngarment Footthigh	Yes	Yes	No
A6509	Compres Burn Garment Jacket	Yes	Yes	No
A6510	Compres Burn Garment Leotard	Yes	Yes	No
A6511	Compres Burn Garment Panty	Yes	Yes	No
A6512	Compres Burn Garment, Noc	Yes	Yes	No
A6513	Compress Burn Mask Face/Neck	Yes	Yes	No
A6545	Grad comp non-elastic BK	Yes	Yes	No
A6549	G Compression Stocking	Yes	Yes	No
A7012	Water Collec Dev Use W/Lg Vol Neb	Yes	Yes	No
A7013	Filter Disposabl W/Aerosol Compress/Us Generator	Yes	Yes	No
A7016	Dome&Mouthpiece Used W/Small Volume Us Nebulizr	Yes	Yes	No
A8002	Soft Protect Helmet Custom	Yes	Yes	No
A8003	Hard Protect Helmet Custom	Yes	Yes	No
A8004	Repl Soft Interface, Helmet	Yes	Yes	No
A9281	Reaching/Grabbing Device	Yes	No	Yes
A9284	Non-electronic spirometer	Yes	Yes	No
A9517	Iodine i-131 sodium iodide capsule(s), therapeutic, per millicurie	Yes	Yes	No
A9527	Iodine i-125, sodium iodide solution, therapeutic, per millicurie	Yes	Yes	No
A9530	Iodine i-131, sodium iodide solution, therapeutic, per millicurie	Yes	Yes	No
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	Yes	Yes	No
A9563	Sodium phosphate p-32, therapeutic, per millicurie	Yes	Yes	No
A9564	Chromic phosphate p-32 suspension, therapeutic, per millicurie	Yes	Yes	No
A9590	Iodine i-131, iobenguane, 1 millicurie	Yes	Yes	No
A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie	Yes	Yes	No
A9595	Piflufolastat f-18, diagnostic, 1 millicurie	Yes	Yes	No
A9597	Pet, Dx, For Tumor Id, Noc	Yes	Yes	No
A9598	Pet Dx For Non-Tumor Id, Noc	Yes	Yes	No
A9602	Fluorodopa f-18, diagnostic, per millicurie	Yes	Yes	No
A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie	Yes	Yes	No
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	Yes	No
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	Yes	No
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Yes	Yes	No
C1721	*04 Aicd, Dual Chamber	Yes	Yes	No
C1722	*04 Aicd, Single Chamber	Yes	Yes	No
C1734	Orth/Devic/Drug Bn/Bn, Tis/Bn	Yes	Yes	No
C1767	*04 Generator, Neurostim, Imp	Yes	Yes	No
C1771	*04 Rep Dev, Urinary, W/Sling	Yes	Yes	No
C1777	*04 Lead, Aicd, Endo Single Coil	Yes	Yes	No
C1785	*04 Pmkr, Dual, Rate-Resp	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
C1786	*04 Pmkr, Single, Rate-Resp	Yes	Yes	No
C1820	Generator Neuro Rechg Bat Sys	Yes	Yes	No
C1822	Gen, Neuro, Hf, Rechg Bat	Yes	Yes	No
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Yes	Yes	No
C1824	Generator, cardiac contractility modulation (implantable)	Yes	Yes	No
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Yes	Yes	No
C1830	Power Bone Marrow Bx Needle	Yes	Yes	No
C1839	Iris prosthesis	Yes	Yes	No
C1840	Telescopic Intraocular Lens	Yes	Yes	No
C1849	Skin substitute, synthetic, resorbable, per square centimeter	Yes	Yes	No
C1874	*04 Stent, Coated/Cov W/Del Sys	Yes	Yes	No
C1875	*04 Stent, Coated/Cov W/O Del Sy	Yes	Yes	No
C1882	*04 Aicd, Other Than Sing/Dual	Yes	Yes	No
C1886	Catheter, Ablation	Yes	Yes	No
C1895	*04 Lead, Aicd, Endo Dual Coil	Yes	Yes	No
C1896	*04 Lead, Aicd, Non Sing/Dual	Yes	Yes	No
C1982	Cath, Pressure,Valve-Occlu	Yes	Yes	No
C2596	Probe, image-guided, robotic, waterjet ablation	Yes	Yes	No
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	Yes	Yes	No
C2619	*04 Pmkr, Dual, Non Rate-Resp	Yes	Yes	No
C2620	Pmkr, Single, Non Rate-Resp	Yes	Yes	No
C2621	*04 Pmkr, Other Than Sing/Dual	Yes	Yes	No
C2624	Wireless Pressure Sensor	Yes	Yes	No
C2634	Brachytx, Nonstr, Ha, I125	Yes	Yes	No
C2635	Brachytx, Nonstr, Ha, P103	Yes	Yes	No
C2637	Brachy,Nonstr,Ytterbium169	Yes	Yes	No
C2638	Brachytx, Stranded, I125	Yes	Yes	No
C2639	Brachytx, Nonstranded,I125	Yes	Yes	No
C2640	Brachytx, Stranded, P103	Yes	Yes	No
C2641	Brachytx, Nonstranded,P103	Yes	Yes	No
C2644	Brachytherapy Source, Cesium	Yes	Yes	No
C2645	Brachytx Planar, P-103	Yes	Yes	No
C2698	Brachytx, Stranded, Nos	Yes	Yes	No
C2699	Brachytx, Nonstranded, Nos	Yes	Yes	No
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci	Yes	Yes	No
C9250	Artiss Fibrin Sealant	Yes	Yes	No
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	Yes	Yes	No
C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	Yes	Yes	No
C9362	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	Yes	Yes	No
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	Yes	Yes	No
C9725	Place Endorectal App	Yes	Yes	No
C9738	Blue Light Cysto Imag Agent	Yes	Yes	No



Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration(s)/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	Yes	Yes	No
C9756	Fluorescence Lymph Map W/lcg	Yes	Yes	No
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Yes	Yes	No
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	Yes	Yes	No
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Yes	Yes	No
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	Yes	Yes	No
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	Yes	Yes	No
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed	Yes	Yes	No
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed	Yes	Yes	No
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	Yes	Yes	No
E0140	Walker, w/trunk support, adjustable or fixed height, any type	Yes	Yes	No
E0144	Walker, enclosed 4-sided framed, rigid or folding, wheeled w/posterior seat	Yes	No	Yes
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance	Yes	Yes	No
E0165	Commode Chair, Mobile, with Detachable Arms	Yes	Yes	No
E0181	Pressure Pad, Alternating with Pump, Heavy Duty	Yes	Yes	No
E0182	Pump for Alternating Pressure Pad	Yes	Yes	No
E0185	Gel or gel-like pressure pad for mattress, standard mattress length & width	Yes	Yes	No
E0186	Air Pressure Mattress	Yes	Yes	No
E0187	Water Pressure Mattress	Yes	Yes	No
E0193	Powered Air Mattress (Low Air Loss Type) Daily Rental	Yes	Yes	No
E0194	Air Fluidized Bed	Yes	Yes	No
E0196	Gel Pressure Mattress	Yes	Yes	No
E0197	Air Pressure Pad for Mattress, standard mattress length & width	Yes	Yes	No
E0198	Water Pressure Pad for Mattress, standard mattress length & width	Yes	Yes	No
E0271	Mattress, Innerspring	Yes	Yes	No
E0272	Mattress, Foam Rubber	Yes	Yes	No
E0277	Powered pressure-reducing air mattress	Yes	Yes	No
E0291	Hospital Bed, fixed height, w/o side rails, w/o mattress	Yes	Yes	No
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Yes	Yes	No
E0295	Hospital Bed, Semi-Electric (Head & Foot Adjustment), w/o Side Rails, w/o mattress	Yes	Yes	No
E0297	Hospital Bed, Total Electric (Head, Foot & Height Adjustments), w/o side rails, w/o mattress	Yes	Yes	No
E0300	Pediatric crib, hospital grade, fully enclosed	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
E0303	Hospital bed, heavy duty, extra wide, 350-600 lbs, w/any type side rails, w/mattress	Yes	Yes	No
E0304	Hospital bed, extra heavy duty, extra wide, >600 lbs, w/any type side rails, w/mattress	Yes	Yes	No
E0316	Safety enclosure frame/canopy for use w/hospital bed, any type	Yes	Yes	No
E0328	Pediatric hospital bed, manual	Yes	Yes	No
E0329	Pediatric hospital bed semi/electric	Yes	Yes	No
E0350	Control Unit for Electronic Bowel Irrigation/Evacuation System	Yes	No	Yes
E0371	Nonpower Mattress Overlay Daily Rental	Yes	Yes	No
E0372	Powered air overlay for mattress, standard mattress length & width	Yes	Yes	No
E0373	Nonpowered Pressure Mattress Daily Rent	Yes	Yes	No
E0425	Stationary compressed gas oxygen system, purchase	Yes	Yes	No
E0430	Portable gaseous oxygen system, purchase	Yes	Yes	No
E0431	Portable Gaseous O2	Yes	Yes	No
E0434	Portable Gas Liq Oxygen System- Rental	Yes	Yes	No
E0435	Portable Gas Liq Oxygen System- Purchase	Yes	Yes	No
E0439	Stationary Liquid O2	Yes	Yes	No
E0440	Oxygen System, Liquid, Stationary	Yes	Yes	No
E0443	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers,	Yes	Yes	No
E0445	Oximeter Noninvasive	Yes	Yes	No
E0465	Home ventilator, any type, used with invasive interface	Yes	Yes	No
E0466	Home ventilator, any type, used with noninvasive interface	Yes	Yes	No
E0467	Home ventilator; multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Yes	Yes	No
E0470	Respiratory assist device,bi-level pressure capability,w/o backup rate feature, w/non-invasive interface	Yes	Yes	No
E0471	Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/non-invasive int	Yes	Yes	No
E0472	Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/invasive interfa	Yes	Yes	No
E0480	Percussor, electric or pneumatic, home model	Yes	Yes	No
E0481	Intrpulumnry Percuss Vent Sys	Yes	Yes	No
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes	Yes	No
E0483	High frequency chest wall oscillation air-pulse generator system, each	Yes	Yes	No
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment.	Yes	Yes	No
E0487	Electronic spirometer	Yes	Yes	No
E0555	Humidifier, Durable, Glass or Auto	Yes	Yes	No
E0562	Humidifier, heated, used w/positive airway pressure device	Yes	Yes	No
E0570	Nebulizer, with compressor	Yes	Yes	No
E0600	Respiratory suction pump, electic, port/stat, home model	Yes	Yes	No
E0601	CPAP (Continuous Airway Pressure) Device	Yes	Yes	No
E0618	Apnea monitor, w/o recording feature	Yes	Yes	No
E0619	Apnea monitor, w/recording feature	Yes	Yes	No
E0625	Patient lift, Kartop, bathroom or toilet	Yes	Yes	No
E0630	Patient lift; hydraulic, w/seat or sling	Yes	Yes	No
E0637	Combo sit to stand system, any size, w/seat lift, w/ or w/o wheels	Yes	Yes	No
E0638	Standing frame system, any size, w/ or w/o wheels	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
E0639	Moveable Patient Lift System	Yes	Yes	No
E0641	Multi-Position Stnd Fram Sys	Yes	Yes	No
E0642	Dynamic Standing Frame	Yes	Yes	No
E0650	Pneumatic compressor, nonsegmental home model	Yes	Yes	No
E0651	Pneumatic compressor, segmental home model w/o cal brated gradient pressure	Yes	Yes	No
E0656	Segmental pneumatic trunk	Yes	Yes	No
E0657	Segmental pneumatic chest	Yes	Yes	No
E0668	Segmental pneumatic appliance, full arm, for use w/pneumatic compressor	Yes	Yes	No
E0670	Segmental pneumatic appliance, 2 full legs and trunk	Yes	Yes	No
E0720	TENS, two lead, localized stimulation	Yes	Yes	No
E0730	TENS, four or more leads, for multiple stimulation	Yes	Yes	No
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Yes	Yes	No
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Yes	Yes	No
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	Yes	No
E0766	Elec stim cancer treatment	Yes	Yes	No
E0770	Functional electric stim NOS	Yes	Yes	No
E0784	External ambulatory insulin infusion pump	Yes	Yes	No
E0787	Cgs Dose Adj Insulin Inf Pmp	Yes	Yes	No
E0849	Traction eq, cervical, free-standing, pneumatic, not for mandible (Replaces K0627)	Yes	Yes	No
E0920	Fracture frame, attached to bed, includes weights	Yes	Yes	No
E0930	Fracture frame, free standing, includes weights	Yes	Yes	No
E0935	Cont Pas Motion Exercise Dev	Yes	Yes	No
E0936	CPM device, other than knee	Yes	Yes	No
E0940	Trapeze bar, freestanding, complete w/grab bar	Yes	Yes	No
E0947	Fracture frame, attachments for complex pelvic traction	Yes	Yes	No
E0948	Fracture frame, attachments for complex cervical traction	Yes	Yes	No
E0950	Tray, wheelchair accessory, each	Yes	Yes	No
E0951	Heel loop/holder,any type, w/ or w/o ankle strap, each	Yes	Yes	No
E0952	Toe loop/holder, any type, each	Yes	Yes	No
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Yes	Yes	No
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes	Yes	No
E0955	Headrest, cushioned, any type, including fixed mounting hardware, each	Yes	Yes	No
E0956	Lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes	Yes	No
E0957	Medial thigh support, any type, including fixed mounting hardware, each	Yes	Yes	No
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes	Yes	No
E0959	Manual wheelchiar accessory, adapter for amputee, each	Yes	Yes	No
E0960	Wheelchair Accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes	Yes	No
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes	Yes	No
E0966	Manual wheelchair accessory, headrest extension, each	Yes	Yes	No
E0967	Hand rim w/projections, any type, replacement only, each, manual wheelchair accessory	Yes	Yes	No
E0970	No. 2 footplates, except for elevating legrest	Yes	Yes	No
E0971	Anti-tipping device, wheelchair	Yes	Yes	No
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes	Yes	No
E0978	Positioning belt/safety belt/pelvic strap, each	Yes	Yes	No

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
E0981	Seat upholstery, replacement only, each, wheelchair accessory	Yes	Yes	No
E0982	Back upholstery, replacement only, each, wheelchair accessory	Yes	Yes	No
E0983	Power add-on to convert manual wheelchair to motorized, joystick control, manual w/c accessory	Yes	Yes	No
E0984	Power add-on to convert manual wheelchair to motorized, tiller control, manual w/c accessory	Yes	Yes	No
E0985	Seat lift mechanism, wheelchair accessory	Yes	Yes	No
E0986	Push activated power assist, each, manual wheelchair accessory	Yes	Yes	No
E0988	Lever-Activated Wheel Drive	Yes	Yes	No
E0990	Elevating leg rest, complete assembly, each, manual wheelchair accessory	Yes	Yes	No
E0992	Solid seat insert, manual wheelchair accessory	Yes	Yes	No
E0995	Calf rest/pad, each, wheel chair accessory	Yes	Yes	No
E1002	Power seating system, tilt only, wheelchair accessory	Yes	Yes	No
E1003	Power seating system, recline only, w/o shear reduction, wheelchair accessory	Yes	Yes	No
E1004	Power seating system, recline only, w/mechanical shear reduction, wheelchair accessory	Yes	Yes	No
E1005	Power seating system, recline only, w/power shear reduction, wheelchair accessory	Yes	Yes	No
E1006	Power seating system, combo tilt & recline, w/o shear reduction, wheelchair accessory	Yes	Yes	No
E1007	Power seating system, combo tilt & recline, w/mechanical shear reduction, wheelchair accessory	Yes	Yes	No
E1008	Power seating system, combo tilt & recline, w/power shear reduction, wheelchair accessory	Yes	Yes	No
E1009	Addition to power seating system, mechanical linked leg elevation system, incl pushrod & legrest	Yes	Yes	No
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes	Yes	No
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed w/initial chair)	Yes	Yes	No
E1012	Ctr Mount Pwr Elev Leg Rest	Yes	Yes	No
E1014	Reclining back, addition to pediatric wheelchair	Yes	Yes	No
E1015	Shock absorber for manual wheelchair, each	Yes	Yes	No
E1016	Shock absorber for power wheelchair, each	Yes	Yes	No
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes	Yes	No
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty wheelchair, each	Yes	Yes	No
E1020	Residual limb support system for wheelchair	Yes	Yes	No
E1028	Mounting hardware for joystick (manual swingaway, retractable or removable), other control interface	Yes	Yes	No
E1029	Ventilator tray, fixed, wheelchair accessory	Yes	Yes	No
E1030	Ventilator tray, gimbaled, wheelchair accessory	Yes	Yes	No
E1031	Rollabout chair, any and all types with casters 5" or greater	Yes	Yes	No
E1036	Multi-positional patient transfer system, extra-wide	Yes	Yes	No
E1037	Transport chair, pediatric size	Yes	Yes	No
E1038	Transport chair, adult size, patient weight capacity less than 250 pounds	Yes	Yes	No
E1161	Manual adult size wheelchair, includes tilt in space	Yes	Yes	No
E1220	Wheelchair; Specially Sized or Con	Yes	Yes	No
E1225	Manual, semi-reclining back	Yes	Yes	No
E1226	Manual, fully reclining back	Yes	Yes	No
E1228	Special back height for wheelchair	Yes	Yes	No
E1229	Pediatric Wheelchair Nos	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
E1230	Power operated vehicles (three or four wheel nonhighway), specify brand name & model number	Yes	Yes	No
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/seating system	Yes	Yes	No
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/seating system	Yes	Yes	No
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/o seating system	Yes	Yes	No
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/o seating system	Yes	Yes	No
E1235	Wheelchair, pediatric size, rigid, adjustable, w/seating system	Yes	Yes	No
E1236	Wheelchair, pediatric size, folding, adjustable, w/seating system	Yes	Yes	No
E1237	Wheelchair, pediatric size, rigid, adjustable, w/o seating system	Yes	Yes	No
E1238	Wheelchair, pediatric size, folding, adjustable, w/o seating system	Yes	Yes	No
E1239	Ped Power Wheelchair Nos	Yes	Yes	No
E1296	Special wheelchair seat height from floor	Yes	Yes	No
E1297	Special wheelchair seat depth by upholstery	Yes	Yes	No
E1298	Special wheelchair seat depth and/or width by construction	Yes	Yes	No
E1354	Wheeled cart, port cyl/conc	Yes	Yes	No
E1356	Batt pack/cart, port conc	Yes	Yes	No
E1357	Battery charger, port conc	Yes	Yes	No
E1358	DC power adapter, port conc	Yes	Yes	No
E1390	Oxygen concentrator, single delivery port	Yes	Yes	No
E1391	Oxygen concentrator, dual delivery port, each	Yes	Yes	No
E1392	*06 Portable Oxygen Concentrator	Yes	Yes	No
E1399	Miscellaneous DME	Yes	Yes	No
E1639	Scale, each	Yes	Yes	No
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	Yes	Yes	No
E1902	Communication board, non-electronic augmentative or alternative communication device	Yes	Yes	No
E2000	Gastric suction pump, electric	Yes	Yes	No
E2100	Blood glucose monitor w/integrated voice synthesizer	Yes	Yes	No
E2201	Nonstandard seat frame, width equal or >20" and <24", manual wheelchair accessory	Yes	Yes	No
E2202	Manual Wheelchair Accessory, nonstandard seat frame width 24" - 27"	Yes	Yes	No
E2203	Nonstandard seat frame depth, 20" to <22", manual wheelchair accessory	Yes	Yes	No
E2204	Nonstandard seat frame depth 22" - 25", manual wheelchair accessory	Yes	Yes	No
E2206	Wheel lock assembly, complete, each (Replaces K0081 in 2005)	Yes	Yes	No
E2207	Crutch and cane holder, each (replaces K0102)	Yes	Yes	No
E2208	Cylinder tank carrier, each (replaces K0104)	Yes	Yes	No
E2209	Arm trough, each (replaces K0106)	Yes	Yes	No
E2210	Wheelchair bearings, any type (replaces K0452)	Yes	Yes	No
E2211	MWC accessory, pneumatic propulsion tire, any size, each	Yes	Yes	No
E2212	MWC accessory, tube for pneumatic propulsion tire, any size, each	Yes	Yes	No
E2213	MWC accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes	Yes	No
E2214	MWC accessory, pneumatic caster tire, any size, each	Yes	Yes	No
E2215	MWC accessory, tube for pneumatic caster tire, any size, each.	Yes	Yes	No
E2218	Foam Propulsion Tire Each	Yes	Yes	No
E2219	MWC accessory, foam caster tire, any size, each	Yes	Yes	No
E2220	MWC accessory, solid (rubber/plastic) propulsion tire (any size)	Yes	Yes	No
E2221	MWC accessory, solid (rubber/plastic) caster tire (removable), any size, each	Yes	Yes	No

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
E2227	Gear reduction drive wheel	Yes	Yes	No
E2228	MWC ACC, Wheelchair brake	Yes	Yes	No
E2231	Solid seat support base	Yes	Yes	No
E2291	Planar Back for Ped Size Wc	Yes	Yes	No
E2292	Planar Seat for Ped Size Wc	Yes	Yes	No
E2293	Contour Back for Ped Size Wc	Yes	Yes	No
E2294	Contour Seat for Ped Size Wc	Yes	Yes	No
E2295	Ped dynamic seating frame	Yes	Yes	No
E2300	Power seat elevation system, power wheelchair accessory	Yes	Yes	No
E2301	Power standing system, power wheelchair accessory	Yes	Yes	No
E2310	Electronic connection between wheelchair controller & 1 power seating system motor, pwr w/c accessory	Yes	Yes	No
E2311	Electronic connection between wheelchair controller & 2 or more power seating system motors, pwr w/c	Yes	Yes	No
E2312	Mini-Prop remote joystick	Yes	Yes	No
E2313	PWC harness, expand control	Yes	Yes	No
E2321	Hand control interface, remote joystick, nonproportional, power wheelchair accessory	Yes	Yes	No
E2322	Hand control interface, multiple mechanical switches, nonproportional, power w/c accessory	Yes	Yes	No
E2323	Specialty joystick handle for hand control interface, prefabricated, power wheelchair accessory	Yes	Yes	No
E2324	Chin cup for chin control interface, power wheelchair accessory	Yes	Yes	No
E2325	Sip and puff interface, nonproportional, power wheelchair accessory	Yes	Yes	No
E2326	Breath tube kit for sip and puff interface, power wheel chair accessory	Yes	Yes	No
E2327	Head control interface, mechanical, proportional, power wheelchair accessory	Yes	Yes	No
E2328	Head or extremity control interface, electronic, proportional, power wheelchair accessory	Yes	Yes	No
E2329	Head control interface, contact switch mechanism, nonproportional, power wheelchair accessory	Yes	Yes	No
E2330	Head control interface, proximity switch mechanism, nonproportional, power wheelchair accessory	Yes	Yes	No
E2331	Attendant control, proportional, power wheelchair accessory	Yes	Yes	No
E2340	Nonstandard seat frame width, 20" - 23", power wheelchair accessory	Yes	Yes	No
E2341	Nonstandard seat frame width, 24" - 27", power wheelchair accessory	Yes	Yes	No
E2342	Nonstandard seat frame depth, 20" or 21", power wheelchair accessory	Yes	Yes	No
E2343	Nonstandard seat frame depth, 22" - 25", power wheelchair accessory	Yes	Yes	No
E2351	Electronic interface to operate SGD using power wheelchair control interface	Yes	Yes	No
E2358	Gr 34 Nonsealed Leadacid	Yes	Yes	No
E2360	22 NF non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	No
E2361	22 NF sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	No
E2362	Group 24 non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	No
E2363	Group 24 sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	No
E2364	U-1 non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	No
E2365	U-1 sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	No
E2366	Battery charger, single mode, for use w/only one battery type, sealed or non-sealed, each, pwr w/c accessory	Yes	Yes	No
E2367	Battery charger, dual mode, for use w/either battery type, sealed or non-sealed, each, pwr w/c accessory	Yes	Yes	No
E2372	Gr27 Nonsealed Leadacid	Yes	Yes	No
E2373	Hand/chin ctrl spec joystick	Yes	Yes	No
E2374	Hand/chin ctrl std joystick	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
E2375	Non-expandable controller	Yes	Yes	No
E2376	Expandable controller, repl	Yes	Yes	No
E2377	Expandable controller, initl	Yes	Yes	No
E2378	Power wc actuator replacement	Yes	Yes	No
E2381	Pneum drive wheel tire	Yes	Yes	No
E2382	Tube, pneum wheel drive tire	Yes	Yes	No
E2384	Pneumatic caster tire	Yes	Yes	No
E2385	Tube, pneumatic caster tire	Yes	Yes	No
E2386	Foam filled drive wheel tire	Yes	Yes	No
E2387	Foam filled caster tire	Yes	Yes	No
E2388	Foam drive wheel tire	Yes	Yes	No
E2389	Foam caster tire	Yes	Yes	No
E2390	Solid drive wheel tire	Yes	Yes	No
E2391	Solid caster tire	Yes	Yes	No
E2392	Solid caster tire, integrate	Yes	Yes	No
E2394	Drive wheel excludes tire	Yes	Yes	No
E2395	Caster wheel excludes tire	Yes	Yes	No
E2396	Caster fork	Yes	Yes	No
E2397	PWC harness, llith-based battery	Yes	Yes	No
E2398	Wc Dynamic Pos Back Hardware	Yes	Yes	No
E2402	Negative pressure wound therapy electric pump, stationary or portable	Yes	Yes	No
E2500	SGD, digitized speech using pre-recorded messages, <= 8 mins recording time	Yes	Yes	No
E2502	SGD, digitized speech using pre-recorded messages, >8 but <= 20 mins recording time	Yes	Yes	No
E2504	SGD, digitized speech using pre-recorded messages, >20 but <= 40 mins recording time	Yes	Yes	No
E2506	SGD, digitized speech using pre-recorded messages, >40 mins	Yes	Yes	No
E2508	SGD, synthesized speech, req messages by spelling & acces by phycial contract w/the device	Yes	Yes	No
E2510	SGD, synthesized speech, multiple messages methods & multiple device access methods	Yes	Yes	No
E2511	SG generating software program, for personal computer or digital assistant	Yes	Yes	No
E2512	Accessory for SGD, mounting system	Yes	Yes	No
E2599	Accessory for SGD, NOC	Yes	Yes	No
E2601	General use wheelchair seat cushion, width <22", any depth	Yes	Yes	No
E2602	General use wheelchair seat cushion, width >=22", any depth	Yes	Yes	No
E2603	Skin protection wheelchair seat cushion, width <22", any depth	Yes	Yes	No
E2604	Skin protection wheelchair seat cushion, width >=22", any depth	Yes	Yes	No
E2605	Positioning Wheelchair seat cushion, width <22", any depth	Yes	Yes	No
E2606	Positioning wheelchair seat cushion, width >=22", any depth	Yes	Yes	No
E2607	Protect/position wheelchair seat cushion, width <22", any depth	Yes	Yes	No
E2608	Protect/position wheelchair seat cushion, width >=22", any depth	Yes	Yes	No
E2609	Custom fabricated wheelchair seat cushion, any size	Yes	Yes	No
E2610	Wheelchair seat cushion, powered	Yes	Yes	No
E2611	General use wheelchair back cushion, width <22", any height	Yes	Yes	No
E2612	General use wheelchair back cushion, width >=22", any height	Yes	Yes	No
E2613	Posterior positioning wheelchair back cushion, <22", any height	Yes	Yes	No
E2614	Posterior positioning wheelchair back cushion, >=22", any height	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
E2615	Post/lateral positioning wheelchair back cushion, <22", any height	Yes	Yes	No
E2616	Post/lateral positioning wheelchair back cushion, >=22", any height	Yes	Yes	No
E2617	Custom fabricated wheelchair back cushion, any size	Yes	Yes	No
E2619	Replacement cover for wheelchair seat or back cushion	Yes	Yes	No
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	Yes	Yes	No
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	Yes	Yes	No
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	Yes	Yes	No
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	Yes	Yes	No
E2626	Seo mobile arm sup att to wc	Yes	Yes	No
E2627	Arm supp att to wc rancho ty	Yes	Yes	No
E2628	Mobile arm supports reclinin	Yes	Yes	No
E2629	Friction dampening arm supp	Yes	Yes	No
E2630	Monosuspension arm/hand supp	Yes	Yes	No
E2631	Elevat proximal arm support	Yes	Yes	No
E2632	Offset/lat rocker arm w/ela	Yes	Yes	No
E2633	Mobile arm support supinator	Yes	Yes	No
E8000	Posterior Gait Trainer	Yes	Yes	No
E8001	Upright Gait Trainer	Yes	Yes	No
E8002	Anterior Gait Trainer	Yes	Yes	No
G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Yes	Yes	No
G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Yes	Yes	No
G0151	Services performed by a qualified physical therapist in the home health or hospice setting each 15 minutes(auth required for home health only)	Yes	Yes	No
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting , each 15 minutes(auth required for home health only)	Yes	Yes	No
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting each 15 minutes(auth required for home health only)	Yes	Yes	No
G0155	Services of clinical social worker in home health or hospice setting, each 15 minutes (auth required for home health only)	Yes	Yes	No
G0156	Services of home health/hospice aide in home health or hospice setting, each 15 minutes (auth required for home health only)	Yes	Yes	No
G0162	Skilled services by a registered nurse (RN) in the delivery of management and evaluation of the plan of care, each 15 minutes (auth required for home health only)	Yes	Yes	No
G0166	External Counter Pulsation, per session	Yes	Yes	No
G0176	OPPS/PHP; Activity Therapy	Yes	Yes	No
G0283	Electrical Stimulation to one or more areas for indications other than wound care, as part of a therapy plan	not valid for Medi-Cal	Yes	No
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	Yes	Yes	No
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting	Yes	Yes	No
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	Yes	Yes	No
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Yes	Yes	No
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Yes	Yes	No



Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
G0416	Sat biopsy prostate 1-20 spc	Yes	Yes	No
G0422	Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session	Yes	Yes	No
G0423	Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session	Yes	Yes	No
G0458	LDR prostate brachytherapy	Yes	Yes	No
G0493	Rn Care Ea 15 Min Hh/Hospice	Yes	Yes	No
G0494	Lpn Care Ea 15Min Hh/Hospice	Yes	Yes	No
G0495	Rn Care Train/Edu In Hh	Yes	Yes	No
G0496	Lpn Care Train/Edu In Hh	Yes	Yes	No
G9654	Mon Anesth Care	Yes	Yes	No
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Yes	Yes	No
K0001	Standard wheelchair	Yes	Yes	No
K0002	Standard hemi (low seat) wheelchair	Yes	Yes	No
K0003	Lightweight wheelchair	Yes	Yes	No
K0004	High strength, lightweight wheelchair	Yes	Yes	No
K0005	Ultralightweight wheelchair	Yes	Yes	No
K0006	Heavy duty wheelchair	Yes	Yes	No
K0007	Extra heavy duty wheelchair	Yes	Yes	No
K0008	Custom Manual Wheelchair/base	Yes	Yes	No
K0009	Other manual wheelchair/base	Yes	Yes	No
K0010	Standard-weight frame motorized/power wheelchair	Yes	Yes	No
K0011	Standard-weight frame motorized/power wheelchair w/programmable control parameters for speed adj	Yes	Yes	No
K0012	Lightweight portable motorized/power wheelchair	Yes	Yes	No
K0013	Custom Power Wheelchair/base	Yes	Yes	No
K0014	Other motorized/power wheelchair base	Yes	Yes	No
K0015	Detachable, nonadjustable height armrest, each	Yes	Yes	No
K0017	Detachable, adjustable height armrest, base, each	Yes	Yes	No
K0018	Detachable, adjustable height armrest, upper portion, each	Yes	Yes	No
K0019	Arm pad, each	Yes	Yes	No
K0020	Fixed, adjustable height armrest, pair	Yes	Yes	No
K0037	High mount flip-up footrest, each	Yes	Yes	No
K0038	Leg strap, each	Yes	Yes	No
K0039	Leg strap, H style, each	Yes	Yes	No
K0040	Adjustable angle footplate, each	Yes	Yes	No
K0041	Large size footplate, each	Yes	Yes	No
K0042	Standard size footplate, each	Yes	Yes	No
K0043	Footrest, lower extension tube, each	Yes	Yes	No
K0044	Footrest, upper hanger bracket, each	Yes	Yes	No
K0045	Footrest, complete assembly	Yes	Yes	No
K0046	Elevating legrest, lower extension tube, each	Yes	Yes	No
K0047	Elevating legrest, upper hanger bracket, each	Yes	Yes	No
K0050	Ratchet assembly	Yes	Yes	No
K0051	Cam release assembly, footrest or legrest, each	Yes	Yes	No
K0052	Swingaway, detachable footrests, each	Yes	Yes	No
K0053	Elevating footrests, articulating, each	Yes	Yes	No

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
K0056	Seat height, for high strength, lightweight or ultralightweight wheelchair, <17" or >=21"	Yes	Yes	No
K0069	Rear wheel assembly, complete, w/solid tire, spokes or molded, each	Yes	Yes	No
K0070	Rear wheel assembly, complete, w/pneumatic tire, spokes or molded, each	Yes	Yes	No
K0071	Front caster assembly, complete, w/pneumatic tire, each	Yes	Yes	No
K0072	Front caster assembly, complete, w/semi-pneumatic tire, each	Yes	Yes	No
K0073	Caster pin lock each	Yes	Yes	No
K0077	Front caster assembly, complete, w/solid tire each	Yes	Yes	No
K0098	Drive belt for power wheelchair	Yes	Yes	No
K0105	IV hanger, each	Yes	Yes	No
K0108	Other accessories, wheelchair component or accessory, NOS	Yes	Yes	No
K0195	Elevating leg rest, pair	Yes	Yes	No
K0455	Infusion pump for epoprostenol/treprostinil (uninterrupted parenteral admin of meds)	Yes	Yes	No
K0606	Aed Garment W Elec Analysis	Yes	Yes	No
K0669	Wheelchair seat or back cushion, NOC from SADMERC	Yes	Yes	No
K0672	Remove Soft Interface, Repl	Yes	Yes	No
K0738	Portable gaseous oxygen system, rental	Yes	Yes	No
K0739	Repair of non-routine service for DME, other than oxygen equipment requiring the skill of a technician, per 15 minutes of labor	Yes	Yes	No
K0740	Repair of non-routine service for oxygen equipment requiring the skill of a technician, per 15 minutes of labor	Yes	Yes	No
K0743	Portable home suction pump	Yes	Yes	No
K0744	Absorp drg <= 16 suc pump	Yes	Yes	No
K0745	Absorp drg >16<=48 suc pump	Yes	Yes	No
K0746	Absorp drg >48 suc pump	Yes	Yes	No
K0800	POV group 1 std up to 300lbs	Yes	Yes	No
K0801	POV group 1 hd 301-450 lbs	Yes	Yes	No
K0802	POV group 1 vhd 451-600 lbs	Yes	Yes	No
K0806	POV group 2 std up to 300lbs	Yes	Yes	No
K0807	POV group 2 hd 301-450 lbs	Yes	Yes	No
K0808	POV group 2 vhd 451-600 lbs	Yes	Yes	No
K0812	Power operated vehicle NOC	Yes	Yes	No
K0813	PWC gp 1 std port seat/back	Yes	Yes	No
K0814	PWC gp 1 std port cap chair	Yes	Yes	No
K0815	PWC gp 1 std seat/back	Yes	Yes	No
K0816	PWC gp 1 std cap chair	Yes	Yes	No
K0820	PWC gp 2 std port seat/back	Yes	Yes	No
K0821	PWC gp 2 std port cap chair	Yes	Yes	No
K0822	PWC gp 2 std seat/back	Yes	Yes	No
K0823	PWC gp 2 std cap chair	Yes	Yes	No
K0824	PWC gp 2 hd seat/back	Yes	Yes	No
K0825	PWC gp 2 hd cap chair	Yes	Yes	No
K0826	PWC gp 2 vhd seat/back	Yes	Yes	No
K0827	PWC gp vhd cap chair	Yes	Yes	No
K0828	PWC gp 2 xtra hd seat/back	Yes	Yes	No
K0829	PWC gp 2 xtra hd cap chair	Yes	Yes	No
K0830	PWC gp2 std seat elevate s/b	Yes	Yes	No

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
K0831	PWC gp2 std seat elevate cap	Yes	Yes	No
K0835	PWC gp2 std sing pow opt s/b	Yes	Yes	No
K0836	PWC gp2 std sing pow opt cap	Yes	Yes	No
K0837	PWC gp 2 hd sing pow opt s/b	Yes	Yes	No
K0838	PWC gp 2 hd sing pow opt cap	Yes	Yes	No
K0839	PWC gp2 vhd sing pow opt s/b	Yes	Yes	No
K0840	PWC gp2 xhd sing pow opt s/b	Yes	Yes	No
K0841	PWC gp2 std mult pow opt s/b	Yes	Yes	No
K0842	PWC gp2 std mult pow opt cap	Yes	Yes	No
K0843	PWC gp2 hd mult pow opt s/b	Yes	Yes	No
K0848	PWC gp 3 std seat/back	Yes	Yes	No
K0849	PWC gp 3 std cap chair	Yes	Yes	No
K0850	PWC gp 3 hd seat/back	Yes	Yes	No
K0851	PWC gp 3 hd cap chair	Yes	Yes	No
K0852	PWC gp 3 vhd seat/back	Yes	Yes	No
K0853	PWC gp 3 vhd cap chair	Yes	Yes	No
K0854	PWC gp 3 xhd seat/back	Yes	Yes	No
K0855	PWC gp 3 xhd cap chair	Yes	Yes	No
K0856	PWC gp3 std sing pow opt s/b	Yes	Yes	No
K0857	PWC gp3 std sing pow opt cap	Yes	Yes	No
K0858	PWC gp3 hd sing pow opt s/b	Yes	Yes	No
K0859	PWC gp3 hd sing pow opt cap	Yes	Yes	No
K0860	PWC gp3 vhd sing pow opt s/b	Yes	Yes	No
K0861	PWC gp3 std mult pow opt s/b	Yes	Yes	No
K0862	PWC gp3 hd mult pow opt s/b	Yes	Yes	No
K0863	PWC gp3 vhd mult pow opt s/b	Yes	Yes	No
K0864	PWC gp3 xhd mult pow opt s/b	Yes	Yes	No
K0868	PWC gp 4 std seat/back	Yes	Yes	No
K0869	PWC gp 4 std cap chair	Yes	Yes	No
K0870	PWC gp 4 hd seat/back	Yes	Yes	No
K0871	PWC gp 4 vhd seat/back	Yes	Yes	No
K0877	PWC gp4 std sing pow opt s/b	Yes	Yes	No
K0878	PWC gp4 std sing pow opt cap	Yes	Yes	No
K0879	PWC gp4 hd sing pow opt s/b	Yes	Yes	No
K0880	PWC gp4 vhd sing pow opt s/b	Yes	Yes	No
K0884	PWC gp4 std mult pow opt s/b	Yes	Yes	No
K0885	PWC gp4 std mult pow opt cap	Yes	Yes	No
K0886	PWC gp4 hd mult pow s/b	Yes	Yes	No
K0890	PWC gp5 ped sing pow opt s/b	Yes	Yes	No
K0891	PWC gp5 ped mult pow opt s/b	Yes	Yes	No
K0898	Power wheelchair NOC	Yes	Yes	No
K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Yes	Yes	No
K1031	Non-pneumatic compression controller without calibrated gradient pressure	Yes	Yes	No
K1032	Non-pneumatic sequential compression garment, full leg	Yes	Yes	No
K1033	Non-pneumatic sequential compression garment, half leg	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L0113	Cranial cervical torticollis	Yes	Yes	No
L0170	Collar, Molded to Patient Model	Yes	Yes	No
L0200	Multiple post collar, occipital/mandibular supports, adjustable cervical bars & thoracic extension	Yes	Yes	No
L0452	Upper thoracic region, included shoulder straps & closures, custom fabricated	Yes	Yes	No
L0455	Tlso flexible trnk sj-t9 prefabricated, off-the-shelf	Yes	Yes	No
L0456	Rigid posterior panel & soft anterior apron, incl straps & closures, prefab, incl fitting & adjustment	Yes	Yes	No
L0457	Tlso flexible trnk sj-ss prefabricated, off-the-shelf	Yes	Yes	No
L0458	Two rigid plastic shells, soft liner, to xiphoid, incl straps & closures, incl fitting & adjustment	Yes	Yes	No
L0460	Two rigid plastic shells, soft liner, to sternal notch, incl straps & closures, incl fitting & adjustment	Yes	Yes	No
L0462	Three rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment	Yes	Yes	No
L0464	Four rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment	Yes	Yes	No
L0467	Tlso, sagittal control, rigid posterior frame and flexible soft, off-the-shelf	Yes	Yes	No
L0468	Rigid posterior frame & flex ble soft anterior apron w/straps, closures & padding, prefab,includes fitting and adjustment	Yes	Yes	No
L0469	Tlso, sagittal-coronal control, rigid posterior frame prefabricated, off-the-shelf	Yes	Yes	No
L0470	Rigid posterior frame & flexible soft anterior apron w/straps, closures & padding, incl fitting & adjustment	Yes	Yes	No
L0472	Hyperextension, rigid ant & lat frame, post & lat pads w/straps & closures, incl fitting & adjustmnt	Yes	Yes	No
L0480	One piece, w/o interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model,custom	Yes	Yes	No
L0482	One piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	No
L0484	Two piece, w/o interface liner, w/mult straps&closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	No
L0486	Two piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	No
L0488	One piece, w/interface liner, w/mult straps & closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0490	One piece rigid posterior shell w/overlapping reinforced anterior w/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0492	Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic	Yes	Yes	No
L0623	Sacroiliac orthosis, pelvic-sacral support, with rigid or semi-rigid panels w/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels w/mult straps&closures, custom fabricated	Yes	Yes	No
L0629	LSO, flexible, provides lumbo-sacral support, with rigid or semi-rigid panels w/mult straps&closures, custom fabricated	Yes	Yes	No
L0631	LSO, sagittal control, with rigid posterior panel(s), pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0632	LSO, sagittal control, , with rigid anterior and posterior panels,pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0634	LSO, sagittal-coronal control, with rigid posterior frame/panel(s)er straps, pendulous abdomen design, custom fabricated	Yes	Yes	No
L0635	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s),pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0636	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, pw/mult straps&closures, incl fitting & adjustment, custom fabricated	Yes	Yes	No
L0637	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0638	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels,pw/mult straps&closures, incl fitting & adjustment, custom fabricated	Yes	Yes	No
L0639	LSO, sagittal-coronal control, rigid shell(s)/panel(s), pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	No
L0640	LSO, sagittal-coronal control, rigid shell(s)/panel(s),pw/mult straps&closures, prefabricated, incl fitting & adjustment, custom fabricated	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), l11-l5 pre ots	Yes	Yes	No
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels pre ots	Yes	Yes	No
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), pre ots	Yes	Yes	No
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels pre ots	Yes	Yes	No
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), pre ots	Yes	Yes	No
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), pre ots	Yes	Yes	No
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), l pre ots	Yes	Yes	No
L0700	Minerva type, molded to patient model	Yes	Yes	No
L0710	Minerva type, molded to patient model, w/interface material	Yes	Yes	No
L0810	Cervical Halo Incorporated Into Jacket Vest	Yes	Yes	No
L0820	Cervical Halo Incorporated Into Plaster Body Jacket	Yes	Yes	No
L0830	Cervical Halo Incorporated Into Milwaukee Type Orthosis	Yes	Yes	No
L0859	Addition to Halo Procedures, Magnetic Reasonance Image Compatible System (replaces L0860)	Yes	Yes	No
L1000	Milwaukee, inclusive of furnishing initial orthosis, including model	Yes	Yes	No
L1001	CTLISO infant immobilizer	Yes	Yes	No
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Yes	Yes	No
L1200	Thoracic-Lumbar-Sacral-Orthosis (TLSO), Inclusive of Furnishing Initial	Yes	Yes	No
L1300	Other Scoliosis Procedure, Body Jacket Molded to Patient Model	Yes	Yes	No
L1310	Other Scoliosis Procedure, Post-Operative Body Jacket	Yes	Yes	No
L1680	HO, dynamic, pelvic control, adj hip motion control, thigh cuffs, custom fabricated (Rancho type)	Yes	Yes	No
L1685	HO, abduction control of hip joint, post-op hip abduction type, custom fabricated	Yes	Yes	No
L1686	HO, abduction control of hip joint, post op hip abduction type, prefabricated	Yes	Yes	No
L1690	Combo-bilat, lumbo-sacral, hip, femur orthosis providing adduction&internal rotation control,prefab	Yes	Yes	No
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Yes	Yes	No
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Yes	Yes	No
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Yes	Yes	No
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	Yes	Yes	No
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Yes	Yes	No
L1812	KO, elastic w/joints prefabricated, off-the-shelf	Yes	Yes	No
L1832	KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	Yes	Yes	No
L1833	KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Yes	Yes	No
L1834	KO, w/o knee joint, custom fabricated	Yes	Yes	No
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Yes	Yes	No
L1843	KO, single upright, thigh and calf, with adjustable flexion and extension joint	Yes	Yes	No
L1844	KO, single upright,custom fabricated,thigh&calf,w/adj flexion&extention jnt, med-lat&rotation control	Yes	Yes	No
L1845	KO, double upright,prefabricated,thigh&calf, w/adj flexion&extension jnt,med-lat&rotation control	Yes	Yes	No
L1846	KO, double upright,custom fabricated,thigh&calf,w/adj flexion&extension jnt, med-lat&rotation control	Yes	Yes	No
L1847	KO, double upright w/adjustable joint w/inflatable air support chamber(s), prefabricated	Yes	Yes	No
L1848	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Yes	Yes	No
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L1904	AFO, molded ankle gauntlet, custom-fabricated	Yes	Yes	No
L1907	AFO, supramalleolar w/straps, w/ or w/o interface/pads, custom fabricated	Yes	Yes	No
L1940	AFO, plastic or other material, custom fabricated	Yes	Yes	No
L1945	AFO, plastic, rigid anterior tibial section (floor reaction), custom fabricated, molded to pt model	Yes	Yes	No
L1950	AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Yes	Yes	No
L1951	AFO, spiral (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated	Yes	Yes	No
L1960	AFO, posterior solid ankle, plastic, custom fabricated	Yes	Yes	No
L1970	AFO, plastic, with ankle joint, custom fabricated	Yes	Yes	No
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff, custom fabricated	Yes	Yes	No
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom-fabricated	Yes	Yes	No
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom-fabricated	Yes	Yes	No
L2006	Kaf Sng/DbI Swg/Stn Mcpr Cus	Yes	Yes	No
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom-fabricated	Yes	Yes	No
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh & calf bands/cuffs, custom fabricated	Yes	Yes	No
L2030	KAFO, double upright, free ankle, solid stirrup, thigh & calf bands/cuffs, w/o knee joint, custom fabricated	Yes	Yes	No
L2035	KAFO, plastic, pediatric size	Yes	Yes	No
L2036	KAFO, full plastic, double upright, free knee, w/ or w/o free motion ankle, custom fabricated	Yes	Yes	No
L2037	KAFO, full plastic, single upright, free knee, w/ or w/o free motion ankle, custom fabricated	Yes	Yes	No
L2038	KAFO, full plastic, w/o knee joint, multiaxis ankle, (Lively orthosis or euqal), custom fabricated	Yes	Yes	No
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated	Yes	Yes	No
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Yes	Yes	No
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated	Yes	Yes	No
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated	Yes	Yes	No
L2126	KAFO, fx orthosis, femoral fx cast orthosis, thermoplastic type casting material, custom fabricated	Yes	Yes	No
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	Yes	Yes	No
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated	Yes	Yes	No
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated	Yes	Yes	No
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated	Yes	Yes	No
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model	Yes	Yes	No
L2510	Addition to lower thigh	Yes	Yes	No
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	Yes	Yes	No
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to pt	Yes	Yes	No
L2580	Addition to lower extremity, pelvic control, pelvic sling	Yes	Yes	No
L2627	Addition-lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint & cables	Yes	Yes	No
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint & cables	Yes	Yes	No
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable ...	Yes	Yes	No
L3000	Foot – Insert, Removable, Molded to Patient	Yes	Yes	No
L3160	Foot, adjustable shoe-styled positioning device	Yes	Yes	No
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment	Yes	Yes	No
L3678	Shoulder orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Yes	Yes	No
L3720	EO, double upright w/forearm/arm cuffs, free motion, custom fabricated	Yes	Yes	No
L3730	EO, double upright w/forearm/arm cuffs, extension/flexion assist, custom fabricated	Yes	Yes	No
L3740	EO, double upright w/forearm/arm cuffs, adj position lock w/active control, custom fabricated	Yes	Yes	No
L3761	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf	Yes	Yes	No
L3806	WHFO w/joint(s) custom fab	Yes	Yes	No
L3807	Whfo W/O Joints Pre Cst	Yes	Yes	No
L3808	WHFO, rigid w/o joints	Yes	Yes	No
L3809	WHFO, without joint(s), prefabricated, off-the-shelf, any type	Yes	Yes	No
L3891	Torsion Mechanism Wrist/Elbo	Yes	Yes	No
L3900	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Yes	Yes	No
L3901	WHFO, dynamic flexor hinge, reciprocal wrist exten/flex, finger flex/exten, cable driven, custom fabricated	Yes	Yes	No
L3904	WHFO, external powered, electric, custom fabricated	Yes	Yes	No
L3906	WHO, wrist gauntlet, custom fabricated, molded to patient model	Yes	Yes	No
L3915	WHO w nontor jnt(s) prefab	Yes	Yes	No
L3916	WHO, includes one or more nontorsion joint(s), prefabricated, off-the-shelf	Yes	Yes	No
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	Yes	Yes	No
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Yes	Yes	No
L3927	FO, prefabricated, includes fitting & adjustment	Yes	Yes	No
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), prefabricated, off-the-shelf	Yes	Yes	No
L3931	WHFO nontor joint prefab	Yes	Yes	No
L3956	Addition of joint to upper extremity orthosis, any material; per joint	Yes	Yes	No
L3960	SEWHO, abduction positioning, airplane design, prefabricated	Yes	Yes	No
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated	Yes	Yes	No
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Yes	Yes	No
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	Yes	Yes	No
L4010	Replace trilateral socket brim	Yes	Yes	No
L4020	Replace quadrilateral socket brim, molded to patient model	Yes	Yes	No
L4030	Replace quadrilateral socket	Yes	Yes	No
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Yes	Yes	No
L4050	Replace molded calf lacer, for custom fabricated orthosis only	Yes	Yes	No
L4130	Replace pretibial shell	Yes	Yes	No
L4210	Repair of orthotic device, repair or replace minor parts	Yes	Yes	No
L4361	Wa king boot, pneumatic and/or vacuum, with or without joints, prefabricated, off-the-shelf	Yes	Yes	No
L4387	Wa king boot, non-pneumatic, with or without joints, prefabricated, off-the-shelf	Yes	Yes	No
L4397	Static or dynamic ankle foot orthosis, prefabricated, off-the-shelf	Yes	Yes	No
L5010	Partial foot, molded socket, ankle height, w/toe filler	Yes	Yes	No
L5020	Partial foot, molded socket, tibial tubercle height, w/toe filler	Yes	Yes	No
L5050	Ankle, Symes, molded socket, SACH foot	Yes	Yes	No
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Yes	Yes	No
L5100	Below knee, molded socket, shin, SACH foot	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L5105	Below knee, plastic socket, joints & thigh lacer, SACH foot	Yes	Yes	No
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Yes	Yes	No
L5160	Knee disarticulation (or through knee), molded socket, bent knee config, ext knee jnts, SACH foot	Yes	Yes	No
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	Yes	Yes	No
L5210	Above knee, short prosthesis, no knee joint (stubbies), w/foot blocks, no ankle joints, each	Yes	Yes	No
L5220	Above knee, short prosthesis, no knee jnt(stubbies), w/articulated ankle/foot,dynamically aligned,each	Yes	Yes	No
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Yes	Yes	No
L5250	Hip disarticulation,Canadian type;molded socket,hip joint,single axis constant friction knee, shin,	Yes	Yes	No
L5270	Hip disarticulation,tilt table type;molded socket,locking hip joint,single axis constant friction knee	Yes	Yes	No
L5280	Hemipelvectomy,Canadian type;molded socket,hip joint,single axis constant friction knee,shin, sach foot	Yes	Yes	No
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	Yes	Yes	No
L5312	Knee disart, SACH ft, endo	Yes	Yes	No
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	Yes	Yes	No
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee,	Yes	Yes	No
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH	Yes	Yes	No
L5400	Immediate postop or early fitting, below knee, application initial rigid dressing,fitting&1cast chng	Yes	Yes	No
L5420	Immediate postop or early fitting,above knee,application initial rigid dressing,fitting&alignment &1cast chng AK or knee disarticulation	Yes	Yes	No
L5500	Initial, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, plaster socket, direct formed	Yes	Yes	No
L5505	Initial,above knee-knee disarticulation,ischial level socket,non-alignable sys,pylon,no cover,SACH foot plaster socket, direct formed	Yes	Yes	No
L5510	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,plaster socket,molded to model	Yes	Yes	No
L5520	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplastic or equal, direct formed	Yes	Yes	No
L5530	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplastic or equal, molded to model	Yes	Yes	No
L5535	Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot,prefabricatedadjustable open end socket	Yes	Yes	No
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Yes	Yes	No
L5560	Preparatory, above knee-knee disarticulation, plaster socket, ischial level socket,non-alignable systempylon, no cover, sach foot, plaster socket, molded to model	Yes	Yes	No
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	Yes	Yes	No
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Yes	Yes	No
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket	Yes	Yes	No
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Yes	Yes	No
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	Yes	Yes	No
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Yes	Yes	No
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Yes	Yes	No
L5613	Add to lwr extrem,endoskeletal sys,above knee-knee disarticulation,4-bar linkage w/hydraulic swing phase control	Yes	Yes	No



Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Yes	Yes	No
L5616	Addition to lower extremity, above knee, universal multiplex sys, friction swing phase control	Yes	Yes	No
L5638	Addition to Lower Extremity, Below Knee, Leather Socket	Yes	Yes	No
L5639	Addition to Lower Extremity, Below Knee, Wood Socket	Yes	Yes	No
L5643	Addition to Lower Extremity, Hip Disarticulation, Flexible Inner Socket, external frame	Yes	Yes	No
L5645	Addition to Lower Extremity, Below Knee, Flexible Inner Socket, External frame	Yes	Yes	No
L5647	Addition to Lower Extremity, Below Knee Suction Socket	Yes	Yes	No
L5649	Addition to Lower Extremity, Ischial Containment/Narrow M-L Socket	Yes	Yes	No
L5651	Addition to Lower Extremity, Above Knee, Flexible Inner Socket, External frame	Yes	Yes	No
L5653	Addition to Lower Extremity, Knee Disarticulation, Expandable Wall Socket	Yes	Yes	No
L5661	Addition to Lower Extremity, Socket Insert, Multi-Durometer Symes	Yes	Yes	No
L5665	Addition to Lower Extremity, Socket Insert, Multi-Durometer, Below Knee	Yes	Yes	No
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	Yes	Yes	No
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Yes	Yes	No
L5677	Additions to Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	Yes	Yes	No
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Yes	Yes	No
L5681	Addition to lower extremity, below knee/above knee, 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 I5673 or I5679)	Yes	Yes	No
L5683	Addition to lower extremity, below knee/above knee, 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 I5673 or I5679)	Yes	Yes	No
L5700	Replacement, Socket, Below Knee, Molded to Patient Model	Yes	Yes	No
L5701	Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment plate, molded to pt model	Yes	Yes	No
L5702	Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded to patient model	Yes	Yes	No
L5705	Replacement, Custom Shaped Protective Cover, Above Knee	Yes	Yes	No
L5706	Replacement, Custom Shaped Protective Cover, Knee Disarticulation	Yes	Yes	No
L5707	Replacement, Custom Shaped Protective Cover, Hip Disarticulation	Yes	Yes	No
L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material	Yes	Yes	No
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock	Yes	Yes	No
L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing and stance phase control	Yes	Yes	No
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control	Yes	Yes	No
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control	Yes	Yes	No
L5726	Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints fluid swing phase control	Yes	Yes	No
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing and stance phase control	Yes	Yes	No
L5780	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra pneumatic swing phase control	Yes	Yes	No
L5781	Addition lower limb prosthesis, vacuum pump, residual limb volume management & moisture evacuation system	Yes	Yes	No
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	No
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	No
L5795	Addition Exoskeletal sys, Hip Disarticulation, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	No
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock	Yes	Yes	No
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material	Yes	Yes	No
L5812	Addition Endoskeletal Knee-Shin sys, Single Axis, Friction Swing & stance phase control (safety knee)	Yes	Yes	No
L5814	Addition Endoskeletal Knee-Shin sys Polycentric Hydraulic Swing phase control, mechanical stance phase lock	Yes	Yes	No
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock	Yes	Yes	No
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing & stance phase control	Yes	Yes	No
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control	Yes	Yes	No
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control	Yes	Yes	No
L5826	Addition Endoskeletal Knee-Shin sys,Single Axis, Hydraulic Swing phase control w/minature high activity frame	Yes	Yes	No
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing & stance phase control	Yes	Yes	No
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing phase control	Yes	Yes	No
L5840	Addition, Endoskeletal Knee/Shin System, Multiaxial, Pneumatic Swing Phase control	Yes	Yes	No
L5845	Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable	Yes	Yes	No
L5848	Addition to endoskeletal, knee-shin sys, hydraulic stance extension dampening feature w/ or w/o adj	Yes	Yes	No
L5859	Addition to endoskeleta lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable	Yes	Yes	No
L5930	Addition, Endoskeletal System, High Activity Knee Control Frame	Yes	Yes	No
L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	No
L5950	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	No
L5960	Addition Endoskeletal Sys, Hip Disarticulation, Ultra-Light Material(titanium, carbon fiber or equal)	Yes	Yes	No
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Yes	Yes	No
L5964	Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface covering system	Yes	Yes	No
L5966	Addition, Endoskeletal System, Hip Disarticulation, Flexible outer suface covering system	Yes	Yes	No
L5968	Addition to Lower Limb Prosthesis, Multiaxial Ankle w/Swing Phase Active Dorsiflexion Feature	Yes	Yes	No
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsifle...	Yes	Yes	No
L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy II or equal)	Yes	Yes	No
L5979	All Lower Extremity Prostheses, Multiaxial Ankle/Foot, Dynamic Response foot, one piece system	Yes	Yes	No
L5980	All Lower Extremity Prostheses, Flex Foot System	Yes	Yes	No
L5981	All Lower Extremity Prostheses, Flex-Walk System or Equal	Yes	Yes	No
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	Yes	Yes	No
L5984	All Endoskeletal Lower Extremity Prostheses, Axial Rotation Unit, w/ or w/o adjustability	Yes	Yes	No
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP or Equal)	Yes	Yes	No
L5987	All Lower Extremity Prosthesis Shank Foot System w/vertical loading pylon	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L5988	Addition to Lower Limb Prosthesis, Vertical Shock-Reducing Pylon Feature	Yes	Yes	No
L6010	Partial Hand, Robin-Aids, Little and/or Ring Finger Remaining (Or Equal)	Yes	Yes	No
L6020	Partial Hand, Robin-Aids, No Finger Remaining (Or Equal)	Yes	Yes	No
L6026	Part Hand Myo Exclu Term Dev	Yes	Yes	No
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad	Yes	Yes	No
L6055	Wrist Disarticulation, Molded Socket with Expandable Interface, Flexible elbow hinges, triceps pad	Yes	Yes	No
L6100	Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad	Yes	Yes	No
L6110	Below Elbow, Molded Socket, (Muensteror Northwestern Suspension Type)	Yes	Yes	No
L6120	Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff	Yes	Yes	No
L6130	Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking hinge, half cuff	Yes	Yes	No
L6200	Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	Yes	Yes	No
L6205	Elbow Disarticulation, Molded Socket with Expandable Interface, Outside locking hinges, forearm	Yes	Yes	No
L6250	Above E bow, Molded Double Wall Socket, Internal Locking Elbow, Forearm	Yes	Yes	No
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, internal locking elbow,	Yes	Yes	No
L6310	Shoulder Disarticulation, Passive Restoration (Complete Prosthesis)	Yes	Yes	No
L6320	Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)	Yes	Yes	No
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Yes	Yes	No
L6360	Interscapular Thoracic, Passive Restoration (Complete Prosthesis)	Yes	Yes	No
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	Yes	Yes	No
L6380	Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, wrist disarticulation	Yes	Yes	No
L6382	Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, elbow disarticulation	Yes	Yes	No
L6384	Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, shoulder disarticulation	Yes	Yes	No
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping	Yes	Yes	No
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft prosthetic tissue shaping	Yes	Yes	No
L6500	Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping	Yes	Yes	No
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Incl soft prosthetic tissue shaping	Yes	Yes	No
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal System, Including soft prosthetic tissue shaping	Yes	Yes	No
L6580	Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Plastic socket, molded to pt model	Yes	Yes	No
L6582	Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Socket, direct formed, friction wrist	Yes	Yes	No
L6584	Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Plastic socket, molded to pt model	Yes	Yes	No
L6586	Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Socket, direct formed, friction wrist	Yes	Yes	No
L6588	Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall plastic socket, molded to patient model	Yes	Yes	No
L6590	Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall socket, direct formed,	Yes	Yes	No
L6611	Additional switch, ext power	Yes	Yes	No
L6624	Flex/ext/rotation wrist unit	Yes	Yes	No
L6638	Upper extremity addition prosthesis, electric locking feature, only for use w/manually powered elbow	Yes	Yes	No
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adj abduction friction control	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	Yes	Yes	No
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Yes	Yes	No
L6686	Upper Extremity Addition, Suction Socket	Yes	Yes	No
L6689	Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation	Yes	Yes	No
L6690	Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic	Yes	Yes	No
L6693	Upper extremity addition locking elbow forearm counter balance	Yes	Yes	No
L6703	Term dev, passive hand mitt	Yes	Yes	No
L6704	Term dev, sport/rec/work att	Yes	Yes	No
L6706	Term dev mech hook vol open	Yes	Yes	No
L6707	Term dev mech hook vol close	Yes	Yes	No
L6708	Term dev mech hand vol open	Yes	Yes	No
L6709	Term dev mech hand vol close	Yes	Yes	No
L6711	Ped term dev, hook, vol open	Yes	Yes	No
L6712	Ped term dev, hook, vol clos	Yes	Yes	No
L6713	Ped term dev, hand, vol open	Yes	Yes	No
L6714	Ped term dev, hand, vol clos	Yes	Yes	No
L6715	Term device, multi art digit	Yes	Yes	No
L6721	Hook/hand, hvy dty, vol open	Yes	Yes	No
L6722	Hook/hand, hvy dty, vol clos	Yes	Yes	No
L6880	Elec hand ind art digits	Yes	Yes	No
L6881	Automatic grasp feature, additional to upper limb prosthetic terminal device	Yes	Yes	No
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	Yes	Yes	No
L6900	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,thumb or 1 finger remaining	Yes	Yes	No
L6905	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,multiple fingers remaining	Yes	Yes	No
L6910	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,no fingers remaining	Yes	Yes	No
L6915	Hand Restoration (Shading, and Measurements Included), Replacement Glove for above	Yes	Yes	No
L6920	Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch,	Yes	Yes	No
L6925	Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic	Yes	Yes	No
L6930	Below Elbow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch, switch control of terminal	Yes	Yes	No
L6935	Below Elbow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic control	Yes	Yes	No
L6940	Elbow Disarticulation,Ext Power, Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device	Yes	Yes	No
L6945	Elbow Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronic control	Yes	Yes	No
L6950	Above E bow,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device	Yes	Yes	No
L6955	Above E bow,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes,myoelectronic control of terminal	Yes	Yes	No
L6960	Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device	Yes	Yes	No
L6965	Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronic	Yes	Yes	No
L6970	Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal switch,switch control of terminal device	Yes	Yes	No
L6975	Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronic control of terminal	Yes	Yes	No
L7007	Adult electric hand	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
L7008	Pediatric electric hand	Yes	Yes	No
L7009	Adult electric hook	Yes	Yes	No
L7040	Prehensile Actuator, Hosmer or Equal, Switch Controlled	Yes	Yes	No
L7045	Electronic Hook, Child, Michigan or Equal, Switch Controlled	Yes	Yes	No
L7170	Electronic Elbow, Hosmer or Equal, Switch Controlled	Yes	Yes	No
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Yes	Yes	No
L7181	Electronic Elbo Simultaneous	Yes	Yes	No
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	Yes	Yes	No
L7186	Electronic elbow, child, variety village or equal, switch controlled	Yes	Yes	No
L7190	Electronic Elbow, Adolescent, Variety Village or Equal, Myoelectronically controlled	Yes	Yes	No
L7191	Electronic Elbow, Child, Variety Village/Equal, Myoelectronically Controlled	Yes	Yes	No
L7259	Electronic Wrist Rotator Any	Yes	Yes	No
L7368	Lithiumion battery charger	Yes	Yes	No
L7510	Repair of prosthetic device, repair or replace minor parts	Yes	Yes	No
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	Yes	Yes	No
L8505	Artificial larynx replacement battery/accessory, any type	Yes	Yes	No
L8603	Collagen implant, urinary tract, per 2.5 cc syringe	Yes	Yes	No
L8604	Dextranomer/hyaluronic acid	Yes	Yes	No
L8606	Injectable bu king agent, synthetic implant, urinary tract, 1 ml syringe	Yes	Yes	No
L8608	Arg li Ext Com/Sup/Acc Misc	Yes	Yes	No
L8614	Cochlear Device	Yes	Yes	No
L8619	Coch Imp Ext Proc/Contr Rplc	Yes	Yes	No
L8625	Charger Coch Impl/Aoi Battry	Yes	Yes	No
L8629	*10Cid Transmit Coil and Cable	Yes	Yes	No
L8680	Implt Neurostim Elctr Each	Yes	Yes	No
L8681	Pt Pgrm For Implt Neurostim	Yes	Yes	No
L8682	Implt Neurostim Radiofq Rec	Yes	Yes	No
L8683	Radiofq Trsmtr For Implt Neu	Yes	Yes	No
L8685	Implt Nrostm Pls Gen Sng Rec	Yes	Yes	No
L8686	Implt Nrostm Pls Gen Sng Non	Yes	Yes	No
L8687	Implt Nrostm Pls Gen Dua Rec	Yes	Yes	No
L8688	Implt Nrostm Pls Gen Dua Non	Yes	Yes	No
L8689	External Recharg Sys Intern	Yes	Yes	No
L8690	Auditory osseointegrated device, includes all internal and external components	Yes	Yes	No
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Yes	Yes	No
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Yes	Yes	No
L8693	Auditory osseointegrated device abutment, any length, replacement only	Yes	Yes	No
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Yes	Yes	No
L8695	External Recharg Sys Extern	Yes	Yes	No
L8696	Ext Antenna Phren Nerve Stim	Yes	Yes	No
L9900	Orthotic and prosthetic supply, accessory, and/or service comonent of another HCPCS L code	Yes	Yes	No
NEMT	All inclusive Non-Emergency Medical Transportation	Yes	No	Yes
Q3001	Radioelements for brachytherapy, any type, each	Yes	Yes	No

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
Q4082	Drug/Bio Noc Part B Drug Cap	Yes	Yes	No
Q4100	Skin substitute, NOS	Yes	Yes	No
Q4101	Apligraf skin sub	Yes	Yes	No
Q4102	Oasis wound matrix skin sub	Yes	Yes	No
Q4103	Oasis burn matrix skin sub	Yes	Yes	No
Q4104	Integra BMWD skin sub	Yes	Yes	No
Q4105	Integra DRT skin sub	Yes	Yes	No
Q4106	Dermagraft skin sub	Yes	Yes	No
Q4107	Graftjacket skin sub	Yes	Yes	No
Q4108	Integra matrix skin sub	Yes	Yes	No
Q4110	Primatrix skin sub	Yes	Yes	No
Q4111	Gammagraft skin sub	Yes	Yes	No
Q4112	Cymetra allograft	Yes	Yes	No
Q4113	Graftjacket express allograf	Yes	Yes	No
Q4114	Integra flowable wound matri	Yes	Yes	No
Q4116	Skin substitute, alloderm, per square centimeter	Yes	Yes	No
Q4117	Hyalomatrix, per square centimeter	Yes	Yes	No
Q4118	Matristem micromatrix, 1 mg	Yes	Yes	No
Q4121	Theraskin, per square centimeter	Yes	Yes	No
Q4122	Dermacell, Awm, Porous Sq Cm	Yes	Yes	No
Q4123	Alloskin	Yes	Yes	No
Q4124	Oasis Tri-Layer Wound Matrix	Yes	Yes	No
Q4125	Arthroflex	Yes	Yes	No
Q4126	Memoderm	Yes	Yes	No
Q4127	Talymed	Yes	Yes	No
Q4128	Flexhd Or Allopatch Hd	Yes	Yes	No
Q4130	Strattice Tm	Yes	Yes	No
Q4131	Epifix or epicord, per square centimeter	Yes	Yes	No
Q4132	Grafix core, per sq cm	Yes	Yes	No
Q4133	Grafix prime, per sq cm	Yes	Yes	No
Q4134	HMatrix, per sq cm	Yes	Yes	No
Q4135	Mediskin, per sq cm	Yes	Yes	No
Q4136	E-Z Derm, per sq cm	Yes	Yes	No
Q4151	AmnioBand or Guardian, per square centimeter	Yes	Yes	No
Q4154	Biovance, per square centimeter	Yes	Yes	No
Q4159	Affinity, per square centimeter	Yes	Yes	No
Q4160	Nushield, per square centimeter	Yes	Yes	No
Q4166	Cytal, Per Square Centimeter	Yes	Yes	No
Q4167	Truskin, Per Sq Centimete	Yes	Yes	No
Q4168	Amnioband, 1 Mg	Yes	Yes	No
Q4169	Artacent Wound, Per Sq Cm	Yes	Yes	No
Q4171	Interfyl, 1 Mg	Yes	Yes	No
Q4173	Palingen Or Palingen Xplus	Yes	Yes	No
Q4174	Palingen Or Promatrix	Yes	Yes	No
Q4175	Miroderm	Yes	Yes	No
Q4176	Neopatch, Per Sq Centimeter	Yes	Yes	No

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
Q4177	Floweramnioflo, 0.1 Cc	Yes	Yes	No
Q4178	Floweramniopatch, Per Sq Cm	Yes	Yes	No
Q4179	Flowerderm, Per Sq Cm	Yes	Yes	No
Q4180	Revita, Per Sq Cm	Yes	Yes	No
Q4181	Amnio Wound, Per Square Cm	Yes	Yes	No
Q4182	Transcyte, Per Sq Centimeter	Yes	Yes	No
Q4183	Surgigraft, 1 Sq Cm	Yes	Yes	No
Q4184	Cellesta Or Duo Per Sq Cm	Yes	Yes	No
Q4185	Cellesta Flowab Amnion 0.5Cc	Yes	Yes	No
Q4186	Epifix, per square centimeter	Yes	Yes	No
Q4187	Epicord 1 Sq Cm	Yes	Yes	No
Q4188	Amnioarmor 1 Sq Cm	Yes	Yes	No
Q4189	Artacent Ac, 1 Mg	Yes	Yes	No
Q4190	Artacent Ac 1 Sq Cm	Yes	Yes	No
Q4191	Restorigin 1 Sq Cm	Yes	Yes	No
Q4192	Restorigin, 1 Cc	Yes	Yes	No
Q4193	Coll-E-Derm 1 Sq Cm	Yes	Yes	No
Q4194	Novachor 1 Sq Cm	Yes	Yes	No
Q4197	Puraply Xt 1 Sq Cm	Yes	Yes	No
Q4198	Genesis Amnio Membrane 1Sqcm	Yes	Yes	No
Q4200	Skin Te 1 Sq Cm	Yes	Yes	No
Q4201	Matrion 1 Sq Cm	Yes	Yes	No
Q4202	Keroxx (2.5G/Cc), 1Cc	Yes	Yes	No
Q4203	Derma-Gide, 1 Sq Cm	Yes	Yes	No
Q4204	Xwrap 1 Sq Cm	Yes	Yes	No
Q4205	Membrane graft or membrane wrap, per square centimeter	Yes	Yes	No
Q4206	Fluid flow or fluid gf, 1 cc	Yes	Yes	No
Q4208	Novafix, per square centimeter	Yes	Yes	No
Q4209	Surgraft, per square centimeter	Yes	Yes	No
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Yes	Yes	No
Q4211	Amnion bio or axobiomembrane, per square centimeter	Yes	Yes	No
Q4212	Allogen, per cc	Yes	Yes	No
Q4213	Ascent, 0.5 mg	Yes	Yes	No
Q4214	Cellesta cord, per square centimeter	Yes	Yes	No
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	Yes	Yes	No
Q4216	Artacent cord, per square centimeter	Yes	Yes	No
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	Yes	Yes	No
Q4218	Surgicord, per square centimeter	Yes	Yes	No
Q4219	Surgigraft-dual, per square centimeter	Yes	Yes	No
Q4220	Bellacell hd or surederm, per square centimeter	Yes	Yes	No
Q4221	Amniowrap2, per square centimeter	Yes	Yes	No
Q4222	Progenamatrix, per square centimeter	Yes	Yes	No
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	Yes	Yes	No
Q4225	Amniobind, per square centimeter	Yes	Yes	No
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	Yes	Yes	No

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
Q4227	Amniocore, per square centimeter	Yes	Yes	No
Q4229	Cogenex amniotic membrane, per square centimeter	Yes	Yes	No
Q4230	Cogenex flowable amnion, per 0.5 cc	Yes	Yes	No
Q4231	Corplex p, per cc	Yes	Yes	No
Q4232	Corplex, per square centimeter	Yes	Yes	No
Q4233	Surfactor or nudyn, per 0.5 cc	Yes	Yes	No
Q4234	Xcellerate, per square centimeter	Yes	Yes	No
Q4235	Amniorepair or altipty, per square centimeter	Yes	Yes	No
Q4237	Cryo-cord, per square centimeter	Yes	Yes	No
Q4238	Derm-maxx, per square centimeter	Yes	Yes	No
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	Yes	Yes	No
Q4240	Corecyte, for topical use only, per 0.5 cc	Yes	Yes	No
Q4241	Polycyte, for topical use only, per 0.5 cc	Yes	Yes	No
Q4242	Amniocyte plus, per 0.5 cc	Yes	Yes	No
Q4244	Procenta, per 200 mg	Yes	Yes	No
Q4245	Amniotext, per cc	Yes	Yes	No
Q4246	Coretext or protext, per cc	Yes	Yes	No
Q4247	Amniotext patch, per square centimeter	Yes	Yes	No
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	Yes	Yes	No
Q4249	Amnipty, for topical use only, per square centimeter	Yes	Yes	No
Q4250	Amnioamp-mp, per square centimeter	Yes	Yes	No
Q4251	Vim, per square centimeter	Yes	Yes	No
Q4252	Vendaje, per square centimeter	Yes	Yes	No
Q4253	Zenith amniotic membrane, per square centimeter	Yes	Yes	No
Q4254	Novafix dl, per square centimeter	Yes	Yes	No
Q4255	Reguard, for topical use only, per square centimeter	Yes	Yes	No
Q4256	Mlg-complete, per square centimeter	Yes	Yes	No
Q4257	Relese, per square centimeter	Yes	Yes	No
Q4258	Enverse, per square centimeter	Yes	Yes	No
Q4259	Celera dual layer or celera dual membrane, per square centimeter	Yes	Yes	No
Q4260	Signature apatch, per square centimeter	Yes	Yes	No
Q4261	Tag, per square centimeter	Yes	Yes	No
S0500	Disposable Contact Lens, Per Lens	Yes	Yes	No
S0512	Daily Wear Specialty Contact Lens/Lens	Yes	Yes	No
S0514	Color Contact Lens, Per Lens	Yes	Yes	No
S0516	Safety Eyeglass Frames	Yes	Yes	No
S100C	Therapeutic seat cushion and /or positioning system 1.0 hour	Yes	Yes	No
S101C	Custom foam/molded cushion 1.25 hour	Yes	Yes	No
S102C	Manual wheelchair with or without Therapeutic cushion 1.5 hour	Yes	Yes	No
S103C	Manual wheelchair with positioning system with or without therapeutic cushion 2.75 hours	Yes	Yes	No
S1040	Cranial remolding orthosis, rigid, w/soft interface material	Yes	Yes	No
S104C	Power wheelchair with or without therapeutic cushion (2.0 hour)	Yes	Yes	No
S105C	Power wheelchair with power tilt/recline or specialized driving controls 3.0 hour 1.0 hour occ the.	Yes	Yes	No
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Yes	Yes	No
S202C	Manual wheelchair with or without therapeutic cushion (.5 hour)	Yes	Yes	No



Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
S204C	Power wheelchair with or without therapeutic cushion and /orpositioning system .5 hour	Yes	Yes	No
S2065	Simult Panc Kidn Trans	Yes	Yes	No
S2066	Breast Gap Flap Reconst	Yes	Yes	No
S2067	Breast "Stacked" Diep/Gap	Yes	Yes	No
S2068	Breast Diep Or Slea Flap	Yes	Yes	No
S2117	Arthroereisis, Subtalar	Yes	Yes	No
S2118	Total hip resurfacing	Yes	Yes	No
S300C	Initial In-Home Assessment for Custom DME	Yes	Yes	No
S301C	Post-Fit Assessment for Custom DME	Yes	Yes	No
S302C	Clinical Record Assessment for Custom DME	Yes	Yes	No
S8035	Magnetic source imaging	Yes	Yes	No
S8130	Interferential stim 2 chan	Yes	No	Yes
S8131	Interferential stim 4 chan	Yes	No	Yes
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)	Yes	Not valid for Medicare	No
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Yes	Not valid for Medicare	No
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	<21 Yes Not covered >21	Not covered	No
T1001	Nursing assessment / evaluation	<21 Yes Not covered >21	Not covered	No
T1002	Rn services, up to 15 minutes	<21 Yes Not covered >21	Not covered	No
T1003	Lpn/lvn services, up to 15 minutes	<21 Yes Not covered >21	Not covered	No
T1004	Services of a qualified nursing aide, up to 15 minutes	<21 Yes Not covered >21	Not covered	No
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	Yes	Yes	No
T5001	Positioning seat for persons s/ special orthopedic needs, for use in vehicles	Yes	Yes	No
T5999	Supply Not Otherwise Specified	Yes	Yes	No
V2531	Contact lens, scleral, gas permeable, per lens	Yes	Yes	No
V5010	Assessment for hearing aid	Yes	No	Yes
V5014	Repair/Modification of A Hearing Aid (If greater than \$250)	Yes	No	Yes
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction	Yes	No	Yes
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction	Yes	No	Yes
V5050	Hearing aid, monaural, in the ear	Yes	No	Yes
V5060	Hearing aid, monaural, behind the ear	Yes	No	Yes
V5070	Glasses, Air Conduction	Yes	No	Yes
V5080	Glasses, Bone Conduction	Yes	No	Yes
V5120	Binaural, Body	Yes	No	Yes
V5130	Binaural, in the ear	Yes	No	Yes
V5140	Binaural, behind the ear	Yes	No	Yes
V5150	Binaural, Glasses	Yes	No	Yes
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	Yes	No	Yes

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	Yes	No	Yes
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	Yes	No	Yes
V5190	Hearing Aid, Cros, Glasses	Yes	No	Yes
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	Yes	No	Yes
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	Yes	No	Yes
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	Yes	No	Yes
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	Yes	No	Yes
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	Yes	No	Yes
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	Yes	No	Yes
V5230	Hearing Aid, Bicros, Glasses	Yes	No	Yes
V5264	Ear mold/insert, not disposable, any type	Yes	No	Yes
V5265	Ear mold/insert, disposable, any type	Yes	No	Yes
V5267	Hearing aid supplies/accessories	Yes	No	Yes
V5298	Hearing aid not otherwise classified	Yes	No	Yes
X3900	Single Modality to one area - initial 30 minutes	Yes	Yes	No
X3902	Physical Therapy: single modality one area - each additional 15 minutes	Yes	Yes	No
X3904	Physical Therapy:single procedure to one area initial 30 minutes	Yes	Yes	No
X3906	Single procedure to one area - each additional 15 minutes	Yes	Yes	No
X3908	Treatment including combination of any modalities and procedures one or more areas - initial 30 min	Yes	Yes	No
X3910	Treatment including a combination of any modalities and procedures one or more areas - each	Yes	Yes	No
X3912	Hubbard Tank - initial 30 minutes	Yes	Yes	No
X3914	Hubbard Tank each additional 15 minutes	Yes	Yes	No
X3916	Hubbard Tank or pool therapy with therapeutic exercise initial 30 minutes.	Yes	Yes	No
X3918	Hubbard Tank or pool therapy with therapeutic exercise initial 15 minutes.	Yes	Yes	No
X3920	Any of the tests and measurements initial 30 minutes, plus reports.	Yes	Yes	No
X3922	Any of the tests and measurements each additional 15 minutes, plus reports	Yes	Yes	No
X3924	Physical therapy preliminary evaluation rehabilitation center, SNF, ICF.	Yes	Yes	No
X3926	Case conference and report intial 30 minutes.	Yes	Yes	No
X3928	Case consultation and report.	Yes	Yes	No
X3930	Case conference and report each additional 15 minutes.	Yes	Yes	No
X3932	Home or long term care facility visit - add.	Yes	Yes	No
X3934	Mileage, per mile one-way beyond 10-mile radius of point of origin (office or home).	Yes	Yes	No
X3936	Unlisted Services.	Yes	Yes	No
X4100	Evaluation - initial 30 minutes, plus report.	Yes	Yes	No
X4102	Evaluation each additional 15 minutes, plus report.	Yes	Yes	No
X4104	Case conference and report initial 30 minutes.	Yes	Yes	No
X4106	Case conference and report each additional 30 minutes.	Yes	Yes	No
X4108	Occupational Therapy preliminary evaluation rehabilitation,Nursing Facility (NF) B, NF-A.	Yes	Yes	No
X4110	Treatment initial 30 minutes.	Yes	Yes	No
X4112	Treatment each additional 15 minutes.	Yes	Yes	No
X4114	Occupational Therapy -home or long term fac.visit -add	Yes	Yes	No
X4116	Mileage per mile one way beyond a 10 mile radius or usual hospital base.	Yes	Yes	No
X4118	Unlisted Services.	Yes	Yes	No
X4120	Case consultation and report.	Yes	Yes	No

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X4300	Language Evaluation	Yes	Yes	No
X4301	Speech Evaluation	Yes	Yes	No
X4302	Speech Language therapy group EA PAT	Yes	Yes	No
X4303	Speech Language therapy, individual, per hour (following procedures x4300or x4301)	Yes	Yes	No
X4304	Speech Language therapy, individual, 1/2 hour	Yes	Yes	No
X4306	Out of office call (payable only for visit to the first patient receiving services at any given location on the same day)	Yes	Yes	No
X4308	Speech therapy preliminary evaluation, rehabilitation, SNF,ICF,	Yes	Yes	No
X4310	Speech generating device (SGD) - related bundled speech therapy services, per	Yes	Yes	No
X4312	Speech generating device (SGD) – recipient assessment	Yes	Yes	No
X4320	Unlisted speech therapy services	Yes	Yes	No
X4500	Audiological Evaluation	Yes	No	Yes
X4530	Impedance Audiometry	Yes	No	Yes
X4535	Unlisted Audiological Services	Yes	No	Yes
Z5414	Travel Expenses	Yes	Yes	No
Z5416	Technician Services	Yes	Yes	No
Z5499	Unlisted Service & Procedures	Yes	Yes	No
Z5805	EPSDT: Shared Nursing, Registered Nurse	Yes	Yes	No
Z5807	EPSDT: Shared Nursing, Licensed Vocational Nurse	Yes	Yes	No
Z5814	Epsdt Svsmarriage/Family/Child Counsel	Yes	Yes	No
Z5816	Epsdt Servicessocial Worker	Yes	Yes	No
Z5820	Epsdt Services Case Management	Yes	Yes	No
Z5822	Epsdt Services Hearing Aid Batteries	Yes	Yes	No
Z5946	Epsdt Supplemental Servicehearing Aid	Yes	Yes	No
Z5999	Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services – Unlisted/Supplemental Services (covered under 21 years of age only)	Yes	Yes	No
Z7606	Hyperbaric oxygen chamber 1st 15 min atmos abs	Yes	Yes	No
Z7608	Hyperbaric oxygen chamber each subseq 15 min	Yes	Yes	No
Z7610	Misc Drugs and Med Supplies, Admin Stat	Yes	Yes	No
Z7612	Unlisted Sevices	Yes	Yes	No
	<b>BEHAVIORAL HEALTH CODES</b>			
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	not valid for Medi-Cal	Yes	No
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	not valid for Medi-Cal	Yes	No
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	not valid for Medi-Cal	Yes	No
90899	Unlisted Evaluation & Management Service	Yes	Yes	No
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Yes	Yes	No
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	Yes	No
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	Yes	No
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	Yes	No
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	Yes	No
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Yes	Yes	No
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	Yes	No
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Yes	Yes	No
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	Yes	No
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Yes	Yes	No
98978	Rem ther mntr dev sply cbt	Yes	Yes	No
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	Carved Out	Yes	No
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No

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G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	not valid for Medi-Cal	Yes	No
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	not valid for Medi-Cal	Yes	No
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	not valid for Medi-Cal	Yes	No
G2078	Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	not valid for Medi-Cal	Yes	No
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	not valid for Medi-Cal	Yes	No
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	not valid for Medi-Cal	Yes	No
S9480	Intensive outpatient psychiatric services, per diem	Carved Out	Yes	No
	<b>BEHAVIORAL HEALTH ABA CODES</b>			
H0031	Mental Health Assessment, By Non-Physician	Yes	N/A	No
H0032	Mental Health Service Plan Development By Non-Physician	Yes	N/A	No
H2014	Skills training and development, per 15 minutes	Yes	N/A	No
H2019	Therapeutic behavioral services, per 15 minutes	Yes	N/A	No
S5108	Home Care Training to home care client, per 15 minutes	Yes	N/A	No
S5110	Home Care Training, Family, Per 15 Minutes	Yes	N/A	No
	<b>PHARMACY CODES</b>			
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Yes	Yes	No
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Yes	Yes	No
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	Yes	Yes	No
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Yes	Yes	No
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Yes	Yes	No
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Yes	Yes	No
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Yes	Yes	No
A9600	Strontium sr-89 chloride, therapeutic, per millicurie	Yes	Yes	No
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Yes	Yes	No
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Yes	Yes	No
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Yes	Yes	No
B4104	Additive for enteral formula (e.g., fiber)	Yes	Yes	No
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Yes	Yes	No
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, 100 calories = 1 unit	Yes	Yes	No
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	No
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	Yes	No
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, 100 calories = 1 unit	Yes	Yes	No
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, 100 calories = 1 unit	Yes	Yes	No
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, 100 calories = 1 unit	Yes	Yes	No
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, 100 calories = 1 unit	Yes	Yes	No
C9047	Injection, caplacizumab-yhdp, 1 mg	Yes	Yes	No
C9101	Injection, oliceridine, 0.1 mg	Yes	Yes	No
C9142	Injection, bevacizumab-maly, biosimilar, 10 mg	Yes	Yes	No
C9460	Injection, cangrelor, 1 mg	Yes	Yes	No
C9462	Injection, delafloxacin, 1 mg	Yes	Yes	No
C9482	Injection, sotalol hydrochloride, 1 mg	Yes	Yes	No
C9488	Injection, conivaptan hydrochloride, 1 mg	Yes	Yes	No
E2102	Adjunctive continuous glucose monitor or receiver	Yes	Yes	No
J0121	Injection, omadacycline, 1 mg	Yes	Yes	No
J0122	Injection, eravacycline, 1 mg	Yes	Yes	No
J0129	Injection, abatacept, 10 mg	Yes	Yes	No
J0135	Injection, adalimumab, 20 mg	Yes	Yes	No
J0172	Injection, aducanumab-awwa, 2 mg	Yes	Yes	No
J0178	Injection, aflibercept, 1 mg	Yes	Yes	No
J0179	Injection, brolocizumab-dbl, 1 mg	Yes	Yes	No
J0180	Injection, agalsidase beta, 1 mg	Yes	Yes	No
J0185	Injection, aprepitant, 1 mg	Yes	Yes	No
J0202	Injection, alemtuzumab, 1 mg	Yes	Yes	No
J0207	Injection, amifostine, 500mg	Yes	Yes	No
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	Yes	Yes	No
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Yes	Yes	No
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Yes	Yes	No
J0222	Injection, patisiran, 0.1 mg	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
J0223	Injection, givosiran, 0.5 mg	Yes	Yes	No
J0224	Injection, lumasiran, 0.5 mg	Yes	Yes	No
J0248	Injection, remdesivir, 1 mg	Yes	Yes	No
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Yes	Yes	No
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Yes	Yes	No
J0291	Injection, plazomicin, 5 mg	Yes	Yes	No
J0348	Injection, anidulafungin, 1 mg	Yes	Yes	No
J0485	Injection, belatacept, 1 mg	Yes	Yes	No
J0490	Injection, belimumab, 10 mg	Yes	Yes	No
J0491	Injection, anifrolumab-fnia, 1 mg	Yes	Yes	No
J0517	Injection, benralizumab, 1 mg	Yes	Yes	No
J0565	Injection, bezlotoxumab, 10 mg	Yes	Yes	No
J0567	njection, cerliponase alfa, 1 mg	Yes	Yes	No
J0584	Injection, burosumab-twza 1 mg	Yes	Yes	No
J0585	Injection, onabotulinumtoxina, 1 unit	Yes	Yes	No
J0586	Injection, abobotulinumtoxina, 5 units	Yes	Yes	No
J0587	Injection, rimabotulinumtoxina, 100 units	Yes	Yes	No
J0588	Injection, incobotulinumtoxina, 1 unit	Yes	Yes	No
J0593	Injection, lanadelumab-flyo, 1 mg	Yes	Yes	No
J0595	Injection, butorphanol tartrate, 1 mg	Yes	Yes	No
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Yes	Yes	No
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	Yes	Yes	No
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Yes	Yes	No
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Yes	Yes	No
J0606	Injection, etelcalcetide, 0.1 mg	Yes	Yes	No
J0637	Injection, caspofungin acetate, 5 mg	Yes	Yes	No
J0638	Injection, canakinumab, 1 mg	Yes	Yes	No
J0691	Injection, lefamulin, 1 mg	Yes	Yes	No
J0699	Injection, cefiderocol, 10 mg	Yes	Yes	No
J0712	Injection, ceftaroline fosamil, 10 mg	Yes	Yes	No
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Yes	Yes	No
J0716	Injection, centrurioide immune f(ab)2, up to 120 mg	Yes	Yes	No
J0717	Injection, certolizumab pegol, 1 mg	Yes	Yes	No
J0739	Injection, cabotegravir, 1 mg	Yes	Yes	No
J0740	Injection, cidofovir, 375 mg	Yes	Yes	No
J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	Yes	Yes	No
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Yes	Yes	No
J0770	Injection, colistimethate sodium, up to 150 mg	Yes	Yes	No
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Yes	Yes	No
J0791	Injection, crizanlizumab-tmca, 5 mg	Yes	Yes	No
J0800	Injection, corticotropin, up to 40 units	Yes	Yes	No
J0840	Injection, crotalidae polyvalent immune fab (Ovine), up to 1 gram	Yes	Yes	No
J0841	Injection, crotalidae immune f(ab)2 (equine), 120 mg	Yes	Yes	No
J0875	Injection, dalbavancin, 5 mg	Yes	Yes	No
J0878	Injection, daptomycin, 1 mg	Yes	Yes	No
J0879	Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis)	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Yes	Yes	No
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	Yes	Yes	No
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Yes	Yes	No
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Yes	Yes	No
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Yes	Yes	No
J0894	Injection, decitabine, 1 mg	Yes	Yes	No
J0896	Injection, luspatercept-aamt, 0.25 mg	Yes	Yes	No
J0897	Injection, denosumab, 1 mg	Yes	Yes	No
J1260	Injection, dolasetron mesylate, 10 mg	Yes	Yes	No
J1267	Injection, doripenem, 10 mg	Yes	Yes	No
J1290	Injection, ecallantide, 1 mg	Yes	Yes	No
J1300	Injection, eculizumab, 10 mg	Yes	Yes	No
J1301	Injection, edaravone, 1 mg	Yes	Yes	No
J1302	Injection, sutimlimab-jome, 10 mg	Yes	Yes	No
J1303	Injection, ravulizumab-cwvz, 10 mg	Yes	Yes	No
J1305	Injection, evinacumab-dgnb, 5 mg	Yes	Yes	No
J1306	Injection, inclisiran, 1 mg	Yes	Yes	No
J1322	Injection, elosulfase alfa, 1 mg	Yes	Yes	No
J1325	Injection, epoprostenol, 0.5 mg	Yes	Yes	No
J1426	Injection, casimersen, 10 mg	Yes	Yes	No
J1427	Injection, viltolarsen, 10 mg	Yes	Yes	No
J1428	Injection, eteplirsen, 10 mg	Yes	Yes	No
J1429	Injection, golodirsen, 10 mg	Yes	Yes	No
J1437	Injection, ferric derisomaltose, 10 mg	Yes	Yes	No
J1438	Injection, etanercept, 25 mg	Yes	Yes	No
J1439	Injection, ferric carboxymaltose, 1 mg	Yes	Yes	No
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Yes	Yes	No
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Yes	Yes	No
J1445	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Yes	Yes	No
J1447	Injection, tbo-filgrastim, 1 microgram	Yes	Yes	No
J1448	Injection, trilaciclib, 1 mg	Yes	Yes	No
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Yes	Yes	No
J1455	Injection, foscarnet sodium, per 1,000 mg	Yes	Yes	No
J1458	Injection, galsulfase, 1 mg	Yes	Yes	No
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	No
J1460	Injection, gamma globulin, intramuscular, 1 cc	Yes	Yes	No
J1551	Injection, immune globulin, 100 mg	Yes	Yes	No
J1554	Injection, immune globulin, 500 mg	Yes	Yes	No
J1555	Injection, immune globulin (cuvitru), 100 mg	Yes	Yes	No
J1556	Injection, immune globulin (bivigam), 500 mg	Yes	Yes	No
J1557	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes	Yes	No
J1558	Injection, immune globulin (xembify), 100 mg	Yes	Yes	No
J1559	Injection, immune globulin (hizentra), 100 mg	Yes	Yes	No
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Yes	Yes	No
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	No



Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes	Yes	No
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	No
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Yes	Yes	No
J1570	Injection, ganciclovir sodium, 500 mg	Yes	Yes	No
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	No
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immunoglobulin	Yes	Yes	No
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Yes	Yes	No
J1602	Injection, golimumab, 1 mg, for intravenous use	Yes	Yes	No
J1627	Injection, granisetron, extended-release, 0.1 mg	Yes	Yes	No
J1628	Injection, guselkumab, 1 mg	Yes	Yes	No
J1632	Injection, brexanolone, 1mg	Yes	Yes	No
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Yes	Yes	No
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Yes	Yes	No
J1738	Injection, meloxicam, 1 mg	Yes	Yes	No
J1743	Injection, idursulfase, 1 mg	Yes	Yes	No
J1744	Injection, icatibant, 1 mg	Yes	Yes	No
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Yes	Yes	No
J1746	Injection, ibalizumab-uiyk, 10 mg	Yes	Yes	No
J1750	Injection, iron dextran, 50 mg	Yes	Yes	No
J1756	Injection, iron sucrose, 1 mg	Yes	Yes	No
J1786	Injection, imiglucerase, 10 units	Yes	Yes	No
J1823	Injection, inebilizumab-ndon, 1 mg	Yes	Yes	No
J1833	Injection, isavuconazonium, 1 mg	Yes	Yes	No
J1930	Injection, lanreotide, 1 mg	Yes	Yes	No
J1931	Injection, laronidase, 0.1 mg	Yes	Yes	No
J1932	Injection, lanreotide, 1 mg	Yes	Yes	No
J1945	Injection, lepirudin, 50 mg	Yes	Yes	No
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Yes	Yes	No
J1951	Injection, leuprolide acetate for depot suspension, 0.25 mg	Yes	Yes	No
J1952	Leuprolide injectable, 1 mg	Yes	Yes	No
J2020	Injection, linezolid, 200 mg	Yes	Yes	No
J2182	Injection, mepolizumab, 1 mg	Yes	Yes	No
J2185	Injection, meropenem, 100 mg	Yes	Yes	No
J2186	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Yes	Yes	No
J2212	Injection, methylnaltrexone, 0.1 mg	Yes	Yes	No
J2248	Injection, micafungin sodium, 1 mg	Yes	Yes	No
J2323	Injection, natalizumab, 1 mg	Yes	Yes	No
J2326	Injection, nusinersen, 0.1 mg	Yes	Yes	No
J2350	Injection, ocrelizumab, 1 mg	Yes	Yes	No
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Yes	Yes	No
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Yes	Yes	No
J2356	Injection, tezepelumab-ekko, 1 mg	Yes	Yes	No
J2357	Injection, omalizumab, 5 mg	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
J2406	Injection, oritavancin, 10 mg	Yes	Yes	No
J2407	Injection, oritavancin, 10 mg	Yes	Yes	No
J2501	Injection, paricalcitol, 1 mcg	Yes	Yes	No
J2502	Injection, pasireotide long acting, 1 mg	Yes	Yes	No
J2503	Injection, pegaptanib sodium, 0.3 mg	Yes	Yes	No
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Yes	Yes	No
J2507	Injection, pegloticase, 1 mg	Yes	Yes	No
J2562	Injection, plerixafor, 1 mg	Yes	Yes	No
J2597	Injection, desmopressin acetate, per 1 mcg	Yes	Yes	No
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	Yes	Yes	No
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Yes	Yes	No
J2777	Injection, faricimab-svoa, 0.1 mg	Yes	Yes	No
J2778	Injection, ranibizumab, 0.1 mg	Yes	Yes	No
J2779	Injection, ranibizumab, via sustained release intravitreal implant (susvimo), 0.1 mg	Yes	Yes	No
J2783	Injection, rasburicase, 0.5 mg	Yes	Yes	No
J2786	Injection, reslizumab, 1 mg	Yes	Yes	No
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	Yes	Yes	No
J2788	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	Yes	Yes	No
J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	Yes	Yes	No
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Yes	Yes	No
J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Yes	Yes	No
J2793	Injection, rilonacept, 1 mg	Yes	Yes	No
J2796	Injection, romiplostim, 10 mcg	Yes	Yes	No
J2797	Injection, rolapitant, 0.5 mg	Yes	Yes	No
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Yes	Yes	No
J2840	Injection, sebelipase alfa, 1 mg	Yes	Yes	No
J2860	Injection, siltuximab, 10 mg	Yes	Yes	No
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Yes	Yes	No
J2941	Injection, somatropin, 1 mg	Yes	Yes	No
J2998	Injection, plasminogen, human-tvmh, 1 mg	Yes	Yes	No
J3031	Injection, fremanezumab-vfrm, 1 mg	Yes	Yes	No
J3032	Injection, eptinezumab-jjmr, 1 mg	Yes	Yes	No
J3060	Injection, taliglucerase alfa, 10 units	Yes	Yes	No
J3090	Injection, tedizolid phosphate, 1 mg	Yes	Yes	No
J3095	Injection, telavancin, 10 mg	Yes	Yes	No
J3111	Injection, romosozumab-aqqg, 1 mg	Yes	Yes	No
J3145	Injection, testosterone undecanoate, 1 mg	Yes	Yes	No
J3241	Injection, teprotumumab-trbw, 10 mg	Yes	Yes	No
J3243	Injection, tigecycline, 1 mg	Yes	Yes	No
J3245	Injection, til-drakizumab, 1 mg	Yes	Yes	No
J3262	Injection, tocilizumab, 1 mg	Yes	Yes	No
J3285	Injection, trestipenil, 1 mg	Yes	Yes	No
J3299	Injection, triamcinolone acetonide, suprachoroidal (xipere), 1 mg	Yes	Yes	No
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Yes	Yes	No
J3315	Injection, triptorelin pamoate, 3.75 mg	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
J3316	Injection, triptorelin, extended-release, 3.75 mg	Yes	Yes	No
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Yes	Yes	No
J3358	Ustekinumab, for intravenous injection, 1 mg	Yes	Yes	No
J3380	Injection, vedolizumab, 1 mg	Yes	Yes	No
J3385	Injection, velaglucerase alfa, 100 units	Yes	Yes	No
J3397	Injection, vestronidase alfa-vjvk, 1 mg	Yes	Yes	No
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Yes	Yes	No
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 <sup>15</sup> vector genomes	Yes	Yes	No
J3465	Injection, voriconazole, 10 mg	Yes	Yes	No
J3490	Unclassified drugs	Yes	Yes	No
J3590	Unclassified biologics	Yes	Yes	No
J3591	Unclassified drug or biological used for ESRD on dialysis	Yes	Yes	No
J7169	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Yes	Yes	No
J7170	Injection, emicizumab-kxwh, 0.5 mg	Yes	Yes	No
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Yes	Yes	No
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Yes	Yes	No
J7197	Antithrombin III (human), per i.u.	Yes	Yes	No
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Yes	Yes	No
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Yes	Yes	No
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Yes	Yes	No
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Yes	Yes	No
J7316	Injection, ocriplasmin, 0.125 mg	Yes	Yes	No
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Yes	Yes	No
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg	Yes	Yes	No
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Yes	Yes	No
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Yes	Yes	No
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Yes	Yes	No
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Yes	Yes	No
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Yes	Yes	No
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Yes	Yes	No
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Yes	Yes	No
J7328	Hyaluronan or derivative, Gelsyn-3, for intra-articular injection, 0.1 mg	Yes	Yes	No
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Yes	Yes	No
J7331	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg	Yes	Yes	No
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Yes	Yes	No
J7342	Instillation, ciprofloxacin otic suspension, 6 mg	Yes	Yes	No
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Yes	Yes	No
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	Yes	Yes	No
J7352	Afamelanotide implant, 1 mg	Yes	Yes	No
J7513	Daclizumab, parenteral, 25 mg	Yes	Yes	No
J9015	Injection, aldesleukin, per single use vial	Yes	Yes	No
J9017	Injection, arsenic trioxide, 1 mg	Yes	Yes	No
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Yes	Yes	No
J9021	Injection, asparaginase, recombinant, 0.1 mg	Yes	Yes	No
J9022	Injection, atezolizumab, 10 mg	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
J9023	Injection, avelumab, 10 mg	Yes	Yes	No
J9030	BCG live intravesical installation, 1 mg	Yes	Yes	No
J9032	Injection, belinostat, 10 mg	Yes	Yes	No
J9033	Injection, bendamustine hcl (treanda), 1 mg	Yes	Yes	No
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Yes	Yes	No
J9035	Injection, bevacizumab, 10 mg	Yes	Yes	No
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Yes	Yes	No
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Yes	Yes	No
J9039	Injection, blinatumomab, 1 microgram	Yes	Yes	No
J9041	Injection, bortezomib (velcade), 0.1 mg	Yes	Yes	No
J9042	Injection, brentuximab vedotin, 1 mg	Yes	Yes	No
J9043	Injection, cabazitaxel, 1 mg	Yes	Yes	No
J9044	Injection, bortezomib, not otherwise spcified, 0.1 mg	Yes	Yes	No
J9047	Injection, carfilzomib, 1 mg	Yes	Yes	No
J9055	Injection, cetuximab, 10 mg	Yes	Yes	No
J9057	Injection, copanlisib, 1 mg	Yes	Yes	No
J9061	Injection, amivantamab-vmjw, 2 mg	Yes	Yes	No
J9065	Injection, cladribine, per 1 mg	Yes	Yes	No
J9118	Injection, calaspargase pegol-mknl, 10 units	Yes	Yes	No
J9119	Injection, cemiplimab-rwlc, 1 mg	Yes	Yes	No
J9120	Injection, dactinomycin, 0.5 mg	Yes	Yes	No
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Yes	Yes	No
J9145	Injection, daratumumab, 10 mg	Yes	Yes	No
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Yes	Yes	No
J9155	Injection, degarelix, 1 mg	Yes	Yes	No
J9160	Injection, denileukin diftitox, 300 micrograms	Yes	Yes	No
J9176	Injection, elotuzumab, 1 mg	Yes	Yes	No
J9177	Injection, enfortumab vedotin-efyv, 0.25 mg	Yes	Yes	No
J9178	Injection, epirubicin hcl, 2 mg	Yes	Yes	No
J9179	Injection, er bulin mesylate, 0.1 mg	Yes	Yes	No
J9202	Goserelin acetate implant, per 3.6 mg	Yes	Yes	No
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Yes	Yes	No
J9204	Injection, mogamulizumab-kpkc, 1 mg	Yes	Yes	No
J9205	Injection, irinotecan liposome, 1 mg	Yes	Yes	No
J9207	Injection, ixabepilone, 1 mg	Yes	Yes	No
J9210	Injection, emapalumab-lzsg, 1 mg	Yes	Yes	No
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Yes	Yes	No
J9218	Leuprolide acetate, per 1 mg	Yes	Yes	No
J9219	Leuprolide acetate implant, 65 mg	Yes	Yes	No
J9223	Injection, lurbinectedin, 0.1 mg	Yes	Yes	No
J9225	Histrelin implant (vantas), 50mg	Yes	Yes	No
J9226	Histrelin implant (supprelin la), 50mg	Yes	Yes	No
J9227	Injection, isatuximab-irfc, 10 mg	Yes	Yes	No
J9228	Injection, ipilimumab, 1 mg	Yes	Yes	No
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Yes	Yes	No
J9246	Injection, melphalan (evomela), 1 mg	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
J9247	Injection, melphalan flufenamide, 1 mg	Yes	Yes	No
J9261	Injection, nelarabine, 50 mg	Yes	Yes	No
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Yes	Yes	No
J9266	Injection, pegaspargase, per single dose vial	Yes	Yes	No
J9269	Injection, tagraxofusp-erzs, 10 mcg	Yes	Yes	No
J9271	Injection, pembrolizumab, 1 mg	Yes	Yes	No
J9272	Injection, dostarlimab-gxly, 10 mg	Yes	Yes	No
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Yes	Yes	No
J9274	Injection, tebentafusp-tebn, 1 mcg	Yes	Yes	No
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Yes	Yes	No
J9285	Injection, olaratumab, 10 mg	Yes	Yes	No
J9295	Injection, necitumumab, 1 mg	Yes	Yes	No
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Yes	Yes	No
J9299	Injection, nivolumab, 1 mg	Yes	Yes	No
J9301	Injection, obinutuzumab, 10 mg	Yes	Yes	No
J9302	Injection, ofatumumab, 10 mg	Yes	Yes	No
J9303	Injection, panitumumab, 10 mg	Yes	Yes	No
J9304	Injection, pemetrexed (pemfexy), 10 mg	Yes	Yes	No
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Yes	Yes	No
J9306	Injection, pertuzumab, 1 mg	Yes	Yes	No
J9308	Injection, ramucirumab, 5 mg	Yes	Yes	No
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Yes	Yes	No
J9311	Injection, rituximab 10 mg and hyaluronidase	Yes	Yes	No
J9312	Injection, rituximab, 10 mg	Yes	Yes	No
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Yes	Yes	No
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Yes	Yes	No
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Yes	Yes	No
J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	Yes	Yes	No
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Yes	Yes	No
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Yes	Yes	No
J9328	Injection, temozolomide, 1 mg	Yes	Yes	No
J9330	Injection, temsirolimus, 1 mg	Yes	Yes	No
J9331	Injection, sirolimus protein-bound particles, 1 mg	Yes	Yes	No
J9332	Injection, efgartigimod alfa-fcab, 2mg	Yes	Yes	No
J9348	Injection, naxitamab-gqgk, 1 mg	Yes	Yes	No
J9349	Injection, tafasitamab-cxix, 2 mg	Yes	Yes	No
J9352	Injection, trabectedin, 0.1 mg	Yes	Yes	No
J9353	Injection, margetuximab-cmkb, 5 mg	Yes	Yes	No
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Yes	Yes	No
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Yes	Yes	No
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Yes	Yes	No
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Yes	Yes	No
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Yes	Yes	No
J9371	Injection, vincristine sulfate liposome, 1 mg	Yes	Yes	No
J9395	Injection, fulvestrant, 25 mg	Yes	Yes	No
J9400	Injection, ziv-aflibercept, 1 mg	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Yes	Yes	No
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	Yes	Yes	No
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Yes	Yes	No
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Yes	Yes	No
Q0222	Injection, bebtelovimab, 175 mg	Yes	Yes	No
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	No
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	No
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Yes	Yes	No
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Yes	Yes	No
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	No
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	No
Q2055	Idcabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	No
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	No
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)	Yes	Yes	No
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Yes	Yes	No
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Yes	Yes	No
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Yes	Yes	No
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Yes	Yes	No
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Yes	Yes	No
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Yes	Yes	No
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Yes	Yes	No
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Yes	Yes	No
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Yes	Yes	No
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, 0.5mg	Yes	Yes	No
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Yes	Yes	No
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Yes	Yes	No
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Yes	Yes	No
Q5115	Injection, rituximab-abbs, biosimilar, 10mg	Yes	Yes	No
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Yes	Yes	No
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Yes	Yes	No
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Yes	Yes	No
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Yes	Yes	No
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Yes	Yes	No
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Yes	Yes	No
Q5122	Injection, pegfilgrastim-apgf, biosimilar, 0.5 mg	Yes	Yes	No
Q5123	Injection, rituximab-arrx, biosimilar, 10 mg	Yes	Yes	No
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg	Yes	Yes	No
Q5125	Injection, filgrastim-ayow, biosimilar, 1 microgram	Yes	Yes	No

Code	Procedure Description	Medi-Cal CCN COD Admin	OneCare CCN	OneCare Medi-Cal Wrap Health Network
S0078	Injection, fosphenytoin sodium, 750 mg	Yes	Yes	No
S0132	Injection, ganirelix acetate, 250 mcg	Yes	Yes	No
S0189	Testosterone pellet, 75 mg	Yes	Yes	No
	<b>MEDI-CAL WRAP SERVICES - ONECARE - ADDITIONAL CODES</b>			
H2000	CBAS 3-day assessment	No	No	Yes
A4335	Incontinence wash, 2880 ml in an 81-day period	if over 2880 milliliter in an 81-day period	No	Yes
A4554	Disposable underpads, breathable	No	No	Yes
A6250	Incontinence cream/ointment, 1620 gram/milliliter in an 81-day period	if over 1620 gram/milliliter in an 81-day period.	No	Yes
S5102	CBAS Day care services adult; per diem	No	No	Yes
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	if over 200 in a 27-day period	No	Yes
T4522	Adult sized disposable incontinence product, brief/diaper, medium/regular, each	if over 192 in a 27-day period	No	Yes
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	if over 216 in a 27-day period	No	Yes
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large (XL) and double extra-large (XXL), each	if over 192 in a 27-day period	No	Yes
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	if over 120 in a 27-day period	No	Yes
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	if over 120 in a 27-day period	No	Yes
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	if over 120 in a 27-day period	No	Yes
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large (XL) and double extra-large (XXL) size, each	if over 120 in a 27-day period	No	Yes
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	if over 200 in a 27-day period	No	Yes
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	if over 200 in a 27-day period	No	Yes
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	if over 200 in a 27-day period	No	Yes
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	if over 200 in a 27-day period	No	Yes
T4533	Youth sized disposable incontinence product, brief/diaper, each	if over 200 in a 27-day period	No	Yes
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	if over 200 in a 27-day period	No	Yes

<b>Code</b>	<b>Procedure Description</b>	<b>Medi-Cal CCN COD Admin</b>	<b>OneCare CCN</b>	<b>OneCare Medi-Cal Wrap Health Network</b>
T4535	Disposable liner, shield, guard, pad, or undergarment (belted or beltless), for incontinence, each	if over 180 in a 27-day period if only one product type billed. 300 in a 27-day period if two or more product types billed.	No	Yes
T4536	Incontinence product, protective underwear/pull-on, reusable, small, medium, large, XL, XXL, each	if over 2 units per claim, one claim per calendar month and 12 claims in a 12-month period	No	Yes
T4541	Incontinence product, disposable underpad, large, size (core mat area size equal to or greater than 676 square inches), each	if over 120 in a 27-day period	No	Yes
T4542	Incontinence product, disposable underpad, small size (core mat area size less than 676 square inches), each	120 in a 27-day period	No	Yes
T4543	Adult sized disposable incontinence product, protective brief/diaper, triple extra-large (XXXL) or above, each	200 in a 27-day period	No	Yes
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, triple extra-large (XXXL) or above, each	120 in a 27-day period	No	Yes