Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
01999	Under Anesthesia for Other Procedures	Yes	Yes	Yes
0213T	Epidural Steroid and Facet injection	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0214T	Injection(s), diagnostic or therapeutic	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0215T	Epidural Steroid and Facet injection	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0216T	Epidural steroid and facet injection	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0217T	Epidural steroid and Facet injection	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0218T	Epidural Steroid and Facet injection	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0228T	Injection, anesthetic agent and/or steroid transforaminal epidural with ultrasound guidance cervical or thoracic	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0229T	Injection, anesthetic agent and/or steroid transforaminal epidural with ultrasound guidance add'l	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0230T	Injection, anesthetic agent and/or steroid transforminal epidural, with US guidance lumbar or sacral	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0231T	Injection, anesthetic agent and/or steroid, transforaminal epidural, with US guidance, lumbar or sacral	not valid for Medi-Cal	Yes	not valid for Medi-Cal
0656/T2045	Hospice service, general inpatient care (no respite)/ Hospice general care	Yes	Yes	Yes
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	Yes	Yes	Yes
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	Yes
15276	Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Yes	Yes	Yes
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	Yes
15278	Each additional 100 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Yes	Yes	Yes
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Yes	Yes	Yes
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Yes	Yes	Yes
15781	Dermabrasion; segmental, face	Yes	Yes	Yes
15782	Dermabrasion; regional, other than face	Yes	Yes	Yes
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Yes	Yes	Yes
15820	Blepharoplasty, lower eyelid	Yes	Yes	Yes
15821	Blepharoplasty, lower eyelid, w/ extensive herniated fat pad	Yes	Yes	Yes

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15822	Blepharoplasty, upper eyelid	Yes	Yes	Yes
15823	Rhytidectomy w/ excess skin on lids	Yes	Yes	Yes
15999	Unlisted procedure, excision pressure ulcer	Yes	Yes	Yes
17311	Mohs, 1 stage, h/n/hf/g	Yes	Yes	Yes
17312	Mohs addl stage	Yes	Yes	Yes
17313	Mohs, 1 stage, t/a/l	Yes	Yes	Yes
17314	Mohs, addl stage, t/a/l	Yes	Yes	Yes
17315	Mohs surg, addl block	Yes	Yes	Yes
17999	Skin, mucous membrane and subcutaneous tissue	Yes	Yes	Yes
19300	Mastectomy for gynecomastia	Yes	Yes	Yes
19318	Reduction mammaplasty	Yes	Yes	Yes
19325	Mammplasty, augmentation; w/ prosthetic implant	Yes	Yes	Yes
19328	Removal of intact mammary implant	Yes	Yes	Yes
19330	Removal of mammary implant material, unilateral	Yes	Yes	Yes
19499	Unlisted procedure, breast	Yes	Yes	Yes
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Yes	Yes	Yes
20561	Needle insertion(s) without injection(s); 3 or more muscles	Yes	Yes	Yes
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	Yes	Yes	Yes
20930	Allograft for spine surgery only; morselized	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision	Yes	Yes	Yes
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	Yes
20975	Electrical stimulation to aid bone healing; invasive (operative)	Yes	Yes	Yes
20999	Unlisted procedure, musculoskeletal system, general	Yes	Yes	Yes
21026	Excision of bone; facial bone(s)	Yes	Yes	Yes
21127	Augment mand ble body/ankle w/ bone graft	Yes	Yes	Yes
21137	Reduction forehead; contouring only	Yes	Yes	Yes
21138	Reduction forehead; contouring and application of prosthetic material or bone graft	Yes	Yes	Yes
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Yes	Yes	Yes
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/o bone graft	Yes	Yes	Yes
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/ bone graft	Yes	Yes	Yes
21195	Reconstruction of mandibular rami and/or body, sagittal split; w/o internal rigid fixation	Yes	Yes	Yes
21196	Reconstruction of mandibular rami and/or body, sagittal split; w/ internal rigid fixation	Yes	Yes	Yes
21208	Osteoplasty, facial bones; augmentation	Yes	Yes	Yes
21209	Osteoplasty, facial bones; reduction	Yes	Yes	Yes
21299	Unlisted craniofacial and maxillofacial procedure	Yes	Yes	Yes

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21450	Closed treatment of mandibular fracture; without manipulation	Yes	Yes	Yes
21499	Unlisted musculoskeletal procedure, head	Yes	Yes	Yes
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Yes	Yes	Yes
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thorascopy	Yes	Yes	Yes
21899	Unlisted procedure, neck or thorax	Yes	Yes	Yes
22532	Arthrodesis, thoracic, lateral extracavitary technique, incl minimal diskectomy to prepare intespace	Yes	Yes	Yes
22533	Arthrodesis, lumbar, lateral extracavitary technique, incl minimal diskectomy to prepare intespace	Yes	Yes	Yes
22586	Arthrodesis, pre-sacral, including disc space preparation, discectomy	Yes	Yes	Yes
22633	Lumbar spine fusion combined	Yes	Yes	Yes
22634	Spine fusion extra segment	Yes	Yes	Yes
22841	Internal spinal fixation by wiring of spinous processes	Yes	Yes	Yes
22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	Yes	Yes	Yes
22861	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv	Yes	Yes	Yes
22864	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	Yes	Yes
22899	Unlisted procedure, spine	Yes	Yes	Yes
22999	Unlisted procedure, abdomen, musculoskeletal system	Yes	Yes	Yes
23472	Total arthroplasty of glenohumeral joint with glenoid and proximal humeral replacement	Yes	Yes	Yes
23473	Revision of total shoulder arthroplasty w/ allograft; humeral or glenoid component	Yes	Yes	Yes
23474	Revision of total shoulder arthroplasty w/ allograft; humeral and glenoid component	Yes	Yes	Yes
23929	Unlisted procedure, shoulder	Yes	Yes	Yes
24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area < 5 cm	Yes	Yes	Yes
24362	Arthroplasty, Elbow; with Implant and Fascia Lata Ligament Reconstruction	Yes	Yes	Yes
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	Yes	Yes	Yes
24370	Revision of total elbow arthroplasty, w/ allograft; humeral or ulnar component	Yes	Yes	Yes
24371	Revision of total elbow arthroplasty, w/ allograft; humeral and ulnar component	Yes	Yes	Yes
24940	Cineplasty, upper extremity, complete procedure	Yes	Yes	Yes
24999	Upper arm/e bow surgery	Yes	Yes	Yes
25999	Forearm or wrist surgery	Yes	Yes	Yes
26587	Reconstruction of supernumerary digit, soft tissue and bone	Yes	Yes	Yes
26591	Repair, intrinsic muscles of hand	Yes	Yes	Yes
26596	Excision of constricting ring of finger, with multiple Z-plasties	Yes	Yes	Yes
26989	Hand/Finger Surgery	Yes	Yes	Yes
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement, w/ or w/o autograft or allograft	Yes	Yes	Yes
27132	Conversion of previous hip surgery to total hip arthroplasty, w/ or w/o autograft or allograft	Yes	Yes	Yes
27134	Revision of total hip arthroplasty; both components, w/ or w/o autograft or allograft	Yes	Yes	Yes
27137	Revision of total hip arthroplasty; acetabular component only, w/ or w/o autograft or allograft	Yes	Yes	Yes
27138	Revision of total hip arthroplasty; femoral component only, w/ or w/o allograft	Yes	Yes	Yes
27158	Repair, Revision, and/or Reconstruction Procedures on the Pelvis and Hip Joint	Yes	Yes	Yes

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27230	Treat thigh fracture	Yes	Yes	Yes
27299	Pelvis/Hip Joint Surgery	Yes	Yes	Yes
27427	Ligamentous reconstruction (augmentation), knee	Yes	Yes	Yes
27445	Arthroplasty, knee, hinge prosthesis	Yes	Yes	Yes
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Yes	Yes	Yes
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Yes	Yes	Yes
27495	Repair, Revision, and/or Reconstruction Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Yes	Yes
27599	Leg surgery procedure	Yes	Yes	Yes
27612	Arthrotomy ankle w/ post release	Yes	Yes	Yes
27725	Repair of lower leg	Yes	Yes	Yes
27759	Open treatment of tibial shaft fracture by intramedullary implant, w/ or w/o interlocking screws and/or cerclage	Yes	Yes	Yes
27899	Leg/Ankle surgery procedure	Yes	Yes	Yes
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular) <1.5cm	Yes	Yes	Yes
28899	Foot/Toes surgery procedure	Yes	Yes	Yes
29358	Lower extremity application of casts	Yes	Yes	Yes
29799	Casting or strapping procedures	Yes	Yes	Yes
29999	Arthroscopy of Joint	Yes	Yes	Yes
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Yes	Yes	Yes
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Yes	Yes	Yes
30420	Rhinoplasty, primary; including major septal repair	Yes	Yes	Yes
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Yes	Yes	Yes
30520	Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft	Yes	Yes	Yes
30999	Nasal surgery procedure	Yes	Yes	Yes
31299	Sinus surgery procedure	Yes	Yes	Yes
31576	Laryngoscopy, flexible fiberoptic, with biopsy	Yes	Yes	Yes
31578	Laryngoscopy, flexible fiberoptic, with removal of lesion	Yes	Yes	Yes
31599	Larynx surgery procedure	Yes	Yes	Yes
31899	Trachea or bronchi surgical procedure	Yes	Yes	Yes
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	Yes	Yes	Yes
32851	Lung Transplant, single, without cardiopulmonary bypass	Yes	Yes	Yes
32852	Lung transplant, single; w/ cardiopulmonary bypass	Yes	Yes	Yes
32853	Lung transplant, double; w/o cardiopulmonary bypass	Yes	Yes	Yes
32854	Lung transplant, double; w/ cardiopulmonary bypass	Yes	Yes	Yes
32999	Lungs and pleura surgery procedure	Yes	Yes	Yes
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Yes	Yes	Yes
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	Yes
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp	Yes	Yes	Yes
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	Yes

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33647	Repair of Atrial Septal Defect and Ventricular Septal Defect, with Direct or Patch Closure	Yes	Yes	Yes
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	Yes
33945	Heart Transplant, with or without recipient cardiectomy	Yes	Yes	Yes
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only (Elective insertions only)	Yes	Yes	Yes
33999	Cardiac surgery procedure	Yes	Yes	Yes
34839	Plnning Pt Spec Fenest Graft	Yes	Yes	Yes
34841	Endovasc Visc Aorta 1 Graft	Yes	Yes	Yes
34842	Endovasc Visc Aorta 2 Graft	Yes	Yes	Yes
34843	Endovasc Visc Aorta 3 Graft	Yes	Yes	Yes
34844	Endovasc Visc Aorta 4 Graft	Yes	Yes	Yes
34845	Visc & Infraren Abd 1 Prosth	Yes	Yes	Yes
34846	Visc & Infraren Abd 2 Prosth	Yes	Yes	Yes
34847	Visc & Infraren Abd 3 Prosth	Yes	Yes	Yes
34848	Visc & Infraren Abd 4+ Prost	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
35184	Repair, congenital arteriovenous fistula; extremities	Yes	Yes	Yes
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure	Yes	Yes	Yes
35665	Arterial bypass graft, Iliofemoral	Yes	Yes	Yes
36299	Unlisted procedure, vascular injection	Yes	Yes	Yes
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	Yes
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	Yes
36470	Injection of sclerosing solution; single incompetent vein (other than telangiectasia)	Yes	Yes	Yes
36471	Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), same leg	Yes	Yes	Yes
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Yes	Yes	Yes
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	Yes
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Yes	Yes	Yes

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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	Yes
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
37241	Vasc embolize/occlude venous	Yes	Yes	Yes
37242	Vasc embolize/occlude artery	Yes	Yes	Yes
37243	Vasc embolize/occlude organ	Yes	Yes	Yes
37244	Vasc embolize/occlude bleed	Yes	Yes	Yes
37501	Vascular endoscopy procedure	Yes	Yes	Yes
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	Yes	Yes	Yes
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	Yes	Yes	Yes
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	Yes	Yes	Yes
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Yes	Yes	Yes
37718	Ligation, division, and stripping, short saphenous vein (for bilateral procedure, use modifier 50)	Yes	Yes	Yes
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Yes	Yes	Yes
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	Yes
37760	Ligation of perforators veins, subfascial, radical (Linton type) including skin graft, when performed, open, 1 leg	Yes	Yes	Yes
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Yes	Yes	Yes
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	Yes	Yes	Yes
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	Yes	Yes	Yes
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Yes	Yes	Yes
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	Yes	Yes	Yes
37799	Unlisted procedure, vascular surgery	Yes	Yes	Yes
38129	Laparoscope procedure on spleen	Yes	Yes	Yes
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Yes	Yes	Yes
38208	Thawing of previously frozen harvest, without washing	Yes	Yes	Yes
38209	Thawing of previously frozen harvest, with washing	Yes	Yes	Yes
38210	Specific cell depletion within harvest, T-hyphencell depletion	Yes	Yes	Yes
38211	Tumor cell depletion of harvest	Yes	Yes	Yes
38212	Red blood cell depletion of harvest	Yes	Yes	Yes
38213	Platelet depletion of harvest	Yes	Yes	Yes
38214	Volume depletion of harvest	Yes	Yes	Yes

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38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Yes	Yes	Yes
38230	Bone marrow harvesting for transplantation	Yes	Yes	Yes
38232	Bone marrow harvest autolog	Yes	Yes	Yes
38240	Bone marrow transplantation; allogenic	Yes	Yes	Yes
38241	Bone marrow transplant; autologous	Yes	Yes	Yes
38242	Lymphocyte Infuse Transplant	Yes	Yes	Yes
38243	Transplant, Hematopoietic cell boost	Yes	Yes	Yes
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	Yes	Yes	Yes
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	Yes	Yes	Yes
38589	Unlisted laparoscopy procedure, lymphatic system	Yes	Yes	Yes
38792	Injection procedure; for identification of sentinel node	Yes	Yes	Yes
38999	Blood/Lymph system procedure	Yes	Yes	Yes
39499	Mediastinal procedure	Yes	Yes	Yes
39599	Diaphragm surgery procedure	Yes	Yes	Yes
40525	Reconstruct lip with flap	Yes	Yes	Yes
40799	Lip surgery procedure	Yes	Yes	Yes
40899	Mouth surgery procedure	Yes	Yes	Yes
41113	Excision of lesion of tongue with closure; posterior one-third	Yes	Yes	Yes
41599	Tongue, floor of mouth surgery	Yes	Yes	Yes
41820	Gingivectomy, excision gingiva, each quadrant	Yes	Yes	Yes
41821	Operculectomy, excision pericoronal tissues	Yes	Yes	Yes
41850	Destruction of lesion (except excision), dentoalveolar structures	Yes	Yes	Yes
41870	Periodontal mucosal grafting	Yes	Yes	Yes
41899	Dentoalveolar structures	Yes	Yes	Yes
42299	Palate or uvula surgery	Yes	Yes	Yes
42509	Parotid duct diversion, bilateral (Wilke type procedure)	Yes	Yes	Yes
42699	Procedures on the salivary gland and ducts	Yes	Yes	Yes
42999	Procedures on the Pharynx, adenoids, and tonsils	Yes	Yes	Yes
43206	Esoph optical endomicroscopy	Yes	Yes	Yes
43289	Laparoscopic procedures on the esophagus	Yes	Yes	Yes
43496	Free Jejunum Flap Microvasc	Yes	Yes	Yes
43499	Esophagus surgery procedure	Yes	Yes	Yes
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Yes	Yes	Yes
43645	with gastric bypass and small intestine reconstruction to limit absorption	Yes	Yes	Yes
43659	Laparoscope Proc Stom	Yes	Yes	Yes
43770	placement of adjustable gastric band (gastric band and subcutaneous port components)	Yes	Yes	Yes
43771	revision of adjustable gastric band component only	Yes	Yes	Yes
43772	removal of adjustable gastric band component only	Yes	Yes	Yes
43773	removal and replacement of adjustable gastric band component only	Yes	Yes	Yes
43774	removal of adjustable gastric band and subcutaneous port components	Yes	Yes	Yes
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Yes	Yes	Yes
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Yes	Yes	Yes
43843	other than vertical-banded gastroplasty	Yes	Yes	Yes

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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	Yes
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Yes	Yes	Yes
43847	with small intestine reconstruction to limit absorption	Yes	Yes	Yes
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band	Yes	Yes	Yes
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Yes	Yes	Yes
43887	removal of subcutaneous port component only	Yes	Yes	Yes
43888	Removal and replacement of subcutaneous port component only	Yes	Yes	Yes
43999	Stomach Surgery Procedure	Yes	Yes	Yes
44015	Insert Needle Cath Bowel	Yes	Yes	Yes
44135	Intestine Transplant Cadaver	Yes	Yes	Yes
44147	Partial Removal of Colon	Yes	Yes	Yes
44160	Removal of Colon	Yes	Yes	Yes
44238	Laparoscope Proc Intestine	Yes	Yes	Yes
44381	Small Bowel Endoscopy Br/Wa	Yes	Yes	Yes
44384	Small Bowel Endoscopy	Yes	Yes	Yes
44401	Colonoscopy with Ablation	Yes	Yes	Yes
44402	Colonoscopy w/Stent Plcmt	Yes	Yes	Yes
44403	Colonoscopy W/Resection	Yes	Yes	Yes
44404	Colonoscopy W/Injection	Yes	Yes	Yes
44405	Colonoscopy W/Dilation	Yes	Yes	Yes
44406	Colonoscopy W/Ultrasound	Yes	Yes	Yes
44407	Colonoscopy W/Ndl Aspir/Bx	Yes	Yes	Yes
44408	Colonoscopy W/Decompression	Yes	Yes	Yes
44799	Unlisted Procedure Intestine	Yes	Yes	Yes
44899	Bowel Surgery Procedure	Yes	Yes	Yes
45346	Sigmoidoscopy W/Ablation	Yes	Yes	Yes
45347	Sigmoidoscopy W/Plcmt Stent	Yes	Yes	Yes
45349	Sigmoidoscopy W/Resection	Yes	Yes	Yes
45350	Sgmdsc W/Band Ligation	Yes	Yes	Yes
45378	Colonoscopy, flexible; diagnonostic **(Under age of 50)**	Yes	Yes	Yes
45380	Colonoscopy, flexible; with biopsy **(Under age of 50)**	Yes	Yes	Yes
45388	Colonoscopy W/Ablation	Yes	Yes	Yes
45389	Colonoscopy W/Stent Plcmt	Yes	Yes	Yes
45390	Colonoscopy W/Resection	Yes	Yes	Yes
45393	Colonoscopy W/Decompression	Yes	Yes	Yes
45398	Colonoscopy W/Band Ligation	Yes	Yes	Yes
45399	Unlisted Procedure Colon	Yes	Yes	Yes
45499	Laparoscope Proc Rectum	Yes	Yes	Yes
45560	Repair of Rectocele	Yes	Yes	Yes
45999	Rectum Surgery Procedure	Yes	Yes	Yes
46715	Rep Perf Anoper Fistu	Yes	Yes	Yes
46999	Anus Surgery Procedure	Yes	Yes	Yes
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Yes	Yes	Yes
47379	Laparoscope Procedure Liver	Yes	Yes	Yes

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47399	Liver Surgery Procedure	Yes	Yes	Yes
47579	Laparoscope Proc Biliary	Yes	Yes	Yes
47612	Removal Of Gallbladder	Yes	Yes	Yes
47999	Bile Tract Surgery Procedure	Yes	Yes	Yes
48999	Pancreas Surgery Procedure	Yes	Yes	Yes
49329	Laparo Proc Abdm/Per/Oment	Yes	Yes	Yes
49560	Repair initial incisional or ventral hernia; reducible	Yes	Yes	Yes
49565	Repair recurrent incisional or ventral hernia; reduc ble	Yes	Yes	Yes
49652	Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian or Epigastric Hernia; Reducible	Yes	Yes	Yes
49654	Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	Yes	Yes	Yes
49656	Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	Yes	Yes	Yes
49659	Laparo Proc Hernia Repair	Yes	Yes	Yes
49906	Free Omental Flap Microvasc	Yes	Yes	Yes
49999	Abdomen Surgery Procedure	Yes	Yes	Yes
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	Yes	Yes	Yes
50365	Renal allotransplantation, implantation of graft; w/ recipient nephrectomy	Yes	Yes	Yes
50370	Removal of transplanted renal allograft	Yes	Yes	Yes
50380	Renal autotransplantation, reimplantation of kidney	Yes	Yes	Yes
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	Yes
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	Yes
50549	Laparoscope Proc Renal	Yes	Yes	Yes
50592	Perc Rf Ablate Renal Tumor	Yes	Yes	Yes
50949	Laparoscope Proc Ureter	Yes	Yes	Yes
51999	Laparoscope Proc Bla	Yes	Yes	Yes
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Yes	Yes	Yes
53899	Urology Surgery Procedure	Yes	Yes	Yes
54699	Laparoscope Proc Testis	Yes	Yes	Yes
55559	Laparo Proc Spermatic Cord	Yes	Yes	Yes
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Yes	Yes	Yes
55899	Genital Surgery Procedure	Yes	Yes	Yes
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	Yes
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Yes	Yes	Yes
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Yes	Yes	Yes
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
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	Yes
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	Yes
58260	Vaginal hysterectomy, for uterus 250 g or less;	Yes	Yes	Yes
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Yes	Yes	Yes
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Yes	Yes	Yes
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Yes	Yes	Yes
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Yes	Yes	Yes
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Yes	Yes	Yes
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Yes	Yes	Yes
58285	Vaginal hysterectomy, radical (Schauta type operation)	Yes	Yes	Yes
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Yes	Yes	Yes
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Yes	Yes	Yes
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Yes	Yes	Yes
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
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	Yes
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Yes	Yes	Yes
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	Yes	Yes	Yes
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58575	Laparoscopy, surgical; total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Yes	Yes	Yes
58578	Laparo Proc Uterus	Yes	Yes	Yes
58579	Hysteroscope Procedure	Yes	Yes	Yes
58679	Laparo Proc Oviduct-Ovary	Yes	Yes	Yes
58999	Genital Surgery Procedure	Yes	Yes	Yes
59897	Fetal Invas Px w/Us	Yes	Yes	Yes
59898	Laparo Proc Ob Care/Deliver	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
59899	Maternity Care Procedure	Yes	Yes	Yes
60659	Laparo Proc Endocrine	Yes	Yes	Yes
60699	Endocrine Surgery Procedure	Yes	Yes	Yes
61630	Intracranial Angioplasty	Yes	Yes	Yes
61635	Intracran Angioplsty w/Stent	Yes	Yes	Yes
61640	Dilate Ic Vasospasm Init	Yes	Yes	Yes
61641	Dilate Ic Vasospasm Addon	Yes	Yes	Yes
61642	Dilate Ic Vasospasm Addon	Yes	Yes	Yes
61770	Incise Skull for Treatment	Yes	Yes	Yes
61796	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Simple Cranial Lesion	Yes	Yes	Yes
61797	Stereotactic Radiosurgery; Each Additional Cranial Lesion, Simple (List Sep)	Yes	Yes	Yes
61798	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Complex Cranial Lesion	Yes	Yes	Yes
61799	Stereotactic Radiosurgery; Each Additional Cranial Lesion, Complex (List Sep)	Yes	Yes	Yes
61800	Application of Stereotactic Headframe for Stereotactic Radiosurgery (List Sep)	Yes	Yes	Yes
61867	Twist drill, burr hole,craniotomy/craniectomy w/stereotactic implant neurostimulator electrode array	Yes	Yes	Yes
61885	Insertion or placement of cranial neurostimulator pulse generator or reciever, direct or indirect coupling: with connection to a single electrode array	Yes	Yes	Yes
62304	Myelography Lumbar Injection	Yes	Yes	Yes
62305	Myelography Lumbar Injection	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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, interlaminer epidural or subarcachnoid, cervical or thoracic, without imaging guidance	Yes	Yes	Yes
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, interlaminer epidural or subarcachnoid, cervical or thoracic, with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	Yes
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, interlaminer epidural or subarcachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
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	Yes
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Yes	Yes	Yes
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Yes	Yes	Yes
62380	Ndsc Dcmprn 1 Ntrspc Lumbar	Yes	Yes	Yes
63042	Laminotomy Single Lumbar	Yes	Yes	Yes
63101	Vertebral corpectomy, thoracic, partial/complete, lat extracavitary approach w/decomp spinal cord/n	Yes	Yes	Yes
63102	Vertebral corpectomy, lumbar, partial/complete, lat extracavitary approach w/decomp spinal cord/n	Yes	Yes	Yes
63103	Vertebral corpectomy, thoracic or lumbar, each additional segment	Yes	Yes	Yes
63620	Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Spinal Lesion	Yes	Yes	Yes
63621	Stereotactic Radiosurgery; Each Additional Spinal Lesion (List Separately In Addition To Code for Primary Procedure)	Yes	Yes	Yes
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes	Yes
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Yes	Yes	Yes
64479	Intro/injection of anesthestic agent diagnostic or therapeutic in the somatic nerves	Yes	Yes	Yes
64480	Intro/injection of anesthestic agent diagnostic or therapeutic in the somatic nerves	Yes	Yes	Yes
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Yes	Yes	Yes
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	Yes
64486	Tap Block Unil By Injection	Yes	Yes	Yes
64487	Tap Block Uni By Infusion	Yes	Yes	Yes
64488	Tap Block Bi Injection	Yes	Yes	Yes
64489	Tap Block Bi By Infusion	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Yes	Yes	Yes
64702	Neuroplasty; digital, one or both, same digit	Yes	Yes	Yes
64704	Neuroplasty; nerve of hand or foot	Yes	Yes	Yes
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	Yes	Yes	Yes
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve	Yes	Yes	Yes
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus	Yes	Yes	Yes
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus	Yes	Yes	Yes
64716	Neuroplasty and/or transposition; cranial nerve	Yes	Yes	Yes
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	Yes	Yes	Yes
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	Yes	Yes	Yes
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	Yes	Yes	Yes
64722	Decompression; unspecified nerve(s)	Yes	Yes	Yes
64726	Decompression; plantar digital nerve	Yes	Yes	Yes
64727	Internal neurolysis, requiring use of operating microscope	Yes	Yes	Yes
64783	Limb Nerve Surgery Addon	Yes	Yes	Yes
64837	Repair Nerve Addon	Yes	Yes	Yes
64859	Nerve Surgery	Yes	Yes	Yes
64999	Nervous System Surgery	Yes	Yes	Yes
65155	Reinsert Ocular Implant	Yes	Yes	Yes
65757	Prep Corneal Endo Allograft	Yes	Yes	Yes
65780	Ocular surface reconstruction; amniotic membrane transplantation	Yes	Yes	Yes
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	Yes	Yes	Yes
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	Yes	Yes	Yes
66179	Aqueous Shunt Eye w/o Graft	Yes	Yes	Yes
66184	Revision of Aqueous Shunt	Yes	Yes	Yes
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	Yes
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	Yes
66999	Unlisted Procedure,Anterior Segment,Eye	Yes	Yes	Yes
67218	Treatment of Retinal Lesion	Yes	Yes	Yes
67299	Eye Surgery Procedure	Yes	Yes	Yes
67314	Strabismus, One Muscle	Yes	Yes	Yes
67316	Strabismus, 2+ Muscles	Yes	Yes	Yes
67318	Revise Eye Muscle(s)	Yes	Yes	Yes
67320	Revise Eye Muscle(s) Add-On	Yes	Yes	Yes
67331	Eye Surgery Follow-Up Add-On	Yes	Yes	Yes
67332	Rerevise Eye Muscles Add-On	Yes	Yes	Yes
67335	Eye Suture During Surgery	Yes	Yes	Yes
67399	Eye Muscle Surgery Procedure	Yes	Yes	Yes
67599	Orbit Surgery Procedure	Yes	Yes	Yes
67902	Eyelid repair	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
67912	Correction of lagophthalmos, w/implantation of upper eyelid lid load (eg, gold weight)	Yes	Yes	Yes
67999	Eyelid Surgery Procedure	Yes	Yes	Yes
68328	Revise/Graft Eyelid Lining	Yes	Yes	Yes
68371	Harvesting conjunctival allograft, living donor	Yes	Yes	Yes
68399	Eyelid Lining Surgery	Yes	Yes	Yes
68899	Tear Duct System Surgery	Yes	Yes	Yes
69399	Outer Ear Surgery Procedure	Yes	Yes	Yes
69670	Remove Mastoid Air Cells	Yes	Yes	Yes
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation) unilateral	Yes	Yes	Yes
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Yes	Yes	Yes
69799	Middle Ear Surgery Procedure	Yes	Yes	Yes
69930	Cochlear device implantation, w/ or w/o mastoidectomy	Yes	Yes	Yes
69949	Inner Ear Surgery Procedure	Yes	Yes	Yes
69979	Temporal Bone Surgery	Yes	Yes	Yes
70540	Magnetic resonance imaging, orbit/face/neck; w/o contrast material	Yes	Yes	Yes
70542	Magnetic resonance imaging, orbit/face/neck; w/ contrast material	Yes	Yes	Yes
70543	Magnetic resonance imaging, orbit/face/neck; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70544	Magnetic resonance angiography, head; w/o contrast material	Yes	Yes	Yes
70545	Magnetic resonance angiography, head; w/ contrast material	Yes	Yes	Yes
70546	Magnetic resonance angiography, head; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70547	Magnetic resonance angiography, neck; w/o contrast material	Yes	Yes	Yes
70548	Magnetic resonance angiography, neck; w/ contrast material	Yes	Yes	Yes
70549	Magnetic resonance angiography, neck; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70551	Magnetic resonance imaging, brain; w/o contrast material	Yes	Yes	Yes
70552	Magnetic resonance imaging, brain; w/ contrast material	Yes	Yes	Yes
70553	Magnetic resonance imaging, brain; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70555	Magnetic resonance imaging, brain, functional MRI;requiring physician or psychologist administration of entire neuro functional testing	Yes	Yes	Yes
70557	Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material	Yes	Yes	Yes
70558	Magnetic resonance imaging, brain, during open intracranial procedure; w/ contrast material	Yes	Yes	Yes
70559	Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Yes	Yes	Yes
71550	Magnetic resonance angiography, chest; w/o contrast material	Yes	Yes	Yes
71551	Magnetic resonance angiography, chest; w/ contrast material	Yes	Yes	Yes
71552	Magnetic resonance angiography, chest; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
71555	Magnetic resonance imaging angio chest w or w/o dye	Yes	Yes	Yes
72141	Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material	Yes	Yes	Yes
72142	Magnetic resonance imaging, spinal canal and contents, cervical; w/ contrast material	Yes	Yes	Yes
72146	Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material	Yes	Yes	Yes
72147	Magnetic resonance imaging, spinal canal and contents, thoracic; w/ contrast material	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
72148	Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material	Yes	Yes	Yes
72149	Magnetic resonance imaging, spinal canal and contents, lumbar; w/ contrast material	Yes	Yes	Yes
72156	Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
72157	Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
72158	Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
72159	Magnetic resonance angio spine w/o & w/ dye	Yes	Yes	Yes
72195	Magnetic resonance imaging, pelvis; w/o contrast materials	Yes	Yes	Yes
72196	Magnetic resonance imaging, pelvis; w/ contrast materials	Yes	Yes	Yes
72197	Magnetic resonance imaging, pelvis; w/o contrast materials, followed by contrast material(s) and further sequences	Yes	Yes	Yes
72198	Magnetic resonance angio pelvis w/o & w/ dye	Yes	Yes	Yes
73218	Magnetic resonance imaging, upper extremity other than joint; w/o contrast material	Yes	Yes	Yes
73219	Magnetic resonance imaging, upper extremity other than joint; w/ contrast material	Yes	Yes	Yes
73220	Magnetic resonance imaging, upper extremity other than joint; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
73221	Magnetic resonance imaging, any joint of upper extremity; w/o contrast material	Yes	Yes	Yes
73222	Magnetic resonance imaging, any joint of upper extremity; w/ contrast material	Yes	Yes	Yes
73223	Magnetic resonance imaging, any joint of upper extremity; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
73225	Magnetic resonance angio upper extr w/o & w/ dye	Yes	Yes	Yes
73718	Magnetic resonance imaging, lower extremity other than joint; w/o contrast material	Yes	Yes	Yes
73719	Magnetic resonance imaging, lower extremity other than joint; w/ contrast material	Yes	Yes	Yes
73720	Magnetic resonance imaging, lower extremity other than joint; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
73721	Magnetic resonance imaging, any joint of lower extremity; w/o contrast material	Yes	Yes	Yes
73722	Magnetic resonance imaging, any joint of lower extremity; w/ contrast material	Yes	Yes	Yes
73723	Magnetic resonance imaging, any joint of lower extremity; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
73725	Magnetic resonance angio lwr ext w/ or w/o dye	Yes	Yes	Yes
74181	Magnetic resonance imaging, abdomen; w/o contrast materials	Yes	Yes	Yes
74182	Magnetic resonance imaging, abdomen; w/ contrast materials	Yes	Yes	Yes
74183	Magnetic resonance imaging, abdomen; w/o contrast materials, followed by contrast material(s) and further sequences	Yes	Yes	Yes
74185	Magnetic resonance angiography, abdomen, w/ or w/o contrast material	Yes	Yes	Yes
74283	Ther Nma Rdctj Intus/Obstrcj	Yes	Yes	Yes
74775	Xray Exam of Perineum	Yes	Yes	Yes
75831	Vein X-Ray Kidney	Yes	Yes	Yes
75833	Vein X-Ray Kidneys	Yes	Yes	Yes
75840	Vein X-Ray Adrenal Gland	Yes	Yes	Yes
75860	Vein X-Ray Neck	Yes	Yes	Yes
75872	Vein X-Ray Skull Epidural	Yes	Yes	Yes
75880	Vein X-Ray Eye Socket	Yes	Yes	Yes
75887	Vein X-Ray Liver w/o Hemodyn	Yes	Yes	Yes
75889	Vein X-Ray Liver w/Hemodynam	Yes	Yes	Yes
75891	Vein X-Ray Liver	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
75893	Venous Sampling by Catheter	Yes	Yes	Yes
75894	X-Rays Transcath Therapy	Yes	Yes	Yes
75970	Vascular Biopsy	Yes	Yes	Yes
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	Yes	Yes	Yes
76391	Magnetic resonance (eg, vibration) elastography	Yes	Yes	Yes
76496	Fluoroscopic Procedure	Yes	Yes	Yes
76497	Ct Procedure	Yes	Yes	Yes
76498	Mri Procedure	Yes	Yes	Yes
76499	Radiographic Procedure	Yes	Yes	Yes
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Yes	Yes	Yes
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	Yes
76999	Echo Examination Procedure	Yes	Yes	Yes
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Yes	Yes	Yes
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Yes	Yes	Yes
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	Yes
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	Yes
77061	Breast Tomosynthesis Uni	Yes	Yes	Yes
77062	Breast Tomosynthesis Bi	Yes	Yes	Yes
77299	Radiation Therapy Planning	Yes	Yes	Yes
77385	Ntsty Modul Rad Tx Dlvr Smpl	Yes	Yes	Yes
77386	Ntsty Modul Rad Tx Dlvr Cplx	Yes	Yes	Yes
77387	Guidance for Radiaj Tx Dlvr	Yes	Yes	Yes
77399	External Radiation Dosimetry	Yes	Yes	Yes
77424	Io Rad Tx Delivery by X-Ray	Yes	Yes	Yes
77425	*12Io Rad Tx Deliver by Elctrns	Yes	Yes	Yes
77499	Radiation Therapy Management	Yes	Yes	Yes
77520	Proton Trmt Simple W/O Comp	Yes	Yes	Yes
77522	Proton Trmt Simple W/Comp	Yes	Yes	Yes
77523	Proton Trmt Intermediate	Yes	Yes	Yes
77525	Proton Treatment Complex	Yes	Yes	Yes
77799	Radium/Radioisotope Therapy	Yes	Yes	Yes
78103	Bone Marrow Imaging Mult	Yes	Yes	Yes
78104	Bone Marrow Imaging Body	Yes	Yes	Yes
78199	Nuclear Exam Blood/Lymph	Yes	Yes	Yes
78299	G.I. Nuclear Procedure	Yes	Yes	Yes
78399	Musculoskeletal Nuclear Exam	Yes	Yes	Yes
78428	Nuclear Exam, Heart Shunt	Yes	Yes	Yes
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	Yes

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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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	Yes	Yes	Yes
78491	Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress	Not a covered benefit	Yes	Not a covered benefit
78492	Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress	Not a covered benefit	Yes	Not a covered benefit
78499	Cardiovascular Nuclear Exam	Yes	Yes	Yes
78599	Respiratory Nuclear Exam	Yes	Yes	Yes
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Yes	Yes	Yes
78609	Brain Imaging (Pet)	Yes	Yes	Yes
78699	Nervous System Nuclear Exam	Yes	Yes	Yes
78799	Genitourinary Nuclear Exam	Yes	Yes	Yes
78804	Radiopharm localization tumor/distr bution radiopharm agent(s); whole body, req 2 or more days	Yes	Yes	Yes
78811	Tumor imaging, positron emission tomography (PET); limited area (e.g. chest, head/neck)	Yes	Yes	Yes
78812	Tumor imaging, positron emission tomography (PET); skull base to mid thigh	Yes	Yes	Yes
78813	Tumor imaging, positron emission tomography (PET); whole body	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
78999	Nuclear Diagnostic Exam	Yes	Yes	Yes
79403	Radiopharm therapy, radiolabeled monoclonal antibody by IV infusion	Yes	Yes	Yes
79440	Nuclear Rx Intra-Articular	Yes	Yes	Yes
79999	Nuclear Medicine Therapy	Yes	Yes	Yes
80400	ACTH stimulation panel; for adrenal insufficiency. This panel must include the following: Cortisol (82533 x 2)	Yes	Yes	Yes
80402	ACTH stimulation panel; for 21 hydroxylase deficiency. This panel must include the following: Cortisol (82533 x 2)	Yes	Yes	Yes
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	Yes

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80408	Aldosterone suppression evaluation panel (eg, saline infusion). This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)	Yes	Yes	Yes
80410	Calcitonin stimulation panel (eg, calcium, pentagastrin). This panel must include the following: Calcitonin (82308 x 3)	Yes	Yes	Yes
80412	Corticotropic releasing hormone (CRH) stimulation panel. This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)	Yes	Yes	Yes
80414	Chorionic gonadotropin stimulation panel; testosterone response. This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples)	Yes	Yes	Yes
80415	Chorionic gonadotropin stimulation panel; estradiol response. This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)	Yes	Yes	Yes
80416	Renal vein renin stimulation panel (eg, captopril). This panel must include the following: Renin (84244 x 6)	Yes	Yes	Yes
80417	Peripheral vein renin stimulation panel (eg, captopril). This panel must include the following: Renin (84244 x 2)	Yes	Yes	Yes
80418	Combined rapid anterior pituitary evaluation panel. This panel must include the following: Adrenocorticotropic 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	Yes
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	Yes
80422	Glucagon tolerance panel; for insulinoma. This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	Yes	Yes	Yes
80424	Glucagon tolerance panel; for pheochromocytoma. This panel must include the following: Catecholamines, fractionated (82384 x 2)	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
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	Yes
80434	Insulin tolerance panel; for ACTH insufficiency. This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	Yes	Yes	Yes
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	Yes
80436	Metyrapone panel. This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	Yes	Yes	Yes
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	Yes	Yes	Yes
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes

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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	Yes
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	Yes
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	Yes
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	Yes
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule), gene analysis, common variant, HPA-15a/b (S682Y)	Yes	Yes	Yes
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble), common variants	Yes	Yes	Yes
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial), common variants	Yes	Yes	Yes
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	Yes
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Yes	Yes
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	Yes
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Yes	Yes
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	Yes
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	Yes
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	Yes	Yes	Yes
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	Yes
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	Yes
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Yes	Yes	Yes
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Yes	Yes	Yes
81175	ASXL1 (additional sex combs l ke 1, transcriptional regulator), gene analysis; full gene sequence	Yes	Yes	Yes
81176	ASXL1 (additional sex combs l ke 1, transcriptional regulator), gene analysis; targeted sequence analysis	Yes	Yes	Yes
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes

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81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Yes	Yes	Yes
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Yes	Yes	Yes
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	Yes
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Yes	Yes	Yes
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Yes	Yes	Yes
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Yes	Yes	Yes
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Yes	Yes	Yes
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Yes	Yes	Yes
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Yes	Yes	Yes
81201	APC (adenomatous polyposis coli) full gene sequence	Yes	Yes	Yes
81202	APC (adenomatous polyposis coli) known familial variants	Yes	Yes	Yes
81203	APC (adenomatous polyposis coli); duplication/deletion variant	Yes	Yes	Yes
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	Yes
81206	Bcr/abl1 gene major bp	Yes	Yes	Yes
81207	Bcr/abl1 gene minor bp	Yes	Yes	Yes
81208	Bcr/abl1 gene other bp	Yes	Yes	Yes
81210	Braf gene	Yes	Yes	Yes
81212	BRCA1&2 185&5385&6174 var	Yes	Yes	Yes
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Yes	Yes	Yes
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Yes	Yes	Yes
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	Yes
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Yes	Yes	Yes
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Yes	Yes	Yes
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants)	Yes	Yes	Yes
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Yes	Yes	Yes
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Yes	Yes	Yes
81225	CYP2c19 Gene Analysis Common Variants	Yes	Yes	Yes
81226	CYP2d6 Gene Analysis Common Variants	Yes	Yes	Yes
81227	CYP2c9 Gene Analysis Common Variants	Yes	Yes	Yes
81230	CYP3a4 Gene Analysis Common Variants	Yes	Yes	Yes

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81231	CYP3a5 Gene Analysis Common Variants	Yes	Yes	Yes
81291	MTHFR Gene Analysis Common Variants	Yes	Yes	Yes
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Yes	Yes	Yes
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Yes	Yes	Yes
81235	EGFR gene analysis, common variants	Yes	Yes	Yes
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Yes	Yes	Yes
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	Yes
81238	F9 (coagulation factor IX), full gene sequence	Yes	Yes	Yes
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Yes	Yes	Yes
81243	Fmr1 gene detection	Yes	Yes	Yes
81244	Fmr1 gene characterization	Yes	Yes	Yes
81250	G6pc gene	Yes	Yes	Yes
81256	Hfe gene	Yes	Yes	Yes
81257	Hba1/Hba2 Gene	Yes	Yes	Yes
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; known familial variant	Yes	Yes	Yes
81260	Ikbkap gene	Yes	Yes	Yes
81265	Str markers specimen anal	Yes	Yes	Yes
81266	Str markers spec anal addl	Yes	Yes	Yes
81267	Chimerism anal no cell selec	Yes	Yes	Yes
81268	Chimerism anal w/cell select	Yes	Yes	Yes
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; duplication/deletion variants	Yes	Yes	Yes
81270	Jak2 gene	Yes	Yes	Yes
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Yes	Yes	Yes
81275	Kras gene	Yes	Yes	Yes
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Yes	Yes	Yes
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	Yes
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Yes	Yes	Yes
81283	IFNL3 (interferon, lambda 3), gene analysis, rs12979860 variant	Yes	Yes	Yes
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Yes	Yes	Yes
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Yes	Yes	Yes
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Yes	Yes	Yes
81287	Mgmt gene methylation anal	Yes	Yes	Yes
81288	Mlh1 Gene	Yes	Yes	Yes
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Yes	Yes	Yes
81292	Mlh1 gene full seq	Yes	Yes	Yes
81293	Mlh1 gene known variants	Yes	Yes	Yes
81294	Mlh1 gene dup/delete variant	Yes	Yes	Yes

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81295	Msh2 gene full seq	Yes	Yes	Yes
81296	Msh2 gene known variants	Yes	Yes	Yes
81297	Msh2 gene dup/delete variant	Yes	Yes	Yes
81298	Msh6 gene full seq	Yes	Yes	Yes
81299	Msh6 gene known variants	Yes	Yes	Yes
81300	Msh6 gene dup/delete variant	Yes	Yes	Yes
81301	Microsatellite instability	Yes	Yes	Yes
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Yes	Yes	Yes
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Yes	Yes	Yes
81309	PIK3CA gene analysis, targeted sequence analysis	Yes	Yes	Yes
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81315	Pml/raralpha com breakpoints	Yes	Yes	Yes
81316	Pml/raralpha 1 breakpoint	Yes	Yes	Yes
81317	Pms2 gene full seq analysis	Yes	Yes	Yes
81318	Pms2 known familial variants	Yes	Yes	Yes
81319	Pms2 gene dup/delet variants	Yes	Yes	Yes
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Yes	Yes	Yes
81321	PTEN gene analysis; full sequence analysis	Yes	Yes	Yes
81322	PTEN gene analysis; known familial variant	Yes	Yes	Yes
81323	PTEN gene analysis; duplication/deletion variant	Yes	Yes	Yes
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	Yes	Yes	Yes
81331	Snrpn/ube3a gene	Yes	Yes	Yes
81334	RUNX1 (runt related transcription factor 1), gene analysis, targeted sequence analysis	Yes	Yes	Yes
81335	TPMT Genotype (Thiopurine S-Methyltransferase)	Yes	Yes	Yes
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Yes	Yes	Yes
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Yes	Yes	Yes
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Yes	Yes	Yes
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Yes	Yes	Yes
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Yes	Yes	Yes
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Yes	Yes	Yes
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	Yes
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Yes	Yes	Yes
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Yes	Yes	Yes

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81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Yes	Yes	Yes
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Yes	Yes	Yes
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	Yes
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	Yes
81361	HBB (hemoglobin, subunit beta), common variant(s)	Yes	Yes	Yes
81362	HBB (hemoglobin, subunit beta); known familial variant(s)	Yes	Yes	Yes
81363	HBB (hemoglobin, subunit beta); duplication/deletion variant(s)	Yes	Yes	Yes
81364	HBB (hemoglobin, subunit beta), full gene sequence	Yes	Yes	Yes
81370	Hla i & ii typing lr	Yes	Yes	Yes
81371	Hla i & ii type verify lr	Yes	Yes	Yes
81372	Hla i typing complete lr	Yes	Yes	Yes
81373	Hla i typing 1 locus lr	Yes	Yes	Yes
81374	Hla i typing 1 antigen lr	Yes	Yes	Yes
81375	Hla ii typing ag equiv lr	Yes	Yes	Yes
81376	Hla ii typing 1 locus lr	Yes	Yes	Yes
81377	Hla ii type 1 ag equiv lr	Yes	Yes	Yes
81378	Hla i & ii typing hr	Yes	Yes	Yes
81379	Hla i typing complete hr	Yes	Yes	Yes
81380	Hla i typing 1 locus hr	Yes	Yes	Yes
81381	Hla i typing 1 allele hr	Yes	Yes	Yes
81382	Hla ii typing 1 loc hr	Yes	Yes	Yes
81383	Hla ii typing 1 allele hr	Yes	Yes	Yes
81400	Mopath procedure level 1	Yes	Yes	Yes
81401	Mopath procedure level 2	Yes	Yes	Yes
81402	Mopath procedure level 3	Yes	Yes	Yes
81403	Mopath procedure level 4	Yes	Yes	Yes
81404	Mopath procedure level 5	Yes	Yes	Yes
81405	Mopath procedure level 6	Yes	Yes	Yes
81406	Mopath procedure level 7	Yes	Yes	Yes
81407	Mopath procedure level 8	Yes	Yes	Yes
81408	Mopath Procedure Level 9	Yes	Yes	Yes
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	Yes
81420	Fetal chromosomal aneuploidy genomic sequence analysis panel, must include analysis of chromosomes 13, 18, and 21	Yes	Yes	Yes
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	Yes
81435	Hereditary Colon Ca Dsordrs	Yes	Yes	Yes
81436	Hereditary Colon Ca Dsordrs	Yes	Yes	Yes

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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	Yes
81448	Hereditary peripheral neuropathies, genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes.	Yes	Yes	Yes
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes	Yes	Yes	Yes
81479	Unlisted molecular pathology procedure	Yes	Yes	Yes
81500	Onco (ovarian), biochemical assays of two proteins	Yes	Yes	Yes
81503	Onco (ovarian), biochemical assays of five proteins	Yes	Yes	Yes
81506	Endo (type 2 diabetes), assays of seven analytes	Yes	Yes	Yes
81507	Fetal aneuploidy trisom risk	Yes	Yes	Yes
81508	Fetal congenital abnormalities, biochemical assays of two proteins	Yes	Yes	Yes
81509	Fetal congenital abnormalities, biochemical assays of three proteins	Yes	Yes	Yes
81510	Fetal congenital abnormalities, biochemical assays of three analytes	Yes	Yes	Yes
81511	Fetal congenital abnormalities, biochemical assays of four analytes	Yes	Yes	Yes
81512	Fetal congenital abnormalities, biochemical assays of five analytes	Yes	Yes	Yes
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	Yes
81519	Onco (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
81595	Cardiology Hrt Trnspl Mrna	Yes	Yes	Yes
81599	Unlisted Multianalyte Assay with Algorithmic Analysis	Yes	Yes	Yes
85999	Hematology Procedure	Yes	Yes	Yes
86711	Antibody; JC (John Cunningham) virus	Yes	Yes	Yes
86828	HLA Class I/II HLA antigens; qualitative	Yes	Yes	Yes
86829	HLA Class I/II HLA antigens; qualitative	Yes	Yes	Yes

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86830	HLA Class I; HLA phenotypes	Yes	Yes	Yes
86831	HLA Class II; HLA phenotypes	Yes	Yes	Yes
86832	HLA Class I High definition qualitative panel	Yes	Yes	Yes
86833	HLA Class II High definition qualitative panel	Yes	Yes	Yes
86834	HLA Class I High semi-quantitative panel	Yes	Yes	Yes
86835	HLA Class II High semi-quantitative panel	Yes	Yes	Yes
86849	Allomap® gene expression profiling	Yes	Yes	Yes
86927	Plasma Fresh Frozen	Yes	Yes	Yes
86930	Frozen Blood Prep	Yes	Yes	Yes
86931	Frozen Blood Thaw	Yes	Yes	Yes
86932	Frozen Blood Freeze/Thaw	Yes	Yes	Yes
86960	Vol Reduction of Blood/Prod	Yes	Yes	Yes
86999	Immunology Procedure	Yes	Yes	Yes
87563	M. Genitalium Amp Probe	Yes	Yes	Yes
87910	Genotype analysis; cytomegalovirus	Yes	Yes	Yes
87912	Genotype analysis; hepatitis B	Yes	Yes	Yes
87999	Unlisted microbiology procedure	Yes	Yes	Yes
88199	Cytopathology Procedure	Yes	Yes	Yes
88299	Cytogenetic Study	Yes	Yes	Yes
88399	Surgical Pathology Procedure	Yes	Yes	Yes
88749	In Vivo Lab Service	Yes	Yes	Yes
89240	Pathology Lab Procedure	Yes	Yes	Yes
89398	Unlisted Reprod Med Lab Proc	Yes	Yes	Yes
91110	GI tract imaging, intraluminal (eg, capsule endoscopy), espohagus w/ physician interpretation & report	Yes	Yes	Yes
91112	GI WIRELESS CAPSULE W/INTERP	Yes	Yes	Yes
91299	Gastroenterology Procedure	Yes	Yes	Yes
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	Yes
92072	Fit contac lens for managmnt	Yes	Yes	Yes
92229	Retinal imaging with automated point-of-care equipment	Yes	Yes	Yes
92499	Ophthalmologic Service or Procedure Un	Yes	Yes	Yes
92507	Treatment of speech, language, voice, communication, and / or auditory processing disorder, individual	Yes	Yes	Yes
92508	Group, 2 or more individuals	Yes	Yes	Yes
92521	Evaluation of speech fluency	Yes	Yes	Yes
92522	Evaluate speech production	Yes	Yes	Yes
92523	Speech sound lang comprehen	Yes	Yes	Yes
92524	Behavioral and qualitative analysis of voice and resonance	Yes	Yes	Yes
92531	Spontaneous Nystagmus Study	Yes	Yes	Yes
92532	Positional Nystagmus Test	Yes	Yes	Yes
92534	Optokinetic Nystagmus Test	Yes	Yes	Yes
92558	*12Evoked Auditory Test Qual	Yes	Yes	Yes
92559	Group Audiometric Testing	Yes	Yes	Yes
92630	Aud Rehab Preling Hear Loss	Yes	Yes	Yes
92633	Aud Rehab Postling Hear Loss	Yes	Yes	Yes

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92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	Yes	Yes	Yes
92651	For hearing status determination, broadband stimuli, with interpretation and report	Yes	Yes	Yes
92652	For threshold estimation at multiple frequencies, with interpretation and report	Yes	Yes	Yes
92653	Neurodiagnostic, with interpretation and report	Yes	Yes	Yes
92700	Ent Procedure/Service	Yes	Yes	Yes
92971	Cardioassist-method of circulatory assist; external	Yes	Yes	Yes
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	Yes
93623	Stimulation Pacing Heart	Yes	Yes	Yes
93660	Tilt Table Evaluation	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
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	Yes
93797	Cardiac Rehabilitation without continuous ECG monitoring	Yes	Yes	Yes
93798	Cardiac Rehabilitation with continuous ECG monitoring	Yes	Yes	Yes
93799	Cardiovascular Procedure	Yes	Yes	Yes
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	Yes	Yes	Yes
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited studies	Yes	Yes	Yes
93998	Noninvas Vasc Dx Study Proc	Yes	Yes	Yes
94011	Spirometry Up To 2 Yrs Old	Yes	Yes	Yes
94012	Spirmtry W/Brnchdil Inf-2 Yr	Yes	Yes	Yes
94013	Meas Lung Vol Thru 2 Yrs	Yes	Yes	Yes
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	Yes	Yes	Yes
94799	Pulmonary Service/Procedure	Yes	Yes	Yes
95012	Nitric oxide expired gas determination	Yes	Yes	Yes
95700	Eeg Cont Rec W/Vid Eeg Tech	Yes	Yes	Yes
95705	Eeg W/O Vid 2-12 Hr Unmntr	Yes	Yes	Yes
95706	Eeg Wo Vid 2-12Hr Intmt Mntr	Yes	Yes	Yes
95707	Eeg W/O Vid 2-12Hr Cont Mntr	Yes	Yes	Yes
95708	Eeg Wo Vid Ea 12-26Hr Unmntr	Yes	Yes	Yes
95709	Eeg W/O Vid Ea 12-26Hr Intmt	Yes	Yes	Yes
95710	Eeg W/O Vid Ea 12-26Hr Cont	Yes	Yes	Yes
95711	Veeg 2-12 Hr Unmonitored	Yes	Yes	Yes
95712	Veeg 2-12 Hr Intmt Mntr	Yes	Yes	Yes
95713	Veeg 2-12 Hr Cont Mntr	Yes	Yes	Yes
95714	Veeg Ea 12-26 Hr Unmntr	Yes	Yes	Yes
95715	Veeg Ea 12-26Hr Intmt Mntr	Yes	Yes	Yes
95716	Veeg Ea 12-26Hr Cont Mntr	Yes	Yes	Yes

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95782	Polysomnography; <than 6 years, with 4/> addl parameters, attd by tech	Yes	Yes	Yes
95783	Polysomnography; <than 6 years, with initiation of CPAP/BiPap, attd by tech	Yes	Yes	Yes
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Yes	Yes	Yes
95941	Ionm Remote/>1 Pt Or Per Hr	Yes	Yes	Yes
95943	Parasymp&Symp Hrt Rate Test	Yes	Yes	Yes
95965	Magnetoencephalography [MEG], recording and analysis; for spontaneous brain magnetic activity	Yes	Yes	Yes
95966	Magnetoencephalography [MEG], recording and analysis; for spontaneous brain magnetic activity	Yes	Yes	Yes
95967	Magnetoencephalography [MEG], recording and analysis; for evoked magnetic fields, each additional modality	Yes	Yes	Yes
95992	Canalith Repositioning Proc	Yes	Yes	Yes
95999	Neurological Procedure	Yes	Yes	Yes
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	Yes
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	Yes
96377	Applicaton On-Body Injector	Yes	Yes	Yes
96379	Unlisted therapeutic proph/dx iv/ia njx/nfs	Yes	Yes	Yes
96523	Irrig Drug Delivery Device	Yes	Yes	Yes
96549	Chemotherapy Unspecified	Yes	Yes	Yes
96567	Photodynamic Tx Skin	Yes	Yes	Yes
96999	Dermatological Procedure	Yes	Yes	Yes
97039	Unlisted modality	Yes	Yes	Yes
97113	Theraputic procedure, one or more areas, each 15 minutes; aquatic therapy with theraputic exercises	Yes	Yes	Yes
97139	Theraputic procedure, one or more areas, each 15 minutes; unlisted procedure	Yes	Yes	Yes
97161	PT eval low complex 20 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97162	PT eval mod complex 30 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97163	PT eval high complex 45 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97164	PT re-eval est plan care	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97165	OT eval low complex 30 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97166	OT eval mod complex 45 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97167	OT eval high complex 60 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97168	OT re-eval est plan care	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97530	Theraputic activities, direct (one-on-one) patient contact by provider, each 15 minutes	Yes	Yes	Yes
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	Yes
97750	Theraputic performance test or measuremenet, with written report, each 15 minutes	Yes	Yes	Yes
97799	Unlisted Phys Med/Rehab Serv Or Proc	Yes	Yes	Yes

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99070	Special Supplies Phys/Qhp	Yes	Yes	Yes
99183	Physician attendance and supervison of hyperbaric oxygen therapy, per session	Yes	Yes	Yes
99199	Special Service/Proc/Report	Yes	Yes	Yes
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
99241	Office consult, 15 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	Yes
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Yes	Yes	Yes
99499	Unlisted E & M Service	Yes	Yes	Yes
99600	Unlisted home visit service or procedure	Yes	Yes	Yes
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)(refer to NEMT1 code)	Yes	Yes	Yes
A0428	Ambulance service, basic life support, non-emergency transport (BLS)(refer to NEMT1 code)	Yes	Yes	Yes
A0430	Fixed Wing Air Transport	Yes	Yes	Yes
A0431	Rotary Wing Air Transport	Yes	Yes	Yes
A0999	Unlisted Ambulance Service	Yes	Yes	Yes
A4650	*08Implant Radiation Dosimeter	Yes	Yes	Yes
A4660	Sphyg/Bp App W Cuff and Stet	Yes	Yes	Yes
A4663	Dialysis Blood Pressure Cuff	Yes	Yes	Yes
A4670	Automatic Bp Monitor, Dial	Yes	Yes	Yes
A6501	Compres Burngarment Bodysuit	Yes	Yes	Yes
A6502	Compres Burngarment Chinstrp	Yes	Yes	Yes
A6503	Compres Burngarment Facehood	Yes	Yes	Yes
A6504	Cmprsburngarment Glovewrist	Yes	Yes	Yes
A6505	Cmprsburngarment Gloveelbow	Yes	Yes	Yes
A6506	Cmprsburngrmnt Gloveaxilla	Yes	Yes	Yes
A6507	Cmprs Burngarment Footknee	Yes	Yes	Yes
A6508	Cmprs Burngarment Footthigh	Yes	Yes	Yes
A6509	Compres Burn Garment Jacket	Yes	Yes	Yes
A6510	Compres Burn Garment Leotard	Yes	Yes	Yes
A6511	Compres Burn Garment Panty	Yes	Yes	Yes
A6512	Compres Burn Garment, Noc	Yes	Yes	Yes
A6513	Compress Burn Mask Face/Neck	Yes	Yes	Yes
A6545	Grad comp non-elastic BK	Yes	Yes	Yes
A6549	G Compression Stocking	Yes	Yes	Yes
A7012	Water Collec Dev Use W/Lg Vol Neb	Yes	Yes	Yes
A7013	Filter Disposabl W/Areosol Compress/Us Generator	Yes	Yes	Yes

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A7016	Dome&Mouthpiece Used W/Small Volume Us Nebulizr	Yes	Yes	Yes
A8002	Soft Protect Helmet Custom	Yes	Yes	Yes
A8003	Hard Protect Helmet Custom	Yes	Yes	Yes
A8004	Repl Soft Interface, Helmet	Yes	Yes	Yes
A9281	Reaching/Grabbing Device	Yes	Yes	Yes
A9284	Non-electronic spirometer	Yes	Yes	Yes
A9517	Iodine i-131 sodium iodide capsule(s), therapeutic, per millicurie	Yes	Yes	Yes
A9527	Iodine i-125, sodium iodide solution, therapeutic, per millicurie	Yes	Yes	Yes
A9530	Iodine i-131, sodium iodide solution, therapeutic, per millicurie	Yes	Yes	Yes
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	Yes	Yes	Yes
A9563	Sodium phosphate p-32, therapeutic, per millicurie	Yes	Yes	Yes
A9564	Chromic phosphate p-32 suspension, therapeutic, per millicurie	Yes	Yes	Yes
A9590	Iodine i-131, iobenguane, 1 millicurie	Yes	Yes	Yes
A9597	Pet, Dx, For Tumor Id, Noc	Yes	Yes	Yes
A9598	Pet Dx For Non-Tumor Id, Noc	Yes	Yes	Yes
A9600	Strontium sr-89 chloride, therapeutic, per millicurie	Yes	Yes	Yes
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Yes	Yes	Yes
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	Yes	Yes
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	Yes	Yes
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Pharmacy	Yes	Pharmacy
B4104	Additive for enteral formula (e.g., f ber)	Pharmacy	Yes	Pharmacy
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Pharmacy	Yes	Pharmacy
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	Pharmacy	Yes	Pharmacy
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include f ber, administered through an enteral feeding tube, 100 calories = 1 unit	Pharmacy	Yes	Pharmacy
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	Pharmacy	Yes	Pharmacy
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	Pharmacy	Yes	Pharmacy
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	Pharmacy	Yes	Pharmacy
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	Pharmacy	Yes	Pharmacy
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	Pharmacy	Yes	Pharmacy
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	Yes	Yes	Yes
C1721	*04 Aicd, Dual Chamber	Yes	Yes	Yes
C1722	*04 Aicd, Single Chamber	Yes	Yes	Yes

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C1734	Orth/Devic/Drug Bn/Bn,Tis/Bn	Yes	Yes	Yes
C1767	*04 Generator, Neurostim, Imp	Yes	Yes	Yes
C1771	*04 Rep Dev, Urinary, W/Sling	Yes	Yes	Yes
C1777	*04 Lead, Aicd, Endo Single Coil	Yes	Yes	Yes
C1785	*04 Pmkr, Dual, Rate-Resp	Yes	Yes	Yes
C1786	*04 Pmkr, Single, Rate-Resp	Yes	Yes	Yes
C1820	Generator Neuro Rechg Bat Sys	Yes	Yes	Yes
C1822	Gen, Neuro, Hf, Rechg Bat	Yes	Yes	Yes
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Yes	Yes	Yes
C1824	Generator, cardiac contractility modulation (implantable)	Yes	Yes	Yes
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Yes	Yes	Yes
C1830	Power Bone Marrow Bx Needle	Yes	Yes	Yes
C1839	Iris prosthesis	Yes	Yes	Yes
C1840	Telescopic Intraocular Lens	Yes	Yes	Yes
C1849	Skin substitute, synthetic, resorbable, per square centimeter	Yes	Yes	Yes
C1874	*04 Stent, Coated/Cov W/Del Sys	Yes	Yes	Yes
C1875	*04 Stent, Coated/Cov W/O Del Sy	Yes	Yes	Yes
C1882	*04 Aicd, Other Than Sing/Dual	Yes	Yes	Yes
C1886	Catheter, Ablation	Yes	Yes	Yes
C1895	*04 Lead, Aicd, Endo Dual Coil	Yes	Yes	Yes
C1896	*04 Lead, Aicd, Non Sing/Dual	Yes	Yes	Yes
C1982	Cath, Pressure,Valve-Occlu	Yes	Yes	Yes
C2596	Probe, image-guided, robotic, waterjet ablation	Yes	Yes	Yes
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	Yes	Yes	Yes
C2619	*04 Pmkr, Dual, Non Rate-Resp	Yes	Yes	Yes
C2620	Pmkr, Single, Non Rate-Resp	Yes	Yes	Yes
C2621	*04 Pmkr, Other Than Sing/Dual	Yes	Yes	Yes
C2624	Wireless Pressure Sensor	Yes	Yes	Yes
C2634	Brachytx, Nonstr, Ha, I125	Yes	Yes	Yes
C2635	Brachytx, Nonstr, Ha, P103	Yes	Yes	Yes
C2637	Brachy,Nonstr,Ytterbium169	Yes	Yes	Yes
C2638	Brachytx, Stranded, I125	Yes	Yes	Yes
C2639	Brachytx, Nonstranded,I125	Yes	Yes	Yes
C2640	Brachytx, Stranded, P103	Yes	Yes	Yes
C2641	Brachytx, Nonstranded,P103	Yes	Yes	Yes
C2644	Brachytherapy Source, Cesium	Yes	Yes	Yes
C2645	Brachytx Planar, P-103	Yes	Yes	Yes
C2698	Brachytx, Stranded, Nos	Yes	Yes	Yes
C2699	Brachytx, Nonstranded, Nos	Yes	Yes	Yes
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci	Yes	Yes	Yes
C9250	Artiss Fibrin Sealant	Yes	Yes	Yes
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	Yes	Yes	Yes
C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	Yes	Yes	Yes
C9362	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	Yes	Yes	Yes
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	Yes	Yes	Yes

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C9725	Place Endorectal App	Yes	Yes	Yes
C9738	Blue Light Cysto Imag Agent	Yes	Yes	Yes
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	Yes
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	Yes	Yes	Yes
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	Yes	Yes	Yes
C9756	Fluorescence Lymph Map W/Icg	Yes	Yes	Yes
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	Yes
C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent	Yes	Yes	Yes
C9771	Nasal/sinus endoscopy, cryoablation nasal tissue(s) and/or nerve(s), unilateral or bilateral	Yes	Yes	Yes
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
E0140	Walker, w/trunk support, adjustable or fixed height, any type	Yes	Yes	Yes
E0144	Walker, enclosed 4-sided framed, rigid or folding, wheeled w/posterior seat	Yes	Yes	Yes
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance	Yes	Yes	Yes
E0165	Commode Chair, Mobile, with Detachable Arms	Yes	Yes	Yes
E0181	Pressure Pad, Alternating with Pump, Heavy Duty	Yes	Yes	Yes
E0182	Pump for Alternating Pressure Pad	Yes	Yes	Yes
E0185	Gel or gel-like pressure pad for mattress, standard mattress length & width	Yes	Yes	Yes
E0186	Air Pressure Mattress	Yes	Yes	Yes
E0187	Water Pressure Mattress	Yes	Yes	Yes
E0193	Pwr Air Flt Bed(Lw Air Lass Tpy) Dly Rntl	Yes	Yes	Yes
E0194	Air Fluidized Bed	Yes	Yes	Yes
E0196	Gel Pressure Mattress	Yes	Yes	Yes
E0197	Air Pressure Pad for Mattress, standard mattress length & width	Yes	Yes	Yes
E0198	Water Pressure Pad for Mattress, standard mattress length & width	Yes	Yes	Yes
E0271	Mattress, Innerspring	Yes	Yes	Yes
E0272	Mattress, Foam Rubber	Yes	Yes	Yes
E0277	Powered pressure-reducing air mattress	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
E0291	Hospital Bed, fixed height, w/o side rails, w/o mattress	Yes	Yes	Yes
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Yes	Yes	Yes
E0295	Hospital Bed,Semi-Electric (Head & Foot Adjustment), w/o Side Rails, w/o mattress	Yes	Yes	Yes
E0297	Hospital Bed, Total Electric (Head, Foot & Height Adjustments), w/o side rails, w/o mattress	Yes	Yes	Yes
E0300	Pediatric crib, hospital grade, fully enclosed	Yes	Yes	Yes
E0303	Hospital bed, heavy duty, extra wide, 350-600 lbs, w/any type side rails, w/mattress	Yes	Yes	Yes
E0304	Hospital bed, extra heavy duty, extra wide, >600 lbs, w/any type side rails, w/mattress	Yes	Yes	Yes
E0316	Safety enclosure frame/canopy for use w/hospital bed, any type	Yes	Yes	Yes
E0328	Pediatric hospital bed, manual	Yes	Yes	Yes
E0329	Pediatric hospital bed semi/electric	Yes	Yes	Yes
E0350	Control Unit for Electronic Bowel Irrigation/Evacuation System	Yes	Yes	Yes
E0371	Nonpower Mattress Overlay Daily Rental	Yes	Yes	Yes
E0372	Powered air overlay for mattress, standard mattress length & width	Yes	Yes	Yes
E0373	Nonpowered Pressure Mattress Daily Rent	Yes	Yes	Yes
E0425	Stationary compressed gas oxygen system, purchase	Yes	Yes	Yes
E0430	Portable gaseous oxygen system, purchase	Yes	Yes	Yes
E0431	Portable Gaseous 02	Yes	Yes	Yes
E0434	Portable Gas Liq Oxygen System- Rental	Yes	Yes	Yes
E0435	Portable Gas Liq Oxygen System- Purchase	Yes	Yes	Yes
E0439	Stationary Liquid 02	Yes	Yes	Yes
E0440	Oxygen System, Liquid, Stationary	Yes	Yes	Yes
E0443	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers,	Yes	Yes	Yes
E0445	Oximeter Noninvasive	Yes	Yes	Yes
E0465	Home ventilator, any type, used with invasive interface	Yes	Yes	Yes
E0466	Home ventilator, any type, used with noninvasive interface	Yes	Yes	Yes
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	Yes
E0470	Respiratory assist device,bi-level pressure capability,w/o backup rate feature, w/non-invasive inferface	Yes	Yes	Yes
E0471	Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/non-invasive int	Yes	Yes	Yes
E0472	Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/invasive interfa	Yes	Yes	Yes
E0480	Percussor, electric or pneumatic, home model	Yes	Yes	Yes
E0481	Intrpulmnry Percuss Vent Sys	Yes	Yes	Yes
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes	Yes	Yes
E0483	High frequency chest wall oscillation air-pulse generator system, each	Yes	Yes	Yes
E0486	Oral device/appliance used to reduce upper airway collaps bility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment.	Yes	Yes	Yes
E0487	Electronic spirometer	Yes	Yes	Yes
E0555	Humidifier, Durable, Glass or Auto	Yes	Yes	Yes
E0562	Humidifier, heated, used w/positive airway pressure device	Yes	Yes	Yes
E0570	Nebulizer, with compressor	Yes	Yes	Yes
E0600	Respiratory suction pump, electic, port/stat, home model	Yes	Yes	Yes
E0601	CPAP (Continuous Airway Pressure) Device	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
E0618	Apnea monitor, w/o recording feature	Yes	Yes	Yes
E0619	Apnea monitor, w/recording feature	Yes	Yes	Yes
E0625	Patient lift, Kartop, bathroom or toilet	Yes	Yes	Yes
E0630	Patient lift; hydraulic, w/seat or sling	Yes	Yes	Yes
E0637	Combo sit to stand system, any size, w/seat lift, w/ or w/o wheels	Yes	Yes	Yes
E0638	Standing frame system, any size, w/ or w/o wheels	Yes	Yes	Yes
E0639	Moveable Patient Lift System	Yes	Yes	Yes
E0641	Multi-Position Stnd Fram Sys	Yes	Yes	Yes
E0642	Dynamic Standing Frame	Yes	Yes	Yes
E0650	Pneumatic compressor, nonsegmental home model	Yes	Yes	Yes
E0651	Pneumatic compressor, segmental home model w/o calibrated gradient pressure	Yes	Yes	Yes
E0656	Segmental pneumatic trunk	Yes	Yes	Yes
E0657	Segmental pneumatic chest	Yes	Yes	Yes
E0668	Segmental pneumatic appliance, full arm, for use w/pneumatic compressor	Yes	Yes	Yes
E0670	Segmental pneumatic appliance, 2 full legs and trunk	Yes	Yes	Yes
E0720	TENS, two lead, localized stimulation	Yes	Yes	Yes
E0730	TENS, four or more leads, for multiple stimulation	Yes	Yes	Yes
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Yes	Yes	Yes
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Yes	Yes	Yes
E0760	Osteogenesis stimulator, low intensity ultrsound, non-invasive	Yes	Yes	Yes
E0766	Elec stim cancer treatment	Yes	Yes	Yes
E0770	Functional electric stim NOS	Yes	Yes	Yes
E0784	External ambulatory insulin infusion pump	Yes	Yes	Yes
E0787	Cgs Dose Adj Insulin Inf Pmp	Yes	Yes	Yes
E0849	Traction eq, cervical, free-standing, pneumatic, not for mandible (Replaces K0627)	Yes	Yes	Yes
E0920	Fracture frame, attached to bed, includes weights	Yes	Yes	Yes
E0930	Fracture frame, free standing, includes weights	Yes	Yes	Yes
E0935	Cont Pas Motion Exercise Dev	Yes	Yes	Yes
E0936	CPM device, other than knee	Yes	Yes	Yes
E0940	Trapeze bar, freestanding, complete w/grab bar	Yes	Yes	Yes
E0947	Fracture frame, attachments for complex pelvic traction	Yes	Yes	Yes
E0948	Fracture frame, attachments for complex cervical traction	Yes	Yes	Yes
E0950	Tray, wheelchair accessory, each	Yes	Yes	Yes
E0951	Heel loop/holder,any type, w/ or w/o ankle strap, each	Yes	Yes	Yes
E0952	Toe loop/holder, any type, each	Yes	Yes	Yes
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Yes	Yes	Yes
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes	Yes	Yes
E0955	Headrest, cushioned, any type, including fixed mounting hardware, each	Yes	Yes	Yes
E0956	Lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes	Yes	Yes
E0957	Medial thigh support, any type, including fixed mounting hardware, each	Yes	Yes	Yes
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes	Yes	Yes
E0959	Manual wheelchiar accessory, adapter for amputee, each	Yes	Yes	Yes
E0960	Wheelchair Accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes	Yes	Yes
E0966	Manual wheelchair accessory, headrest extension, each	Yes	Yes	Yes
E0967	Hand rim w/projections, any type, replacement only, each, manual wheelchair accessory	Yes	Yes	Yes
E0970	No. 2 footplates, except for elevating legrest	Yes	Yes	Yes
E0971	Anti-tipping device, wheelchair	Yes	Yes	Yes
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes	Yes	Yes
E0978	Positioning belt/safety belt/pelvic strap, each	Yes	Yes	Yes
E0981	Seat upholstery, replacement only, each, wheelechair accessory	Yes	Yes	Yes
E0982	Back upholstery, replacement only, each, wheelchair accessory	Yes	Yes	Yes
E0983	Power add-on to convert manual wheelchair to motorized, joystick control, manual w/c accessory	Yes	Yes	Yes
E0984	Power add-on to convert manual wheelchair to motorized, tiller control, manual w/c accessory	Yes	Yes	Yes
E0985	Seat lift mechanism, wheelchair accessory	Yes	Yes	Yes
E0986	Push activated power assist, each, manual wheelchair accessory	Yes	Yes	Yes
E0988	Lever-Activated Wheel Drive	Yes	Yes	Yes
E0990	Elevating leg rest, complete assembly, each, manual wheelchair accessory	Yes	Yes	Yes
E0992	Solid seat insert, manual wheelchair accessory	Yes	Yes	Yes
E0995	Calf rest/pad, each, wheel chair accessory	Yes	Yes	Yes
E1002	Power seating system, tilt only, wheelchair accessory	Yes	Yes	Yes
E1003	Power seating system, recline only, w/o shear reduction, wheelchair accessory	Yes	Yes	Yes
E1004	Power seating system, recline only, w/mechanical shear reduction, wheelchair accessory	Yes	Yes	Yes
E1005	Power seating system, recline only, w/power shear reduction, wheelchair accessory	Yes	Yes	Yes
E1006	Power seating system, combo tilt & recline, w/o shear reduction, wheelchair accessory	Yes	Yes	Yes
E1007	Power seating system, combo tilt & recline, w/mechanical shear reduction, wheelchair accessory	Yes	Yes	Yes
E1008	Power seating system, combo tilt & recline, w/power shear reduction, wheelchair accessory	Yes	Yes	Yes
E1009	Addition to power seating system, mechanical linked leg elevation system, incl pushrod & legrest	Yes	Yes	Yes
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes	Yes	Yes
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed w/initial chair)	Yes	Yes	Yes
E1012	Ctr Mount Pwr Elev Leg Rest	Yes	Yes	Yes
E1014	Reclining back, addition to pediatric wheelchair	Yes	Yes	Yes
E1015	Shock absorber for manual wheelchair, each	Yes	Yes	Yes
E1016	Shock absorber for power wheelchair, each	Yes	Yes	Yes
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes	Yes	Yes
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty wheelchair, each	Yes	Yes	Yes
E1020	Residual limb support system for wheelchair	Yes	Yes	Yes
E1028	Mounting hardware for joystick (manual swingaway, retractable or removable), other control interface	Yes	Yes	Yes
E1029	Ventilator tray, fixed, wheelchair accessory	Yes	Yes	Yes
E1030	Ventilator tray, gimbaled, wheelchair accessory	Yes	Yes	Yes
E1031	Rollabout chair, any and all types with casters 5" or greater	Yes	Yes	Yes
E1036	Multi-positional patient transfer system, extra-wide	Yes	Yes	Yes
E1037	Transport chair, pediatric size	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
E1038	Transport chair, adult size, patient weight capacity less than 250 pounds	Yes	Yes	Yes
E1161	Manual adult size wheelchair, includes tilt in space	Yes	Yes	Yes
E1220	Wheelchair; Specially Sized or Con	Yes	Yes	Yes
E1225	Manual, semi-reclining back	Yes	Yes	Yes
E1226	Manual, fully reclining back	Yes	Yes	Yes
E1228	Special back height for wheelchair	Yes	Yes	Yes
E1229	Pediatric Wheelchair Nos	Yes	Yes	Yes
E1230	Power operated vehicles (three or four wheel nonhighway), specify brand name & model number	Yes	Yes	Yes
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/seating system	Yes	Yes	Yes
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/seating system	Yes	Yes	Yes
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/o seating system	Yes	Yes	Yes
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/o seating system	Yes	Yes	Yes
E1235	Wheelchair, pediatric size, rigid, adjustable, w/seating system	Yes	Yes	Yes
E1236	Wheelchair, pediatric size, folding, adjustable, w/seating system	Yes	Yes	Yes
E1237	Wheelchair, pediatric size, rigid, adjustable, w/o seating system	Yes	Yes	Yes
E1238	Wheelchair, pediatric size, folding, adjustable, w/o seating system	Yes	Yes	Yes
E1239	Ped Power Wheelchair Nos	Yes	Yes	Yes
E1296	Special wheelchair seat height from floor	Yes	Yes	Yes
E1297	Special wheelchair seat depth by upholstery	Yes	Yes	Yes
E1298	Special wheelchair seat depth and/or width by construction	Yes	Yes	Yes
E1354	Wheeled cart, port cyl/conc	Yes	Yes	Yes
E1356	Batt pack/cart, port conc	Yes	Yes	Yes
E1357	Battery charger, port conc	Yes	Yes	Yes
E1358	DC power adapter, port conc	Yes	Yes	Yes
E1390	Oxygen concentrator, single delivery port	Yes	Yes	Yes
E1391	Oxygen concentrator, dual delivery port, each	Yes	Yes	Yes
E1392	*06 Portable Oxygen Concentrator	Yes	Yes	Yes
E1399	Miscellaneous DME	Yes	Yes	Yes
E1639	Scale, each	Yes	Yes	Yes
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	Yes	Yes	Yes
E1902	Communication board, non-electronic augmentative or alternative communication device	Yes	Yes	Yes
E2000	Gastric suction pump, electric	Yes	Yes	Yes
E2100	Blood glucose monitor w/integrated voice synthesizer	Yes	Yes	Yes
E2201	Nonstandard seat frame, width equal or >20" and <24", manual wheelchair accessory	Yes	Yes	Yes
E2202	Manual Wheelchair Accessory, nonstandard seat frame width 24" - 27"	Yes	Yes	Yes
E2203	Nonstandard seat frame depth, 20" to <22", manual wheelchair accessory	Yes	Yes	Yes
E2204	Nonstandard seat frame depth 22" - 25", manual wheelchair accessory	Yes	Yes	Yes
E2206	Wheel lock assembly, complete, each (Replaces K0081 in 2005)	Yes	Yes	Yes
E2207	Crutch and cane holder, each (replaces K0102)	Yes	Yes	Yes
E2208	Cylinder tank carrier, each (replaces K0104)	Yes	Yes	Yes
E2209	Arm trough, each (replaces K0106)	Yes	Yes	Yes
E2210	Wheelchair bearings, any type (replaces K0452)	Yes	Yes	Yes
E2211	MWC accessory, pneumatic propulsion tire, any size, each	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
E2212	MWC accessory, tube for pneumatic propulsion tire, any size, each	Yes	Yes	Yes
E2213	MWC accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes	Yes	Yes
E2214	MWC accessory, pneumatic caster tire, any size, each	Yes	Yes	Yes
E2215	MWC accessory, tube for pneumatic caster tire, any size, each.	Yes	Yes	Yes
E2218	Foam Propulsion Tire Each	Yes	Yes	Yes
E2219	MWC accessory, foam caster tire, any size, each	Yes	Yes	Yes
E2220	MWC accessory, solid (rubber/plastic) propulsion tire (any size)	Yes	Yes	Yes
E2221	MWC accessory, solid (rubber/plastic) caster tire (removable), any size, each	Yes	Yes	Yes
E2227	Gear reduction drive wheel	Yes	Yes	Yes
E2228	MWC ACC, Wheelchair brake	Yes	Yes	Yes
E2231	Solid seat support base	Yes	Yes	Yes
E2291	Planar Back for Ped Size Wc	Yes	Yes	Yes
E2292	Planar Seat for Ped Size Wc	Yes	Yes	Yes
E2293	Contour Back for Ped Size Wc	Yes	Yes	Yes
E2294	Contour Seat for Ped Size Wc	Yes	Yes	Yes
E2295	Ped dynamic seating frame	Yes	Yes	Yes
E2300	Power seat elevation system, power wheelchair accessory	Yes	Yes	Yes
E2301	Power standing system, power wheelchair accessory	Yes	Yes	Yes
E2310	Electronic connection between wheelchair controller & 1 power seating system motor, pwr w/c accessory	Yes	Yes	Yes
E2311	Electronic connection between wheelchair controller & 2 or more power seating system motors, pwr w/c	Yes	Yes	Yes
E2312	Mini-Prop remote joystick	Yes	Yes	Yes
E2313	PWC harness, expand control	Yes	Yes	Yes
E2321	Hand control interface, remote joystick, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2322	Hand control interface, multiple mechanical switches, nonproportional, power w/c accessory	Yes	Yes	Yes
E2323	Specialty joystick handle for hand control interface, prefabricated, power wheelchair accessory	Yes	Yes	Yes
E2324	Chin cup for chin control interface, power wheelchair accessory	Yes	Yes	Yes
E2325	Sip and puff interface, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2326	Breath tube kit for sip and puff interface, power wheel chair accessory	Yes	Yes	Yes
E2327	Head control interface, mechanical, proportional, power wheelchair accessory	Yes	Yes	Yes
E2328	Head or extremity control interface, electronic, proportional, power wheelchair accessory	Yes	Yes	Yes
E2329	Head control interface, contact switch mechanism, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2330	Head control interface, proximity switch mechanism, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2331	Attendant control, proportional, power wheelchair accessory	Yes	Yes	Yes
E2340	Nonstandard seat frame width, 20" - 23", power wheelchair accessory	Yes	Yes	Yes
E2341	Nonstandard seat frame width, 24" - 27", power wheelchair accessory	Yes	Yes	Yes
E2342	Nonstandard seat frame depth, 20" or 21", power wheelchair accessory	Yes	Yes	Yes
E2343	Nonstandard seat frame depth, 22" - 25", power wheelchair accessory	Yes	Yes	Yes
E2351	Electronic interface to operate SGD using power wheelchair control interface	Yes	Yes	Yes
E2358	Gr 34 Nonsealed Leadacid	Yes	Yes	Yes
E2360	22 NF non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2361	22 NF sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2362	Group 24 non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
E2363	Group 24 sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2364	U-1 non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2365	U-1 sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2366	Battery charger, single mode, for use w/only one battery type, sealed or non-sealed, each, pwr w/c accessory	Yes	Yes	Yes
E2367	Battery charger, dual mode, for use w/either battery type, sealed or non-sealed, each, pwr w/c accessory	Yes	Yes	Yes
E2372	Gr27 Nonsealed Leadacid	Yes	Yes	Yes
E2373	Hand/chin ctrl spec joystick	Yes	Yes	Yes
E2374	Hand/chin ctrl std joystick	Yes	Yes	Yes
E2375	Non-expandable controller	Yes	Yes	Yes
E2376	Expandable controller, repl	Yes	Yes	Yes
E2377	Expandable controller, initl	Yes	Yes	Yes
E2378	Power wc actuator replacement	Yes	Yes	Yes
E2381	Pneum drive wheel tire	Yes	Yes	Yes
E2382	Tube, pneum wheel drive tire	Yes	Yes	Yes
E2384	Pneumatic caster tire	Yes	Yes	Yes
E2385	Tube, pneumatic caster tire	Yes	Yes	Yes
E2386	Foam filled drive wheel tire	Yes	Yes	Yes
E2387	Foam filled caster tire	Yes	Yes	Yes
E2388	Foam drive wheel tire	Yes	Yes	Yes
E2389	Foam caster tire	Yes	Yes	Yes
E2390	Solid drive wheel tire	Yes	Yes	Yes
E2391	Solid caster tire	Yes	Yes	Yes
E2392	Solid caster tire, integrate	Yes	Yes	Yes
E2394	Drive wheel excludes tire	Yes	Yes	Yes
E2395	Caster wheel excludes tire	Yes	Yes	Yes
E2396	Caster fork	Yes	Yes	Yes
E2397	PWC harness, llith-based battery	Yes	Yes	Yes
E2398	Wc Dynamic Pos Back Hardware	Yes	Yes	Yes
E2402	Negative pressure wound therapy electric pump, stationary or portable	Yes	Yes	Yes
E2500	SGD, digitized speech using pre-recorded messages, <= 8 mins recording time	Yes	Yes	Yes
E2502	SGD, digitized speech using pre-recorded messages, >8 but <= 20 mins recording time	Yes	Yes	Yes
E2504	SGD, digitized speech using pre-recorded messages, >20 but <= 40 mins recording time	Yes	Yes	Yes
E2506	SGD, digitized speech using pre-recorded messages, >40 mins	Yes	Yes	Yes
E2508	SGD, synthesized speech, req messages by spelling & acces by phycial contract w/the device	Yes	Yes	Yes
E2510	SGD, synthesized speech, mulitple messages methods & multiple device access methods	Yes	Yes	Yes
E2511	SG generating software program, for personal computer or digital assistant	Yes	Yes	Yes
E2512	Accessory for SGD, mounting system	Yes	Yes	Yes
E2599	Accessory for SGD, NOC	Yes	Yes	Yes
E2601	General use wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2602	General use wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes
E2603	Skin protection wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2604	Skin protection wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes
E2605	Positioning Wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2606	Positioning wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
E2607	Protect/position wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2608	Protect/position wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes
E2609	Custom fabricated wheelchair seat cushion, any size	Yes	Yes	Yes
E2610	Wheelchair seat cushion, powered	Yes	Yes	Yes
E2611	General use wheelchair back cushion, width <22", any height	Yes	Yes	Yes
E2612	General use wheelchair back cushion, width >=22", any height	Yes	Yes	Yes
E2613	Posterior positioning wheelchair back cushion, <22", any height	Yes	Yes	Yes
E2614	Posterior positioning wheelchair back cushion, >=22", any height	Yes	Yes	Yes
E2615	Post/lateral positioning wheelchair back cushion, <22", any height	Yes	Yes	Yes
E2616	Post/lateral positioning wheelchair back cushion, >=22", any height	Yes	Yes	Yes
E2617	Custom fabricated wheelchair back cushion, any size	Yes	Yes	Yes
E2619	Replacement cover for wheelchair seat or back cushion	Yes	Yes	Yes
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	Yes	Yes	Yes
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	Yes	Yes	Yes
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	Yes	Yes	Yes
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	Yes	Yes	Yes
E2626	Seo mobile arm sup att to wc	Yes	Yes	Yes
E2627	Arm supp att to wc rancho ty	Yes	Yes	Yes
E2628	Mobile arm supports reclinin	Yes	Yes	Yes
E2629	Friction dampening arm supp	Yes	Yes	Yes
E2630	Monosuspension arm/hand supp	Yes	Yes	Yes
E2631	Elevat proximal arm support	Yes	Yes	Yes
E2632	Offset/lat rocker arm w/ela	Yes	Yes	Yes
E2633	Mobile arm support supinator	Yes	Yes	Yes
E8000	Posterior Gait Trainer	Yes	Yes	Yes
E8001	Upright Gait Trainer	Yes	Yes	Yes
E8002	Anterior Gait Trainer	Yes	Yes	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
G0154	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting each 15 minutes (auth required for home health only)	Yes	Yes	Yes
G0155	Services of clinical social worker in home health or hospice setting, each 15 minutes (auth required for home health only)	Yes	Yes	Yes
G0156	Services of home health/hospice aide in home health or hospice setting, each 15 minutes (auth required for home health only)	Yes	Yes	Yes
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	Yes
G0166	External Counter Pulsation, per session	Yes	Yes	Yes

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G0176	OPPS/PHP; Activity Therapy	Yes	Yes	Yes
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	not valid for Medi-Cal
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	Yes	Yes	Yes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting	Yes	Yes	Yes
G0416	Sat biopsy prostate 1-20 spc	Yes	Yes	Yes
G0422	Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session	Yes	Yes	Yes
G0423	Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session	Yes	Yes	Yes
G0424	Pulmonary rehab w exer	Yes	Yes	Yes
G0458	LDR prostate brachytherapy	Yes	Yes	Yes
G0493	Rn Care Ea 15 Min Hh/Hospice	Yes	Yes	Yes
G0494	Lpn Care Ea 15Min Hh/Hospice	Yes	Yes	Yes
G0495	Rn Care Train/Edu In Hh	Yes	Yes	Yes
G0496	Lpn Care Train/Edu In Hh	Yes	Yes	Yes
G9654	Mon Anesth Care	Yes	Yes	Yes
K0001	Standard wheelchair	Yes	Yes	Yes
K0002	Standard hemi (low seat) wheelchair	Yes	Yes	Yes
K0003	Lightweight wheelchair	Yes	Yes	Yes
K0004	High strength, lightweight wheelchair	Yes	Yes	Yes
K0005	Ultralightweight wheelchair	Yes	Yes	Yes
K0006	Heavy duty wheelchair	Yes	Yes	Yes
K0007	Extra heavy duty wheelchair	Yes	Yes	Yes
K0008	Custom Manual Wheelchair/base	Yes	Yes	Yes
K0009	Other manual wheelchair/base	Yes	Yes	Yes
K0010	Standard-weight frame motorized/power wheelchair	Yes	Yes	Yes
K0011	Standard-weight frame motorized/power wheelchair w/programmable control parameters for speed adj	Yes	Yes	Yes
K0012	Lightweight portable motorized/power wheelchair	Yes	Yes	Yes
K0013	Custom Power Wheelchair/base	Yes	Yes	Yes
K0014	Other motorized/power wheelchair base	Yes	Yes	Yes
K0015	Detachable, nonadjustable height armrest, each	Yes	Yes	Yes
K0017	Detachable, adjustable height armrest, base, each	Yes	Yes	Yes
K0018	Detachable, adjustable height armrest, upper portion, each	Yes	Yes	Yes
K0019	Arm pad, each	Yes	Yes	Yes
K0020	Fixed, adjustable height armrest, pair	Yes	Yes	Yes
K0037	High mount flip-up footrest, each	Yes	Yes	Yes
K0038	Leg strap, each	Yes	Yes	Yes
K0039	Leg strap, H style, each	Yes	Yes	Yes
K0040	Adjustable angle footplate, each	Yes	Yes	Yes
K0041	Large size footplate, each	Yes	Yes	Yes
K0042	Standard size footplate, each	Yes	Yes	Yes
K0043	Footrest, lower extension tube, each	Yes	Yes	Yes
K0044	Footrest, upper hanger bracket, each	Yes	Yes	Yes
K0045	Footrest, complete assembly	Yes	Yes	Yes
K0046	Elevating legrest, lower extension tube, each	Yes	Yes	Yes
K0047	Elevating legrest, upper hanger bracket, each	Yes	Yes	Yes
K0050	Ratchet assembly	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
K0051	Cam release assembly, footrest or legrest, each	Yes	Yes	Yes
K0052	Swingaway, detachable footrests, each	Yes	Yes	Yes
K0053	Elevating footrests, articulating, each	Yes	Yes	Yes
K0056	Seat height, for high strength, lightweight or ultralightweight wheelchair, <17" or >=21"	Yes	Yes	Yes
K0069	Rear wheel assembly, complete, w/solid tire, spokes or molded, each	Yes	Yes	Yes
K0070	Rear wheel assembly, complete, w/pneumatic tire, spokes or molded, each	Yes	Yes	Yes
K0071	Front caster assembly, complete, w/pneumatic tire, each	Yes	Yes	Yes
K0072	Front caster assembly, complete, w/semi-pneumatic tire, each	Yes	Yes	Yes
K0073	Caster pin lock each	Yes	Yes	Yes
K0077	Front caster assembly, complete, w/solid tire each	Yes	Yes	Yes
K0098	Drive belt for power wheelchair	Yes	Yes	Yes
K0105	IV hanger, each	Yes	Yes	Yes
K0108	Other accessories, wheelchair component or accessory, NOS	Yes	Yes	Yes
K0195	Elevating leg rest, pair	Yes	Yes	Yes
K0455	Infusion pump for epoprostenol/treprostinil (uninterrupted parenteral admin of meds)	Yes	Yes	Yes
K0553	Supply allowance for therapeutic continuous glucose monitor (GCM), includes all supplies and accessories, 1 unit of service = 1 month's supply	<21 Yes Not covered >21	Not covered	<21 Yes Not covered >21
K0554	Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor (CGM) system	<21 Yes Not covered >21	Not covered	<21 Yes Not covered >21
K0606	Aed Garment W Elec Analysis	Yes	Yes	Yes
K0669	Wheelchair seat or back cushion, NOC from SADMERC	Yes	Yes	Yes
K0672	Remove Soft Interface, Repl	Yes	Yes	Yes
K0738	Portable gaseous oxygen system, rental	Yes	Yes	Yes
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	Yes
K0740	Repair of non-routine service for oxygen equipment requiring the skill of a technician, per 15 minutes of labor	Yes	Yes	Yes
K0743	Portable home suction pump	Yes	Yes	Yes
K0744	Absorp drg <= 16 suc pump	Yes	Yes	Yes
K0745	Absorp drg >16<=48 suc pump	Yes	Yes	Yes
K0746	Absorp drg >48 suc pump	Yes	Yes	Yes
K0800	POV group 1 std up to 300lbs	Yes	Yes	Yes
K0801	POV group 1 hd 301-450 lbs	Yes	Yes	Yes
K0802	POV group 1 vhd 451-600 lbs	Yes	Yes	Yes
K0806	POV group 2 std up to 300lbs	Yes	Yes	Yes
K0807	POV group 2 hd 301-450 lbs	Yes	Yes	Yes
K0808	POV group 2 vhd 451-600 lbs	Yes	Yes	Yes
K0812	Power operated vehicle NOC	Yes	Yes	Yes
K0813	PWC gp 1 std port seat/back	Yes	Yes	Yes
K0814	PWC gp 1 std port cap chair	Yes	Yes	Yes
K0815	PWC gp 1 std seat/back	Yes	Yes	Yes
K0816	PWC gp 1 std cap chair	Yes	Yes	Yes
K0820	PWC gp 2 std port seat/back	Yes	Yes	Yes
K0821	PWC gp 2 std port cap chair	Yes	Yes	Yes
K0822	PWC gp 2 std seat/back	Yes	Yes	Yes
K0823	PWC gp 2 std cap chair	Yes	Yes	Yes
K0824	PWC gp 2 hd seat/back	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
K0825	PWC gp 2 hd cap chair	Yes	Yes	Yes
K0826	PWC gp 2 vhd seat/back	Yes	Yes	Yes
K0827	PWC gp vhd cap chair	Yes	Yes	Yes
K0828	PWC gp 2 xtra hd seat/back	Yes	Yes	Yes
K0829	PWC gp 2 xtra hd cap chair	Yes	Yes	Yes
K0830	PWC gp2 std seat elevate s/b	Yes	Yes	Yes
K0831	PWC gp2 std seat elevate cap	Yes	Yes	Yes
K0835	PWC gp2 std sing pow opt s/b	Yes	Yes	Yes
K0836	PWC gp2 std sing pow opt cap	Yes	Yes	Yes
K0837	PWC gp 2 hd sing pow opt s/b	Yes	Yes	Yes
K0838	PWC gp 2 hd sing pow opt cap	Yes	Yes	Yes
K0839	PWC gp2 vhd sing pow opt s/b	Yes	Yes	Yes
K0840	PWC gp2 xhd sing pow opt s/b	Yes	Yes	Yes
K0841	PWC gp2 std mult pow opt s/b	Yes	Yes	Yes
K0842	PWC gp2 std mult pow opt cap	Yes	Yes	Yes
K0843	PWC gp2 hd mult pow opt s/b	Yes	Yes	Yes
K0848	PWC gp 3 std seat/back	Yes	Yes	Yes
K0849	PWC gp 3 std cap chair	Yes	Yes	Yes
K0850	PWC gp 3 hd seat/back	Yes	Yes	Yes
K0851	PWC gp 3 hd cap chair	Yes	Yes	Yes
K0852	PWC gp 3 vhd seat/back	Yes	Yes	Yes
K0853	PWC gp 3 vhd cap chair	Yes	Yes	Yes
K0854	PWC gp 3 xhd seat/back	Yes	Yes	Yes
K0855	PWC gp 3 xhd cap chair	Yes	Yes	Yes
K0856	PWC gp3 std sing pow opt s/b	Yes	Yes	Yes
K0857	PWC gp3 std sing pow opt cap	Yes	Yes	Yes
K0858	PWC gp3 hd sing pow opt s/b	Yes	Yes	Yes
K0859	PWC gp3 hd sing pow opt cap	Yes	Yes	Yes
K0860	PWC gp3 vhd sing pow opt s/b	Yes	Yes	Yes
K0861	PWC gp3 std mult pow opt s/b	Yes	Yes	Yes
K0862	PWC gp3 hd mult pow opt s/b	Yes	Yes	Yes
K0863	PWC gp3 vhd mult pow opt s/b	Yes	Yes	Yes
K0864	PWC gp3 xhd mult pow opt s/b	Yes	Yes	Yes
K0868	PWC gp 4 std seat/back	Yes	Yes	Yes
K0869	PWC gp 4 std cap chair	Yes	Yes	Yes
K0870	PWC gp 4 hd seat/back	Yes	Yes	Yes
K0871	PWC gp 4 vhd seat/back	Yes	Yes	Yes
K0877	PWC gp4 std sing pow opt s/b	Yes	Yes	Yes
K0878	PWC gp4 std sing pow opt cap	Yes	Yes	Yes
K0879	PWC gp4 hd sing pow opt s/b	Yes	Yes	Yes
K0880	PWC gp4 vhd sing pow opt s/b	Yes	Yes	Yes
K0884	PWC gp4 std mult pow opt s/b	Yes	Yes	Yes
K0885	PWC gp4 std mult pow opt cap	Yes	Yes	Yes
K0886	PWC gp4 hd mult pow s/b	Yes	Yes	Yes
K0890	PWC gp5 ped sing pow opt s/b	Yes	Yes	Yes
K0891	PWC gp5 ped mult pow opt s/b	Yes	Yes	Yes
K0898	Power wheelchair NOC	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
L0113	Cranial cervical torticollis	Yes	Yes	Yes
L0170	Collar, Molded to Patient Model	Yes	Yes	Yes
L0200	Multiple post collar, occipital/mandibular supports, adjustable cervical bars & thoracic extension	Yes	Yes	Yes
L0452	Upper thoracic region, included shoulder straps & closures, custom fabricated	Yes	Yes	Yes
L0455	Tlso flexible trnk sj-t9 prefabricated, off-the-shelf	Yes	Yes	Yes
L0456	Rigid posterior panel & soft anterior apron, incl straps & closures, prefab, incl fitting & adjustment	Yes	Yes	Yes
L0457	Tlso flexible trnk sj-ss prefabricated, off-the-shelf	Yes	Yes	Yes
L0458	Two rigid plastic shells, soft liner, to xiphiod, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes
L0460	Two rigid plastic shells, soft liner, to sternal notch, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes
L0462	Three rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes
L0464	Four rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes
L0467	Tlso, sagittal control, rigid posterior frame and flexible soft, off-the-shelf	Yes	Yes	Yes
L0468	Rigid posterior frame & flexible soft anterior apron w/straps, closures & padding, prefab,includes fitting and adjustment	Yes	Yes	Yes
L0469	Tlso, sagittal-coronal control, rigid posterior frame prefabricated, off-the-shelf	Yes	Yes	Yes
L0470	Rigid posterior frame & flexible soft anterior apron w/straps, closures & padding, incl fitting &adjustment	Yes	Yes	Yes
L0472	Hyperextension, rigid ant & lat frame, post & lat pads w/straps & closures, incl fitting & adjustmnt	Yes	Yes	Yes
L0480	One piece, w/o interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model,custom	Yes	Yes	Yes
L0482	One piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	Yes
L0484	Two piece, w/o interface liner, w/mult straps&closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	Yes
L0486	Two piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	Yes
L0488	One piece, w/interface liner, w/mult straps & closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0490	One piece rigid posterior shell w/overlapping reinforced anterior w/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0492	Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic	Yes	Yes	Yes
L0623	Sacroiliac orthosis, pelvic-sacral support, with rigid or semi-rigid panels w/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels w/mult straps&closures, custom fabricated	Yes	Yes	Yes
L0629	LSO, flexible, provides lumbo-sacral support, with rigid or semi-rigid panels w/mult straps&closures, custom fabricated	Yes	Yes	Yes
L0631	LSO, sagittal control, with rigid posterior panel(s), pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0632	LSO, sagittal control, , with rigid anterior and posterior panels,pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0634	LSO, sagittal-coronal control, with rigid posterior frame/panel(s)er straps, pendulous abdomen design, custom fabricated	Yes	Yes	Yes
L0635	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s),pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0636	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, pw/mult straps&closures, incl fitting & adjustment, custom fabricated	Yes	Yes	Yes
L0637	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
L0638	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels,pw/mult straps&closures, incl fitting & adjustment, custom fabricated	Yes	Yes	Yes
L0639	LSO, sagittal-coronal control, rigid shell(s)/panel(s), pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0640	LSO, sagittal-coronal control, rigid shell(s)/panel(s),pw/mult straps&closures, prefabricated, incl fitting & adjustment, custom fabricated	Yes	Yes	Yes
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), l l1-l5 pre ots	Yes	Yes	Yes
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels pre ots	Yes	Yes	Yes
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), pre ots	Yes	Yes	Yes
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels pre ots	Yes	Yes	Yes
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), pre ots	Yes	Yes	Yes
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), pre ots	Yes	Yes	Yes
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), l pre ots	Yes	Yes	Yes
L0700	Minerva type, molded to patient model	Yes	Yes	Yes
L0710	Minerva type, molded to patient model, w/interface material	Yes	Yes	Yes
L0810	Cervical Halo Incorporated Into Jacket Vest	Yes	Yes	Yes
L0820	Cervical Halo Incorporated Into Plaster Body Jacket	Yes	Yes	Yes
L0830	Cervical Halo Incorporated Into Milwaukee Type Orthosis	Yes	Yes	Yes
L0859	Addition to Halo Procedures, Magnetic Reasonance Image Compat ble System (replaces L0860)	Yes	Yes	Yes
L1000	Milwaukee, inclusive of furnishing initial orthosis, including model	Yes	Yes	Yes
L1001	CTLSO infant immobilizer	Yes	Yes	Yes
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Yes	Yes	Yes
L1200	Thoracic-Lumbar-Sacral-Orthosis (TLSO), Inclusive of Furnishing Initial	Yes	Yes	Yes
L1300	Other Scoliosis Procedure, Body Jacket Molded to Patient Model	Yes	Yes	Yes
L1310	Other Scoliosis Procedure, Post-Operative Body Jacket	Yes	Yes	Yes
L1680	HO,dynamic, pelvic control, adj hip motion control, thigh cuffs, custom fabricated (Rancho type)	Yes	Yes	Yes
L1685	HO, abduction control of hip joint, post-op hip abduction type, custom fabricated	Yes	Yes	Yes
L1686	HO, abduction control of hip joint, post op hip abduction type, prefabricated	Yes	Yes	Yes
L1690	Combo-bilat, lumbo-sacral, hip, femur orthosis providing adduction&internal rotation control,prefab	Yes	Yes	Yes
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Yes	Yes	Yes
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Yes	Yes	Yes
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Yes	Yes	Yes
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	Yes	Yes	Yes
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Yes	Yes	Yes
L1812	KO, elastic w/joints prefabricated, off-the-shelf	Yes	Yes	Yes
L1832	KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	Yes	Yes	Yes
L1833	KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Yes	Yes	Yes
L1834	KO, w/o knee joint, custom fabricated	Yes	Yes	Yes
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Yes	Yes	Yes
L1843	KO, single upright, thigh and calf, with adjustable flexion and extension joint	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
L1844	KO,single upright,custom fabricated,thigh&calf,w/adj flexion&extention jnt, med-lat&rotation control	Yes	Yes	Yes
L1845	KO,double upright,prefabricated,thigh&calf, w/adj flexion&extension jnt,med-lat&rotation control	Yes	Yes	Yes
L1846	KO,double upright,custom fabricated,thigh&calf,w/adj flexion&extension jnt, med-lat&rotation control	Yes	Yes	Yes
L1847	KO, double upright w/adjustable joint w/inflatable air support chamber(s), prefabricated	Yes	Yes	Yes
L1848	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Yes	Yes	Yes
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	Yes	Yes	Yes
L1904	AFO, molded ankle gauntlet, custom-fabricated	Yes	Yes	Yes
L1907	AFO, supramalleolar w/straps, w/ or w/o interface/pads, custom fabricated	Yes	Yes	Yes
L1940	AFO, plastic or other material, custom fabricated	Yes	Yes	Yes
L1945	AFO, plastic, rigid anterior tibial section (floor reaction), custom fabricated, molded to pt model	Yes	Yes	Yes
L1950	AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Yes	Yes	Yes
L1951	AFO, spiral (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated	Yes	Yes	Yes
L1960	AFO, posterior solid ankle, plastic, custom fabricated	Yes	Yes	Yes
L1970	AFO, plastic, with ankle joint, custom fabricated	Yes	Yes	Yes
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff, custom fabricated	Yes	Yes	Yes
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom-fabricated	Yes	Yes	Yes
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	Yes
L2006	Kaf Sng/Dbl Swg/Stn Mcpr Cus	Yes	Yes	Yes
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	Yes
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh & calf bands/cuffs, custom fabricated	Yes	Yes	Yes
L2030	KAFO, double upright, free ankle, solid stirrup, thigh & calf bands/cuffs, w/o knee joint,custom fabricated	Yes	Yes	Yes
L2035	KAFO, plastic, pediatric size	Yes	Yes	Yes
L2036	KAFO, full plastic, double upright, free knee, w/ or w/o free motion ankle, custom fabricated	Yes	Yes	Yes
L2037	KAFO, full plastic, single upright, free knee, w/ or w/o free motion ankle, custom fabricated	Yes	Yes	Yes
L2038	KAFO, full plastic, w/o knee joint, multiaxis ankle, (Lively orthosis or euqal), custom fabricated	Yes	Yes	Yes
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated	Yes	Yes	Yes
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Yes	Yes	Yes
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated	Yes	Yes	Yes
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated	Yes	Yes	Yes
L2126	KAFO, fx orthosis, femoral fx cast orthosis, thermoplastic type casting material, custom fabricated	Yes	Yes	Yes
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	Yes	Yes	Yes
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated	Yes	Yes	Yes
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated	Yes	Yes	Yes
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated	Yes	Yes	Yes
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
L2510	Addition to lower thigh	Yes	Yes	Yes
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	Yes	Yes	Yes
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to pt	Yes	Yes	Yes
L2580	Addition to lower extremity, pelvic control, pelvic sling	Yes	Yes	Yes
L2627	Addition-lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint & cables	Yes	Yes	Yes
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint & cables	Yes	Yes	Yes
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable …	Yes	Yes	Yes
L3000	Foot – Insert, Removable, Molded to Patient	Yes	Yes	Yes
L3160	Foot, adjustable shoe-styled positioning device	Yes	Yes	Yes
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Yes	Yes	Yes
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment	Yes	Yes	Yes
L3678	Shoulder orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Yes	Yes	Yes
L3720	EO, double upright w/forearm/arm cuffs, free motion, custom fabricated	Yes	Yes	Yes
L3730	EO, double upright w/forearm/arm cuffs, extension/flexion assist, custom fabricated	Yes	Yes	Yes
L3740	EO, double upright w/forearm/arm cuffs, adj position lock w/active control, custom fabricated	Yes	Yes	Yes
L3761	E bow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf	Yes	Yes	Yes
L3806	WHFO w/joint(s) custom fab	Yes	Yes	Yes
L3807	Whfo W/O Joints Pre Cst	Yes	Yes	Yes
L3808	WHFO, rigid w/o joints	Yes	Yes	Yes
L3809	WHFO, without joint(s), prefabricated, off-the-shelf, any type	Yes	Yes	Yes
L3891	Torsion Mechanism Wrist/Elbo	Yes	Yes	Yes
L3900	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Yes	Yes	Yes
L3901	WHFO, dynamic flexor hinge, reciprocal wrist exten/flex, finger flex/exten, cable driven,custom fabricated	Yes	Yes	Yes
L3904	WHFO, external powered, electric, custom fabricated	Yes	Yes	Yes
L3906	WHO, wrist gauntlet, custom fabricated, molded to patient model	Yes	Yes	Yes
L3915	WHO w nontor jnt(s) prefab	Yes	Yes	Yes
L3916	WHO, includes one or more nontorsion joint(s),prefabricated, off-the-shelf	Yes	Yes	Yes
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	Yes	Yes	Yes
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Yes	Yes	Yes
L3927	FO, prefabricated, includes fitting & adjustment	Yes	Yes	Yes
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), prefabricated, off-the-shelf	Yes	Yes	Yes
L3931	WHFO nontor joint prefab	Yes	Yes	Yes
L3956	Addition of joint to upper extremity orthosis, any matieral; per joint	Yes	Yes	Yes
L3960	SEWHO, abduction positioning, airplane design, prefabricated	Yes	Yes	Yes
L3962	SEWHO, abduction positioning, Erb's palsey design, prefabricated	Yes	Yes	Yes
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Yes	Yes	Yes
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	Yes	Yes	Yes
L4010	Replace trilateral socket brim	Yes	Yes	Yes
L4020	Replace quadrilateral socket brim, molded to patient model	Yes	Yes	Yes
L4030	Replace quadrilateral socket	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Yes	Yes	Yes
L4050	Replace molded calf lacer, for custom fabricated orthosis only	Yes	Yes	Yes
L4130	Replace pret bial shell	Yes	Yes	Yes
L4210	Repair of orthotic device, repair or replace minor parts	Yes	Yes	Yes
L4361	Walking boot, pneumatic and/or vacuum, with or without joints,prefabricated, off-the-shelf	Yes	Yes	Yes
L4387	Walking boot, non-pneumatic, with or without joints,prefabricated, off-the-shelf	Yes	Yes	Yes
L4397	Static or dynamic ankle foot orthosis, prefabricated, off-the-shelf	Yes	Yes	Yes
L5010	Partial foot, molded socket, ankle height, w/toe filler	Yes	Yes	Yes
L5020	Partial foot, molded socket, tibial tubercle height, w/toe filler	Yes	Yes	Yes
L5050	Ankle, Symes, molded socket, SACH foot	Yes	Yes	Yes
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Yes	Yes	Yes
L5100	Below knee, molded socket, shin, SACH foot	Yes	Yes	Yes
L5105	Below knee, plastic socket, joints & thigh lacer, SACH foot	Yes	Yes	Yes
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Yes	Yes	Yes
L5160	Knee disarticulation (or through knee), molded socket, bent knee config, ext knee jnts, SACH foot	Yes	Yes	Yes
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	Yes	Yes	Yes
L5210	Above knee, short prosthesis, no knee joint (stubbies), w/foot blocks, no ankle joints, each	Yes	Yes	Yes
L5220	Above knee, short prosthesis, no knee jnt(stubbies), w/articulated ankle/foot,dynamically aligned,each	Yes	Yes	Yes
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Yes	Yes	Yes
L5250	Hip disarticulation,Canadian type;molded socket,hip joint,single axis constant friction knee, shin,	Yes	Yes	Yes
L5270	Hip disarticulation,tilt table type;molded socket,locking hip joint,single axis constant friction knee	Yes	Yes	Yes
L5280	Hemipelvectomy,Canadian type;molded socket,hip joint,single axis constant friction knee,shin, sach foot	Yes	Yes	Yes
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	Yes	Yes	Yes
L5312	Knee disart, SACH ft, endo	Yes	Yes	Yes
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	Yes	Yes	Yes
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee,	Yes	Yes	Yes
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH	Yes	Yes	Yes
L5400	Immediate postop or early fitting, below knee, application initial rigid dressing,fitting&1cast chng	Yes	Yes	Yes
L5420	Immediate postop or early fitting,above knee,application initial rigid dressing,fitting&alignment &1cast chng AK or knee disarticulation	Yes	Yes	Yes
L5500	Initial, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, plaster socket, direct formed	Yes	Yes	Yes
L5505	Initial,above knee-knee disarticulation,ischial level socket,non-alignable sys,pylon,no cover,SACH foot plaster socket, direct formed	Yes	Yes	Yes
L5510	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,plaster socket,molded to model	Yes	Yes	Yes
L5520	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplatic or equal, direct formed	Yes	Yes	Yes
L5530	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplastic or equal, molded to model	Yes	Yes	Yes
L5535	Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot,prefabricatedadjustable open end socket	Yes	Yes	Yes
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
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	Yes
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	Yes	Yes	Yes
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	Yes
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket	Yes	Yes	Yes
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Yes	Yes	Yes
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	Yes	Yes	Yes
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Yes	Yes	Yes
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Yes	Yes	Yes
L5613	Add to lwr extrem,endoskeletal sys,above knee-knee disarticulation,4-bar linkage w/hydraulic swing phase control	Yes	Yes	Yes
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Yes	Yes	Yes
L5616	Addition to lower extremity, above knee, universal multiplex sys, friction swing phase control	Yes	Yes	Yes
L5638	Addition to Lower Extremity, Below Knee, Leather Socket	Yes	Yes	Yes
L5639	Addition to Lower Extremity, Below Knee, Wood Socket	Yes	Yes	Yes
L5643	Addition to Lower Extremity, Hip Disarticulation, Flexible Inner Socket, external frame	Yes	Yes	Yes
L5645	Addition to Lower Extremity, Below Knee, Flex ble Inner Socket, External frame	Yes	Yes	Yes
L5647	Addition to Lower Extremity, Below Knee Suction Socket	Yes	Yes	Yes
L5649	Addition to Lower Extremity, Ischial Containment/Narrow M-L Socket	Yes	Yes	Yes
L5651	Addition to Lower Extremity, Above Knee, Flexible Inner Socket, External frame	Yes	Yes	Yes
L5653	Addition to Lower Extremity, Knee Disarticulation, Expandable Wall Socket	Yes	Yes	Yes
L5661	Addition to Lower Extremity, Socket Insert, Multi-Durometer Symes	Yes	Yes	Yes
L5665	Addition to Lower Extremity, Socket Insert, Multi-Durometer, Below Knee	Yes	Yes	Yes
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	Yes	Yes	Yes
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	Yes
L5677	Additions to Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	Yes	Yes	Yes
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	Yes
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 l5673 or l5679)	Yes	Yes	Yes
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 l5673 or l5679)	Yes	Yes	Yes
L5700	Replacement, Socket, Below Knee, Molded to Patient Model	Yes	Yes	Yes
L5701	Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment plate, molded to pt model	Yes	Yes	Yes

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L5702	Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded to patient model	Yes	Yes	Yes
L5705	Replacement, Custom Shaped Protective Cover, Above Knee	Yes	Yes	Yes
L5706	Replacement, Custom Shaped Protective Cover, Knee Disarticulation	Yes	Yes	Yes
L5707	Replacement, Custom Shaped Protective Cover, Hip Disarticulation	Yes	Yes	Yes
L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material	Yes	Yes	Yes
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock	Yes	Yes	Yes
L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing and stance phase control	Yes	Yes	Yes
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control	Yes	Yes	Yes
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control	Yes	Yes	Yes
L5726	Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints fluid swing phase control	Yes	Yes	Yes
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing and stance phase control	Yes	Yes	Yes
L5780	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra pneumatic swing phase control	Yes	Yes	Yes
L5781	Addition lower limb prosthesis,vacuum pump, residual limb volume mngmnt&moisture evacuation system	Yes	Yes	Yes
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Yes	Yes	Yes
L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5795	Addition Exoskeletal sys, Hip Disarticulation, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock	Yes	Yes	Yes
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ulta-light material	Yes	Yes	Yes
L5812	Addition Endoskeletal Knee-Shin sys, Single Axis, Friction Swing & stance phase control (safety knee)	Yes	Yes	Yes
L5814	Addition Endoskeletal Knee-Shin sys Polycentric Hydraulic Swing phase control, mechanical stance phase lock	Yes	Yes	Yes
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock	Yes	Yes	Yes
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing & stance phase control	Yes	Yes	Yes
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control	Yes	Yes	Yes
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control	Yes	Yes	Yes
L5826	Addition Endoskeletal Knee-Shin sys,Single Axis, Hydraulic Swing phase control w/miniature high activity frame	Yes	Yes	Yes
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing & stance phase control	Yes	Yes	Yes
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing phase control	Yes	Yes	Yes
L5840	Addition, Endoskeletal Knee/Shin System, Multiaxial, Pneumatic Swing Phase control	Yes	Yes	Yes
L5845	Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable	Yes	Yes	Yes
L5848	Addition to endoskeletal, knee-shin sys, hydraulic stance extension dampening feature w/ or w/o adj	Yes	Yes	Yes
L5859	Addition to endoskeleta lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable	Yes	Yes	Yes
L5930	Addition, Endoskeletal System, High Activity Knee Control Frame	Yes	Yes	Yes
L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes

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L5950	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5960	Addition Endoskeletal Sys, Hip Disarticulation, Ultra-Light Material(titanium, carbon fiber or equal)	Yes	Yes	Yes
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Yes	Yes	Yes
L5964	Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface covering system	Yes	Yes	Yes
L5966	Addition, Endoskeletal System, Hip Disarticulation, Flexible outer sufrace covering system	Yes	Yes	Yes
L5968	Addition to Lower Limb Prosthesis, Multiaxial Ankle w/Swing Phase Active Dorsiflexion Feature	Yes	Yes	Yes
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsifle…	Yes	Yes	Yes
L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy II or equal)	Yes	Yes	Yes
L5979	All Lower Extremity Prostheses, Multiaxial Ankle/Foot, Dynamic Response foot, one piece system	Yes	Yes	Yes
L5980	All Lower Extremity Prostheses, Flex Foot System	Yes	Yes	Yes
L5981	All Lower Extremity Prostheses, Flex-Walk Systemor Equal	Yes	Yes	Yes
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	Yes	Yes	Yes
L5984	All Endoskeletal Lower Extremity Prostheses, Axial Rotation Unit, w/ or w/o adjustability	Yes	Yes	Yes
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP or Equal)	Yes	Yes	Yes
L5987	All Lower Extremity Prosthesis Shank Foot System w/vertical loading pylon	Yes	Yes	Yes
L5988	Addition to Lower Limb Prosthesis, Vertical Shock-Reducing Pylon Feature	Yes	Yes	Yes
L6010	Partial Hand, Robin-Aids, Little and/or Ring Finger Remaining (Or Equal)	Yes	Yes	Yes
L6020	Partial Hand, Robin-Aids, No Finger Remaining (Or Equal)	Yes	Yes	Yes
L6026	Part Hand Myo Exclu Term Dev	Yes	Yes	Yes
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad	Yes	Yes	Yes
L6055	Wrist Disarticulation, Molded Socket with Expandable Interface, Flexible e bow hinges, triceps pad	Yes	Yes	Yes
L6100	Below E bow, Molded Socket, Flexible Elbow Hinge, Triceps Pad	Yes	Yes	Yes
L6110	Below E bow, Molded Socket, (Muensteror Northwestern Suspension Type)	Yes	Yes	Yes
L6120	Below E bow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff	Yes	Yes	Yes
L6130	Below E bow, Molded Double Wall Split Socket, Stump Activated Locking hinge, half cuff	Yes	Yes	Yes
L6200	E bow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	Yes	Yes	Yes
L6205	E bow Disarticulation, Molded Socket with Expandable Interface, Outside locking hinges, forearm	Yes	Yes	Yes
L6250	Above E bow, Molded Double Wall Socket, Internal Locking Elbow, Forearm	Yes	Yes	Yes
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bu khead, Humeral Section, internal locking elbow,	Yes	Yes	Yes
L6310	Shoulder Disarticulation, Passive Restoration (Complete Prosthesis)	Yes	Yes	Yes
L6320	Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)	Yes	Yes	Yes
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Yes	Yes	Yes
L6360	Interscapular Thoracic, Passive Restoration (Complete Prosthesis)	Yes	Yes	Yes
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	Yes	Yes	Yes
L6380	Immediate Post Surgicalor Early Fitting, Application of Initial Rigid dressing, wrist disarticulatio	Yes	Yes	Yes
L6382	Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, elbow disarticulation	Yes	Yes	Yes

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L6384	Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, shoulder diarticulation	Yes	Yes	Yes
L6400	Below E bow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping	Yes	Yes	Yes
L6450	E bow Disarticulation, Molded Socket, Endoskeletal System, Including Soft prosthetic tissue shaping	Yes	Yes	Yes
L6500	Above E bow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping	Yes	Yes	Yes
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Incl soft prosthetic tissue shaping	Yes	Yes	Yes
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal System, Including soft prosthetic tissue shaping	Yes	Yes	Yes
L6580	Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Plastic socket, molded to pt model	Yes	Yes	Yes
L6582	Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Socket, direct formed, friction wrist	Yes	Yes	Yes
L6584	Preparatory, Elbow Disarticulation or Above E bow, Single Wall Plastic socket, molded to pt model	Yes	Yes	Yes
L6586	Preparatory, Elbow Disarticulation or Above E bow, Single Wall Socket, direct formed, friction wrist	Yes	Yes	Yes
L6588	Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall plastic socket, molded to patient model	Yes	Yes	Yes
L6590	Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall socket, direct formed,	Yes	Yes	Yes
L6611	Additional switch, ext power	Yes	Yes	Yes
L6624	Flex/ext/rotation wrist unit	Yes	Yes	Yes
L6638	Upper extremity addition prosthesis, electic locking feature, only for use w/manually powered elbow	Yes	Yes	Yes
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adj abduction friction control	Yes	Yes	Yes
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	Yes	Yes	Yes
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Yes	Yes	Yes
L6686	Upper Extremity Addition, Suction Socket	Yes	Yes	Yes
L6689	Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation	Yes	Yes	Yes
L6690	Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic	Yes	Yes	Yes
L6693	Upper extremity addition locking e bow forearm counter balance	Yes	Yes	Yes
L6703	Term dev, passive hand mitt	Yes	Yes	Yes
L6704	Term dev, sport/rec/work att	Yes	Yes	Yes
L6706	Term dev mech hook vol open	Yes	Yes	Yes
L6707	Term dev mech hook vol close	Yes	Yes	Yes
L6708	Term dev mech hand vol open	Yes	Yes	Yes
L6709	Term dev mech hand vol close	Yes	Yes	Yes
L6711	Ped term dev, hook, vol open	Yes	Yes	Yes
L6712	Ped term dev, hook, vol clos	Yes	Yes	Yes
L6713	Ped term dev, hand, vol open	Yes	Yes	Yes
L6714	Ped term dev, hand, vol clos	Yes	Yes	Yes
L6715	Term device, multi art digit	Yes	Yes	Yes
L6721	Hook/hand, hvy dty, vol open	Yes	Yes	Yes
L6722	Hook/hand, hvy dty, vol clos	Yes	Yes	Yes
L6880	Elec hand ind art digits	Yes	Yes	Yes
L6881	Automatic grasp feature, additional to upper limb prosthetic terminal device	Yes	Yes	Yes
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	Yes	Yes	Yes
L6900	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,thumb or 1 finger remaining	Yes	Yes	Yes

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L6905	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,multiple fingers remaining	Yes	Yes	Yes
L6910	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,no fingers remaining	Yes	Yes	Yes
L6915	Hand Restoration (Shading, and Measurements Included), Replacement Glove for above	Yes	Yes	Yes
L6920	Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch,	Yes	Yes	Yes
L6925	Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic	Yes	Yes	Yes
L6930	Below E bow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch, switch control of terminal	Yes	Yes	Yes
L6935	Below E bow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic control	Yes	Yes	Yes
L6940	E bow Disarticulation,Ext Power, Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device	Yes	Yes	Yes
L6945	E bow Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoeletronic control	Yes	Yes	Yes
L6950	Above E bow,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch ontrol of terminal device	Yes	Yes	Yes
L6955	Above E bow,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes,myoelectronic control of terminal	Yes	Yes	Yes
L6960	Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device	Yes	Yes	Yes
L6965	Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronictronic	Yes	Yes	Yes
L6970	Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal switch,switch control of terminal device	Yes	Yes	Yes
L6975	Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronic control of terminal	Yes	Yes	Yes
L7007	Adult electric hand	Yes	Yes	Yes
L7008	Pediatric electric hand	Yes	Yes	Yes
L7009	Adult electric hook	Yes	Yes	Yes
L7040	Prehensile Actuator, Hosmer or Equal, Switch Controlled	Yes	Yes	Yes
L7045	Electronic Hook, Child, Michigan or Equal, Switch Controlled	Yes	Yes	Yes
L7170	Electronic Elbow, Hosmer or Equal, Switch Controlled	Yes	Yes	Yes
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Yes	Yes	Yes
L7181	Electronic Elbo Simultaneous	Yes	Yes	Yes
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	Yes	Yes	Yes
L7186	Electronic elbow, child, variety village or equal, switch controlled	Yes	Yes	Yes
L7190	Electronic Elbow, Adolescent, Variety Village or Equal, Myoelectronically controlled	Yes	Yes	Yes
L7191	Electronic Elbow, Child, Variety Village/Equal, Myoelectronically Controlled	Yes	Yes	Yes
L7259	Electronic Wrist Rotator Any	Yes	Yes	Yes
L7368	Lithiumion battery charger	Yes	Yes	Yes
L7510	Repair of prosthetic device, repair or replace minor parts	Yes	Yes	Yes
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	Yes	Yes	Yes
L8505	Artificial larynx replacement battery/accessory, any type	Yes	Yes	Yes
L8603	Collagen implant, urinary tract, per 2.5 cc syringe	Yes	Yes	Yes
L8604	Dextranomer/hyaluronic acid	Yes	Yes	Yes
L8606	Injectable bu king agent, synthetic implant, urinary tract, 1 ml syringe	Yes	Yes	Yes
L8608	Arg Ii Ext Com/Sup/Acc Misc	Yes	Yes	Yes
L8614	Cochlear Device	Yes	Yes	Yes
L8619	Coch Imp Ext Proc/Contr Rplc	Yes	Yes	Yes
L8625	Charger Coch Impl/Aoi Battry	Yes	Yes	Yes

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L8629	*10Cid Transmit Coil and Cable	Yes	Yes	Yes
L8680	Implt Neurostim Elctr Each	Yes	Yes	Yes
L8681	Pt Prgrm For Implt Neurostim	Yes	Yes	Yes
L8682	Implt Neurostim Radiofq Rec	Yes	Yes	Yes
L8683	Radiofq Trsmtr For Implt Neu	Yes	Yes	Yes
L8685	Implt Nrostm Pls Gen Sng Rec	Yes	Yes	Yes
L8686	Implt Nrostm Pls Gen Sng Non	Yes	Yes	Yes
L8687	Implt Nrostm Pls Gen Dua Rec	Yes	Yes	Yes
L8688	Implt Nrostm Pls Gen Dua Non	Yes	Yes	Yes
L8689	External Recharg Sys Intern	Yes	Yes	Yes
L8695	External Recharg Sys Extern	Yes	Yes	Yes
L8696	Ext Antenna Phren Nerve Stim	Yes	Yes	Yes
L9900	Orthotic and prosthetic supply, accessory, and/or service comonent of another HCPCS L code	Yes	Yes	Yes
NEMT1	All inclusive Non-Emergency Medical Transportation	Yes	Yes	Yes
PTNET	All inclusive In-Home Physical Therapy Assessment for Non-Emergency Medical Transportation	Yes	Yes	Yes
Q3001	Radioelements for brachytherapy, any type, each	Yes	Yes	Yes
Q4082	Drug/Bio Noc Part B Drug Cap	Yes	Yes	Yes
Q4100	Skin substitute, NOS	Yes	Yes	Yes
Q4101	Apligraf skin sub	Yes	Yes	Yes
Q4102	Oasis wound matrix skin sub	Yes	Yes	Yes
Q4103	Oasis burn matrix skin sub	Yes	Yes	Yes
Q4104	Integra BMWD skin sub	Yes	Yes	Yes
Q4105	Integra DRT skin sub	Yes	Yes	Yes
Q4106	Dermagraft skin sub	Yes	Yes	Yes
Q4107	Graftjacket skin sub	Yes	Yes	Yes
Q4108	Integra matrix skin sub	Yes	Yes	Yes
Q4110	Primatrix skin sub	Yes	Yes	Yes
Q4111	Gammagraft skin sub	Yes	Yes	Yes
Q4112	Cymetra allograft	Yes	Yes	Yes
Q4113	Graftjacket express allograf	Yes	Yes	Yes
Q4114	Integra flowable wound matri	Yes	Yes	Yes
Q4116	Skin substitute, alloderm, per square centimeter	Yes	Yes	Yes
Q4117	Hyalomatrix, per square centimeter	Yes	Yes	Yes
Q4118	Matristem micromatrix, 1 mg	Yes	Yes	Yes
Q4121	Theraskin, per square centimeter	Yes	Yes	Yes
Q4122	Dermacell, Awm, Porous Sq Cm	Yes	Yes	Yes
Q4123	Alloskin	Yes	Yes	Yes
Q4124	Oasis Tri-Layer Wound Matrix	Yes	Yes	Yes
Q4125	Arthroflex	Yes	Yes	Yes
Q4126	Memoderm	Yes	Yes	Yes
Q4127	Talymed	Yes	Yes	Yes
Q4128	Flexhd Or Allopatch Hd	Yes	Yes	Yes
Q4130	Strattice Tm	Yes	Yes	Yes
Q4131	Epifix or epicord, per square centimeter	Yes	Yes	Yes
Q4132	Grafix core, per sq cm	Yes	Yes	Yes
Q4133	Grafix prime, per sq cm	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
Q4134	HMatrix, per sq cm	Yes	Yes	Yes
Q4135	Mediskin, per sq cm	Yes	Yes	Yes
Q4136	E-Z Derm, per sq cm	Yes	Yes	Yes
Q4151	AmnioBand or Guardian, per square centimeter	Yes	Yes	Yes
Q4154	Biovance, per square centimeter	Yes	Yes	Yes
Q4159	Affinity, per square centimeter	Yes	Yes	Yes
Q4160	Nushield, per square centimeter	Yes	Yes	Yes
Q4166	Cytal, Per Square Centimeter	Yes	Yes	Yes
Q4167	Truskin, Per Sq Centimete	Yes	Yes	Yes
Q4168	Amnioband, 1 Mg	Yes	Yes	Yes
Q4169	Artacent Wound, Per Sq Cm	Yes	Yes	Yes
Q4171	Interfyl, 1 Mg	Yes	Yes	Yes
Q4173	Palingen Or Palingen Xplus	Yes	Yes	Yes
Q4174	Palingen Or Promatrx	Yes	Yes	Yes
Q4175	Miroderm	Yes	Yes	Yes
Q4176	Neopatch, Per Sq Centimeter	Yes	Yes	Yes
Q4177	Floweramnioflo, 0.1 Cc	Yes	Yes	Yes
Q4178	Floweramniopatch, Per Sq Cm	Yes	Yes	Yes
Q4179	Flowerderm, Per Sq Cm	Yes	Yes	Yes
Q4180	Revita, Per Sq Cm	Yes	Yes	Yes
Q4181	Amnio Wound, Per Square Cm	Yes	Yes	Yes
Q4182	Transcyte, Per Sq Centimeter	Yes	Yes	Yes
Q4183	Surgigraft, 1 Sq Cm	Yes	Yes	Yes
Q4184	Cellesta Or Duo Per Sq Cm	Yes	Yes	Yes
Q4185	Cellesta Flowab Amnion 0.5Cc	Yes	Yes	Yes
Q4186	Epifix, per square centimeter	Yes	Yes	Yes
Q4187	Epicord 1 Sq Cm	Yes	Yes	Yes
Q4188	Amnioarmor 1 Sq Cm	Yes	Yes	Yes
Q4189	Artacent Ac, 1 Mg	Yes	Yes	Yes
Q4190	Artacent Ac 1 Sq Cm	Yes	Yes	Yes
Q4191	Restorigin 1 Sq Cm	Yes	Yes	Yes
Q4192	Restorigin, 1 Cc	Yes	Yes	Yes
Q4193	Coll-E-Derm 1 Sq Cm	Yes	Yes	Yes
Q4194	Novachor 1 Sq Cm	Yes	Yes	Yes
Q4197	Puraply Xt 1 Sq Cm	Yes	Yes	Yes
Q4198	Genesis Amnio Membrane 1Sqcm	Yes	Yes	Yes
Q4200	Skin Te 1 Sq Cm	Yes	Yes	Yes
Q4201	Matrion 1 Sq Cm	Yes	Yes	Yes
Q4202	Keroxx (2.5G/Cc), 1Cc	Yes	Yes	Yes
Q4203	Derma-Gide, 1 Sq Cm	Yes	Yes	Yes
Q4204	Xwrap 1 Sq Cm	Yes	Yes	Yes
Q4205	Membrane graft or membrane wrap, per square centimeter	Yes	Yes	Yes
Q4206	Fluid flow or fluid gf, 1 cc	Yes	Yes	Yes
Q4208	Novafix, per square cenitmeter	Yes	Yes	Yes
Q4209	Surgraft, per square centimeter	Yes	Yes	Yes
Q4210	Axolotl graft or axolotl dualgraft, per square centimeter	Yes	Yes	Yes
Q4211	Amnion bio or axobiomembrane, per square centimeter	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
Q4212	Allogen, per cc	Yes	Yes	Yes
Q4213	Ascent, 0.5 mg	Yes	Yes	Yes
Q4214	Cellesta cord, per square centimeter	Yes	Yes	Yes
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	Yes	Yes	Yes
Q4216	Artacent cord, per square centimeter	Yes	Yes	Yes
Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter	Yes	Yes	Yes
Q4218	Surgicord, per square centimeter	Yes	Yes	Yes
Q4219	Surgigraft-dual, per square centimeter	Yes	Yes	Yes
Q4220	Bellacell hd or surederm, per square centimeter	Yes	Yes	Yes
Q4221	Amniowrap2, per square centimeter	Yes	Yes	Yes
Q4222	Progenamatrix, per square centimeter	Yes	Yes	Yes
Q4226	Myown skin, includes harvesting and preparation procedures, per square centimeter	Yes	Yes	Yes
Q4227	Amniocore, per square centimeter	Yes	Yes	Yes
Q4228	Bionextpatch, per square centimeter	Yes	Yes	Yes
Q4229	Cogenex amniotic membrane, per square centimeter	Yes	Yes	Yes
Q4230	Cogenex flowable amnion, per 0.5 cc	Yes	Yes	Yes
Q4231	Corplex p, per cc	Yes	Yes	Yes
Q4232	Corplex, per square centimeter	Yes	Yes	Yes
Q4233	Surfactor or nudyn, per 0.5 cc	Yes	Yes	Yes
Q4234	Xcellerate, per square centimeter	Yes	Yes	Yes
Q4235	Amniorepair or altiply, per square centimeter	Yes	Yes	Yes
Q4236	Carepatch, per square centimeter	Yes	Yes	Yes
Q4237	Cryo-cord, per square centimeter	Yes	Yes	Yes
Q4238	Derm-maxx, per square centimeter	Yes	Yes	Yes
Q4239	Amnio-maxx or amnio-maxx lite, per square centimeter	Yes	Yes	Yes
Q4240	Corecyte, for topical use only, per 0.5 cc	Yes	Yes	Yes
Q4241	Polycyte, for topical use only, per 0.5 cc	Yes	Yes	Yes
Q4242	Amniocyte plus, per 0.5 cc	Yes	Yes	Yes
Q4244	Procenta, per 200 mg	Yes	Yes	Yes
Q4245	Amniotext, per cc	Yes	Yes	Yes
Q4246	Coretext or protext, per cc	Yes	Yes	Yes
Q4247	Amniotext patch, per square centimeter	Yes	Yes	Yes
Q4248	Dermacyte amniotic membrane allograft, per square centimeter	Yes	Yes	Yes
Q4249	Amniply, for topical use only, per square centimeter	Yes	Yes	Yes
Q4250	Amnioamp-mp, per square centimeter	Yes	Yes	Yes
Q4254	Novafix dl, per square centimeter	Yes	Yes	Yes
Q4255	Reguard, for topical use only, per square centimeter	Yes	Yes	Yes
S0500	Disposable Contact Lens, Per Lens	Yes	Yes	Yes
S0512	Daily Wear Specialty Contact Lens/Lens	Yes	Yes	Yes
S0514	Color Contact Lens, Per Lens	Yes	Yes	Yes
S0516	Safety Eyeglass Frames	Yes	Yes	Yes
S100C	Therapeutic seat cushion and /or positioning system 1.0 hour	Yes	Yes	Yes
S101C	Custom foam/molded cushion 1.25 hour	Yes	Yes	Yes
S102C	Manual wheelchair with or without Therapeutic cushion 1.5 hour	Yes	Yes	Yes
S103C	Manual wheelchair with positioning system with or without therapeutic cushion 2.75 hours	Yes	Yes	Yes
S1040	Cranial remolding orthosis, rigid, w/soft interface material	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
S104C	Power wheelchair with or without therapeutic cushion (2.0 houe)	Yes	Yes	Yes
S105C	Power wheelchair with power tilt/recline or specialized driving controls 3.0 hour 1.0 hour occ the.	Yes	Yes	Yes
S202C	Manual wheelchair with or without therapeutic cushion (.5 hour)	Yes	Yes	Yes
S204C	Power wheelchair with or withour therapeutic cushion and /orpostitioning system .5 hour	Yes	Yes	Yes
S2065	Simult Panc Kidn Trans	Yes	Yes	Yes
S2066	Breast Gap Flap Reconst	Yes	Yes	Yes
S2067	Breast "Stacked" Diep/Gap	Yes	Yes	Yes
S2068	Breast Diep Or Siea Flap	Yes	Yes	Yes
S2117	Arthroereisis, Subtalar	Yes	Yes	Yes
S2118	Total hip resurfacing	Yes	Yes	Yes
S300C	Initial In-Home Assessment for Custom DME	Yes	Yes	Yes
S301C	Post-Fit Assessment for Custom DME	Yes	Yes	Yes
S302C	Clinical Record Assessment for Custom DME	Yes	Yes	Yes
S8035	Magnetic source imaging	Yes	Yes	Yes
S8130	Interferential stim 2 chan	Yes	Yes	Yes
S8131	Interferential stim 4 chan	Yes	Yes	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	Yes
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Yes	Not valid for Medicare	Yes
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	<21 Yes Not covered >21	Not covered	<21 Yes Not covered >21
T1001	Nursing assessment / evaluation	<21 Yes Not covered >21	Not covered	<21 Yes Not covered >21
T1002	Rn services, up to 15 minutes	<21 Yes Not covered >21	Not covered	<21 Yes Not covered >21
T1003	Lpn/lvn services, up to 15 minutes	<21 Yes Not covered >21	Not covered	<21 Yes Not covered >21
T1004	Services of a qualified nursing aide, up to 15 minutes	<21 Yes Not covered >21	Not covered	<21 Yes Not covered >21
T5001	Positioning seat for persons s/ special orthopedic needs, for use in vehicles	Yes	Yes	Yes
T5999	Supply Not Otherwise Specified	Yes	Yes	Yes
V2531	Contact lens, scleral, gas permeable, per lens	Yes	Yes	Yes
V5010	Assessment for hearing aid	Yes	Yes	Yes
V5014	Repair/Modification of A Hearing Aid (If greater than $250)	Yes	Yes	Yes
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction	Yes	Yes	Yes
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction	Yes	Yes	Yes
V5050	Hearing aid, monaural, in the ear	Yes	Yes	Yes
V5060	Hearing aid, monaural, behind the ear	Yes	Yes	Yes
V5070	Glasses, Air Conduction	Yes	Yes	Yes
V5080	Glasses, Bone Conduction	Yes	Yes	Yes
V5120	Binaural, Body	Yes	Yes	Yes
V5130	Binaural, in the ear	Yes	Yes	Yes
V5140	Binaural, behind the ear	Yes	Yes	Yes
V5150	Binaural, Glasses	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	Yes	Yes	Yes
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	Yes	Yes	Yes
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	Yes	Yes	Yes
V5190	Hearing Aid, Cros, Glasses	Yes	Yes	Yes
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	Yes	Yes	Yes
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	Yes	Yes	Yes
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	Yes	Yes	Yes
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	Yes	Yes	Yes
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	Yes	Yes	Yes
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	Yes	Yes	Yes
V5230	Hearing Aid, Bicros, Glasses	Yes	Yes	Yes
V5264	Ear mold/insert, not disposable, any type	Yes	Yes	Yes
V5265	Ear mold/insert, disposable, any type	Yes	Yes	Yes
V5267	Hearing aid supplies/accessories	Yes	Yes	Yes
V5298	Hearing aid not otherwise classified	Yes	Yes	Yes
X3900	Single Modality to one area - initial 30 minutes	Yes	Yes	Yes
X3902	Physical Therapy: single modality one area - each additional 15 minutes	Yes	Yes	Yes
X3904	Physical Therapy:single procedure to one area initial 30 minutes	Yes	Yes	Yes
X3906	Single procedure to one area - each additional 15 minutes	Yes	Yes	Yes
X3908	Treatment including combination of any modalities and procedures one or more areas - initial 30 min	Yes	Yes	Yes
X3910	Treatment including a combination of any modalities and procedures one or more areas - each	Yes	Yes	Yes
X3912	Hubbard Tank - initial 30 minutes	Yes	Yes	Yes
X3914	Hubbard Tank each additional 15 minutes	Yes	Yes	Yes
X3916	Hubbard Tank or pool therapy with therapeutic exercise initial 30 minutes.	Yes	Yes	Yes
X3918	Hubbard Tank or pool therapy with therapeutic exercise initial 15 minutes.	Yes	Yes	Yes
X3920	Any of the tests and measurements initial 30 minutes, plus reports.	Yes	Yes	Yes
X3922	Any of the tests and measurements each additional 15 minutes, plus reports	Yes	Yes	Yes
X3924	Physical therapy preliminary evaluation rehabilitation center, SNF, ICF.	Yes	Yes	Yes
X3926	Case conference and report intial 30 minutes.	Yes	Yes	Yes
X3928	Case consultation and report.	Yes	Yes	Yes
X3930	Case conference and report each additional 15 minutes.	Yes	Yes	Yes
X3932	Home or long term care facility visit - add.	Yes	Yes	Yes
X3934	Mileage, per mile one-way beyond 10-mile radius of point of origin (office or home).	Yes	Yes	Yes
X3936	Unlisted Services.	Yes	Yes	Yes
X4100	Evaluation - initial 30 minutes, plus report.	Yes	Yes	Yes
X4102	Evaluation each additional 15 minutes, plus report.	Yes	Yes	Yes
X4104	Case conference and report initial 30 minutes.	Yes	Yes	Yes
X4106	Case conference and report each additional 30 minutes.	Yes	Yes	Yes
X4108	Occupational Therapy preliminary evaluation rehabilitation,Nursing Facility (NF) B, NF-A.	Yes	Yes	Yes
X4110	Treatment initial 30 minutes.	Yes	Yes	Yes
X4112	Treatment each additional 15 minutes.	Yes	Yes	Yes
X4114	Occupational Therapy -home or long term fac.visit -add	Yes	Yes	Yes
X4116	Mileage per mile one way beyond a 10 mile radius or usual hospital base.	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
X4118	Unlisted Services.	Yes	Yes	Yes
X4120	Case consultation and report.	Yes	Yes	Yes
X4300	Language Evaluation	Yes	Yes	Yes
X4301	Speech Evaluation	Yes	Yes	Yes
X4302	Speech Language therapy group EA PAT	Yes	Yes	Yes
X4303	Speech Language therapy, individual, per hour (following procedures x4300or x4301)	Yes	Yes	Yes
X4304	Speech Language therapy, individual, 1/2 hour	Yes	Yes	Yes
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	Yes
X4308	Speech therapy preliminary evaluation, rehabilitation, SNF,ICF,	Yes	Yes	Yes
X4310	Speech generating device (SGD) - related bundled speech therapy services, per	Yes	Yes	Yes
X4312	Speech generating device (SGD) – recipient assessment	Yes	Yes	Yes
X4320	Unlisted speech therapy services	Yes	Yes	Yes
X4500	Audiological Evaluation	Yes	Yes	Yes
X4530	Impedeance Audiometry	Yes	Yes	Yes
X4535	Unlisted Audiological Services	Yes	Yes	Yes
Z5414	Travel Expenses	Yes	Yes	Yes
Z5416	Technician Services	Yes	Yes	Yes
Z5499	Unlisted Service & Procedures	Yes	Yes	Yes
Z5805	EPSDT: Shared Nursing, Registered Nurse	Yes	Yes	Yes
Z5807	EPSDT: Shared Nursing, Licensed Vocational Nurse	Yes	Yes	Yes
Z5814	Epsdt Svsmarriage/Family/Child Counsel	Yes	Yes	Yes
Z5816	Epsdt Servicessocial Worker	Yes	Yes	Yes
Z5820	Epsdt Services Case Management	Yes	Yes	Yes
Z5822	Epsdt Services Hearing Aid Batteries	Yes	Yes	Yes
Z5946	Epsdt Supplemental Servicehearing Aid	Yes	Yes	Yes
Z5999	Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services – Unlisted/Supplemental Services (covered under 21 years of age only)	Yes	Yes	Yes
Z7606	Hyperbaric oxygen chamber 1st 15 min atmos abs	Yes	Yes	Yes
Z7608	Hyperbaric oxygen chamber each subseq 15 min	Yes	Yes	Yes
Z7610	Misc Drugs and Med Supplies, Admin Stat	Yes	Yes	Yes
Z7612	Unlisted Sevices	Yes	Yes	Yes
	BEHAVIORAL HEALTH CODES			
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	not valid for Medi-Cal	Yes	not valid for Medi-Cal
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	not valid for Medi-Cal	Yes	not valid for Medi-Cal
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	not valid for Medi-Cal	Yes	not valid for Medi-Cal
90870	Electroconvulsive Therapy;1 Seizure	Yes	Yes	Yes
90899	Unlisted Evaluation & Management Service	Yes	Yes	Yes
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	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
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	Yes
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Yes	Yes	Yes
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	Yes
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Yes	Yes	Yes
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	Carved Out	Yes	Yes
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
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	not valid for Medi-Cal
H0031	Mental Health Assessment, By Non-Physician	Yes	N/A	Yes
H0032	Mental Health Service Plan Development By Non-Physician	Yes	N/A	Yes
H2014	Skills training and development, per 15 minutes	Yes	N/A	Yes
H2019	Therapeutic behavioral services, per 15 minutes	Yes	N/A	Yes
S5108	Home Care Training to home care client, per 15 minutes	Yes	N/A	Yes
S5110	Home Care Training, Family, Per 15 Minutes	Yes	N/A	Yes
S9480	Intensive outpatient psychiatric services, per diem	Carved Out	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
	PHARMACY CODES			
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Yes	Yes	Yes
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Yes	Yes	Yes
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Yes	Yes	Yes
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Yes	Yes	Yes
B4104	Additive for enteral formula (e.g., f ber)	Not covered	Yes	Not covered
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	Not covered	Yes	Not covered
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include f ber, administered through an enteral feeding tube, 100 calories = 1 unit	Not covered	Yes	Not covered
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	Not covered	Yes	Not covered
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	Not covered	Yes	Not covered
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	Not covered	Yes	Not covered
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	Not covered	Yes	Not covered
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	Not covered	Yes	Not covered
C9047	Injection, caplacizumab-yhdp, 1 mg	Yes	Yes	Yes
C9065	Injection, romidepsin, non-lyophilized (e.g. liquid), 1mg	Yes	Yes	Yes
C9069	Injection, belantamab mafodotin-blmf, 0.5 mg	Yes	Yes	Yes
C9070	Injection, tafasitamab-cxix, 2 mg	Yes	Yes	Yes
C9071	Injection, viltolarsen, 10 mg	Yes	Yes	Yes
C9072	Injection, immune globulin, 500 mg	Yes	Yes	Yes
C9073	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	Yes
C9460	Injection, cangrelor, 1 mg	Yes	Yes	Yes
C9462	Injection, delafloxacin, 1 mg	Yes	Yes	Yes
C9482	Injection, sotalol hydrochloride, 1 mg	Yes	Yes	Yes
C9488	Injection, conivaptan hydrochloride, 1 mg	Yes	Yes	Yes
J0121	Injection, omadacycline, 1 mg	Yes	Yes	Yes
J0122	Injection, eravacycline, 1 mg	Yes	Yes	Yes
J0129	Injection, abatacept, 10 mg	Yes	Yes	Yes
J0135	Injection, adalimumab, 20 mg	Yes	Yes	Yes
J0178	Injection, aflibercept, 1 mg	Yes	Yes	Yes
J0179	Injection, brolucizumab-dbll, 1 mg	Yes	Yes	Yes
J0180	Injection, agalsidase beta, 1 mg	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
J0185	Injection, aprepitant, 1 mg	Yes	Yes	Yes
J0202	Injection, alemtuzumab, 1 mg	Yes	Yes	Yes
J0207	Injection, amifostine, 500mg	Yes	Yes	Yes
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Yes	Yes	Yes
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Yes	Yes	Yes
J0222	Injection, patisiran, 0.1 mg	Yes	Yes	Yes
J0223	Injection, givosiran, 0.5 mg	Yes	Yes	Yes
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Yes	Yes	Yes
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Yes	Yes	Yes
J0291	Injection, plazomicin, 5 mg	Yes	Yes	Yes
J0348	Injection, anidulafungin, 1 mg	Yes	Yes	Yes
J0485	Injection, belatacept, 1 mg	Yes	Yes	Yes
J0490	Injection, belimumab, 10 mg	Yes	Yes	Yes
J0517	Injection, benralizumab, 1 mg	Yes	Yes	Yes
J0565	Injection, bezlotoxumab, 10 mg	Yes	Yes	Yes
J0565	Injection, bezlotoxumab, 10 mg	Yes	Yes	Yes
J0567	njection, cerliponase alfa, 1 mg	Yes	Yes	Yes
J0584	Injection, burosumab-twza 1 mg	Yes	Yes	Yes
J0585	Injection, onabotulinumtoxina, 1 unit	Yes	Yes	Yes
J0586	Injection, abobotulinumtoxina, 5 units	Yes	Yes	Yes
J0587	Injection, rimabotulinumtoxinb, 100 units	Yes	Yes	Yes
J0588	Injection, incobotulinumtoxin a, 1 unit	Yes	Yes	Yes
J0593	Injection, lanadelumab-flyo, 1 mg	Yes	Yes	Yes
J0595	Injection, butorphanol tartrate, 1 mg	Yes	Yes	Yes
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Yes	Yes	Yes
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	Yes	Yes	Yes
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Yes	Yes	Yes
J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	Yes	Yes	Yes
J0606	Injection, etelcalcetide, 0.1 mg	Yes	Yes	Yes
J0637	Injection, caspofungin acetate, 5 mg	Yes	Yes	Yes
J0638	Injection, canakinumab, 1 mg	Yes	Yes	Yes
J0691	Injection, lefamulin, 1 mg	Yes	Yes	Yes
J0693	Injection, cefiderocol, 5 mg	Yes	Yes	Yes
J0712	Injection, ceftaroline fosamil, 10 mg	Yes	Yes	Yes
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Yes	Yes	Yes
J0716	Injection, centruroides immune f(ab)2, up to 120 mg	Yes	Yes	Yes
J0717	Injection, certolizumab pegol, 1 mg	Yes	Yes	Yes
J0740	Injection, cidofovir, 375 mg	Yes	Yes	Yes
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Yes	Yes	Yes
J0770	Injection, colistimethate sodium, up to 150 mg	Yes	Yes	Yes
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Yes	Yes	Yes
J0791	Injection, crizanlizumab-tmca, 5 mg	Yes	Yes	Yes
J0800	Injection, corticotropin, up to 40 units	Yes	Yes	Yes
J0840	Injection, crotalidae polyvalent immune fab (Ovine), up to 1 gram	Yes	Yes	Yes
J0841	Injection, crotalidae immune f(ab')2 (equine), 120 mg	Yes	Yes	Yes
J0875	Injection, dalbavancin, 5 mg	Yes	Yes	Yes
J0878	Injection, daptomycin, 1 mg	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Yes	Yes	Yes
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	Yes	Yes	Yes
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Yes	Yes	Yes
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Yes	Yes	Yes
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Yes	Yes	Yes
J0894	Injection, decitabine, 1 mg	Yes	Yes	Yes
J0896	Injection, luspatercept-aamt, 0.25 mg	Yes	Yes	Yes
J0897	Injection, denosumab, 1 mg	Yes	Yes	Yes
J1071	Injection, testosterone cypionate, 1 mg	Yes	Yes	Yes
J1260	Injection, dolasetron mesylate, 10 mg	Yes	Yes	Yes
J1267	Injection, doripenem, 10 mg	Yes	Yes	Yes
J1290	Injection, ecallantide, 1 mg	Yes	Yes	Yes
J1300	Injection, eculizumab, 10 mg	Yes	Yes	Yes
J1301	Injection, edaravone, 1 mg	Yes	Yes	Yes
J1303	Injection, ravulizumab-cwvz, 10 mg	Yes	Yes	Yes
J1322	Injection, elosulfase alfa, 1 mg	Yes	Yes	Yes
J1325	Injection, epoprostenol, 0.5 mg	Yes	Yes	Yes
J1335	Injection, ertapenem sodium, 500 mg	Yes	Yes	Yes
J1428	Injection, eteplirsen, 10 mg	Yes	Yes	Yes
J1429	Injection, golodirsen, 10 mg	Yes	Yes	Yes
J1438	Injection, etanercept, 25 mg	Yes	Yes	Yes
J1439	Injection, ferric carboxymaltose, 1 mg	Yes	Yes	Yes
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Yes	Yes	Yes
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Yes	Yes	Yes
J1447	Injection, tbo-filgrastim, 1 microgram	Yes	Yes	Yes
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Yes	Yes	Yes
J1455	Injection, foscarnet sodium, per 1,000 mg	Yes	Yes	Yes
J1458	Injection, galsulfase, 1 mg	Yes	Yes	Yes
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes
J1460	Injection, gamma globulin, intramuscular, 1 cc	Yes	Yes	Yes
J1555	Injection, immune globulin (cuvitru), 100 mg	Yes	Yes	Yes
J1556	Injection, immune globulin (bivigam), 500 mg	Yes	Yes	Yes
J1557	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes	Yes	Yes
J1558	Injection, immune globulin (xembify), 100 mg	Yes	Yes	Yes
J1559	Injection, immune globulin (hizentra), 100 mg	Yes	Yes	Yes
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Yes	Yes	Yes
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Yes	Yes	Yes
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Yes	Yes	Yes
J1570	Injection, ganciclovir sodium, 500 mg	Yes	Yes	Yes
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Yes	Yes	Yes
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immuneglobulin	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Yes	Yes	Yes
J1602	Injection, golimumab, 1 mg, for intravenous use	Yes	Yes	Yes
J1627	Injection, granisetron, extended-release, 0.1 mg	Yes	Yes	Yes
J1628	Injection, guselkumab, 1 mg	Yes	Yes	Yes
J1632	Injection, brexanolone, 1mg	Yes	Yes	Yes
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	Yes	Yes	Yes
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Yes	Yes	Yes
J1738	Injection, meloxicam, 1 mg	Yes	Yes	Yes
J1740	Injection, ibandronate sodium, 1 mg	Yes	Yes	Yes
J1743	Injection, idursulfase, 1 mg	Yes	Yes	Yes
J1744	Injection, icatibant, 1 mg	Yes	Yes	Yes
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Yes	Yes	Yes
J1746	Injection, ibalizumab-uiyk, 10 mg	Yes	Yes	Yes
J1750	Injection, iron dextran, 50 mg	Yes	Yes	Yes
J1756	Injection, iron sucrose, 1 mg	Yes	Yes	Yes
J1786	Injection, imiglucerase, 10 units	Yes	Yes	Yes
J1823	Injection, inebilizumab-cdon, 1 mg	Yes	Yes	Yes
J1833	Injection, isavuconazonium, 1 mg	Yes	Yes	Yes
J1930	Injection, lanreotide, 1 mg	Yes	Yes	Yes
J1931	Injection, laronidase, 0.1 mg	Yes	Yes	Yes
J1945	Injection, lepirudin, 50 mg	Yes	Yes	Yes
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Yes	Yes	Yes
J2020	Injection, linezolid, 200 mg	Yes	Yes	Yes
J2182	Injection, mepolizumab, 1 mg	Yes	Yes	Yes
J2185	Injection, meropenem, 100 mg	Yes	Yes	Yes
J2186	Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)	Yes	Yes	Yes
J2212	Injection, methylnaltrexone, 0.1 mg	Yes	Yes	Yes
J2248	Injection, micafungin sodium, 1 mg	Yes	Yes	Yes
J2323	Injection, natalizumab, 1 mg	Yes	Yes	Yes
J2326	Injection, nusinersen, 0.1 mg	Yes	Yes	Yes
J2350	Injection, ocrelizumab, 1 mg	Yes	Yes	Yes
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Yes	Yes	Yes
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Yes	Yes	Yes
J2357	Injection, omalizumab, 5 mg	Yes	Yes	Yes
J2407	Injection, oritavancin, 10 mg	Yes	Yes	Yes
J2430	Injection, pamidronate disodium, per 30 mg	Yes	Yes	Yes
J2501	Injection, paricalcitol, 1 mcg	Yes	Yes	Yes
J2502	Injection, pasireotide long acting, 1 mg	Yes	Yes	Yes
J2503	Injection, pegaptanib sodium, 0.3 mg	Yes	Yes	Yes
J2505	Injection, pegfilgrastim, 6 mg	Yes	Yes	Yes
J2507	Injection, pegloticase, 1 mg	Yes	Yes	Yes
J2562	Injection, plerixafor, 1 mg	Yes	Yes	Yes
J2597	Injection, desmopressin acetate, per 1 mcg	Yes	Yes	Yes
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	Yes	Yes	Yes
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Yes	Yes	Yes
J2778	Injection, ranibizumab, 0.1 mg	Yes	Yes	Yes

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J2786	Injection, reslizumab, 1 mg	Yes	Yes	Yes
J2788	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	Yes	Yes	Yes
J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	Yes	Yes	Yes
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	Yes	Yes	Yes
J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	Yes	Yes	Yes
J2793	Injection, rilonacept, 1 mg	Yes	Yes	Yes
J2796	Injection, romiplostim, 10 mcg	Yes	Yes	Yes
J2797	Injection, rolapitant, 0.5 mg	Yes	Yes	Yes
J2820	Injection, sargramostim (GM-CSF), 50 mcg	Yes	Yes	Yes
J2840	Injection, sebelipase alfa, 1 mg	Yes	Yes	Yes
J2860	Injection, siltuximab, 10 mg	Yes	Yes	Yes
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	Yes	Yes	Yes
J2941	Injection, somatropin, 1 mg	Yes	Yes	Yes
J3031	Injection, fremanezumab-vfrm, 1 mg	Yes	Yes	Yes
J3032	Injection, eptinezumab-jjmr, 1 mg	Yes	Yes	Yes
J3060	Injection, taliglucerase alfa, 10 units	Yes	Yes	Yes
J3090	Injection, tedizolid phosphate, 1 mg	Yes	Yes	Yes
J3095	Injection, telavancin, 10 mg	Yes	Yes	Yes
J3111	Injection, romosozumab-aqqg, 1 mg	Yes	Yes	Yes
J3121	Injection, testosterone enanthate, 1 mg	Yes	Yes	Yes
J3145	Injection, testosterone undecanoate, 1 mg	Yes	Yes	Yes
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	Yes	Yes	Yes
J3241	Injection, teprotumumab-trbw, 10 mg	Yes	Yes	Yes
J3243	Injection, tigecycline, 1 mg	Yes	Yes	Yes
J3245	Injection, tildrakizumab, 1 mg	Yes	Yes	Yes
J3262	Injection, tocilizumab, 1 mg	Yes	Yes	Yes
J3285	Injection, treprostinil, 1 mg	Yes	Yes	Yes
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Yes	Yes	Yes
J3316	Injection, triptorelin, extended-release, 3.75 mg	Yes	Yes	Yes
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Yes	Yes	Yes
J3358	Ustekinumab, for intravenous injection, 1 mg	Yes	Yes	Yes
J3380	Injection, vedolizumab, 1 mg	Yes	Yes	Yes
J3385	Injection, velaglucerase alfa, 100 units	Yes	Yes	Yes
J3397	Injection, vestronidase alfa-vjbk, 1 mg	Yes	Yes	Yes
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Yes	Yes	Yes
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Yes	Yes	Yes
J3465	Injection, voriconazole, 10 mg	Yes	Yes	Yes
J3489	Injection, zoledronic acid, 1 mg	Yes	Yes	Yes
J3490	Unclassified drugs	Yes	Yes	Yes
J3590	Unclassified biologics	Yes	Yes	Yes
J3591	Unclassified drug or biological used for ESRD on dialysis	Yes	Yes	Yes
J7169	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	Yes	Yes	Yes
J7170	Injection, emicizumab-kxwh, 0.5 mg	Yes	Yes	Yes
J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	Yes	Yes	Yes

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J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	Yes	Yes	Yes
J7197	Antithrombin III (human), per i.u.	Yes	Yes	Yes
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	Yes	Yes	Yes
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Yes	Yes	Yes
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	Yes	Yes	Yes
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	Yes	Yes	Yes
J7316	Injection, ocriplasmin, 0.125 mg	Yes	Yes	Yes
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Yes	Yes	Yes
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Yes	Yes	Yes
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Yes	Yes	Yes
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Yes	Yes	Yes
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Yes	Yes	Yes
J7328	Hyaluronan or derivative, Gelsyn-3, for intra-articular injection, 0.1 mg	Yes	Yes	Yes
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7342	Instillation, ciprofloxacin otic suspension, 6 mg	Yes	Yes	Yes
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	Yes	Yes	Yes
J7352	Afamelanotide implant, 1 mg	Yes	Yes	Yes
J7401	Mometasone furoate sinus implant, 10 micrograms	Yes	Yes	Yes
J7513	Daclizumab, parenteral, 25 mg	Yes	Yes	Yes
J9015	Injection, aldesleukin, per single use vial	Yes	Yes	Yes
J9017	Injection, arsenic trioxide, 1 mg	Yes	Yes	Yes
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Yes	Yes	Yes
J9022	Injection, atezolizumab, 10 mg	Yes	Yes	Yes
J9023	Injection, avelumab, 10 mg	Yes	Yes	Yes
J9030	BCG live intravesical installation, 1 mg	Yes	Yes	Yes
J9032	Injection, belinostat, 10 mg	Yes	Yes	Yes
J9033	Injection, bendamustine hcl (treanda), 1 mg	Yes	Yes	Yes
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Yes	Yes	Yes
J9035	Injection, bevacizumab, 10 mg	Yes	Yes	Yes
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Yes	Yes	Yes
J9039	Injection, blinatumomab, 1 microgram	Yes	Yes	Yes
J9041	Injection, bortezomib (velcade), 0.1 mg	Yes	Yes	Yes
J9042	Injection, brentuximab vedotin, 1 mg	Yes	Yes	Yes
J9043	Injection, cabazitaxel, 1 mg	Yes	Yes	Yes
J9044	Injection, bortezomib, not otherwise spcified, 0.1 mg	Yes	Yes	Yes
J9047	Injection, carfilzom b, 1 mg	Yes	Yes	Yes
J9055	Injection, cetuximab, 10 mg	Yes	Yes	Yes
J9057	Injection, copanlisib, 1 mg	Yes	Yes	Yes
J9065	Injection, cladribine, per 1 mg	Yes	Yes	Yes
J9118	Injection, calaspargase pegol-mknl, 10 units	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
J9119	Injection, cemiplimab-rwlc, 1 mg	Yes	Yes	Yes
J9120	Injection, dactinomycin, 0.5 mg	Yes	Yes	Yes
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Yes	Yes	Yes
J9145	Injection, daratumumab, 10 mg	Yes	Yes	Yes
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Yes	Yes	Yes
J9155	Injection, degarelix, 1 mg	Yes	Yes	Yes
J9160	Injection, denileukin diftitox, 300 micrograms	Yes	Yes	Yes
J9173	Injection, durvalumab, 10 mg	Yes	Yes	Yes
J9176	Injection, elotuzumab, 1 mg	Yes	Yes	Yes
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Yes	Yes	Yes
J9178	Injection, epirubicin hcl, 2 mg	Yes	Yes	Yes
J9179	Injection, er bulin mesylate, 0.1 mg	Yes	Yes	Yes
J9202	Goserelin acetate implant, per 3.6 mg	Yes	Yes	Yes
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Yes	Yes	Yes
J9204	Injection, mogamulizumab-kpkc, 1 mg	Yes	Yes	Yes
J9205	Injection, irinotecan liposome, 1 mg	Yes	Yes	Yes
J9207	Injection, ixabepilone, 1 mg	Yes	Yes	Yes
J9210	Injection, emapalumab-lzsg, 1 mg	Yes	Yes	Yes
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Yes	Yes	Yes
J9218	Leuprolide acetate, per 1 mg	Yes	Yes	Yes
J9219	Leuprolide acetate implant, 65 mg	Yes	Yes	Yes
J9223	Injection, lurbinectedin, 0.1 mg	Yes	Yes	Yes
J9225	Histrelin implant (vantas), 50mg	Yes	Yes	Yes
J9226	Histrelin implant (supprelin la), 50mg	Yes	Yes	Yes
J9227	Injection, isatuximab-irfc, 10 mg	Yes	Yes	Yes
J9227	Injection, isatuximab-irfc, 10 mg	Yes	Yes	Yes
J9228	Injection, ipilimumab, 1 mg	Yes	Yes	Yes
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Yes	Yes	Yes
J9246	Injection, melphalan (evomela), 1 mg	Yes	Yes	Yes
J9261	Injection, nelarabine, 50 mg	Yes	Yes	Yes
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Yes	Yes	Yes
J9266	Injection, pegaspargase, per single dose vial	Yes	Yes	Yes
J9269	Injection, tagraxofusp-erzs, 10 mcg	Yes	Yes	Yes
J9271	Injection, pembrolizumab, 1 mg	Yes	Yes	Yes
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Yes	Yes	Yes
J9285	Injection, olaratumab, 10 mg	Yes	Yes	Yes
J9295	Injection, necitumumab, 1 mg	Yes	Yes	Yes
J9299	Injection, nivolumab, 1 mg	Yes	Yes	Yes
J9301	Injection, obinutuzumab, 10 mg	Yes	Yes	Yes
J9302	Injection, ofatumumab, 10 mg	Yes	Yes	Yes
J9303	Injection, panitumumab, 10 mg	Yes	Yes	Yes
J9304	Injection, pemetrexed (pemfexy), 10 mg	Yes	Yes	Yes
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	Yes	Yes	Yes
J9306	Injection, pertuzumab, 1 mg	Yes	Yes	Yes
J9308	Injection, ramucirumab, 5 mg	Yes	Yes	Yes
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Yes	Yes	Yes
J9311	Injection, rituximab 10 mg and hyaluronidase	Yes	Yes	Yes

Code	Procedure Description	Medi-Cal CCN	OCC/ CCN	COD Admin
J9312	Injection, rituximab, 10 mg	Yes	Yes	Yes
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Yes	Yes	Yes
J9315	Injection, romidepsin, 1 mg	Yes	Yes	Yes
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	Yes	Yes	Yes
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Yes	Yes	Yes
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Yes	Yes	Yes
J9328	Injection, temozolomide, 1 mg	Yes	Yes	Yes
J9330	Injection, temsirolimus, 1 mg	Yes	Yes	Yes
J9352	Injection, trabectedin, 0.1 mg	Yes	Yes	Yes
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Yes	Yes	Yes
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Yes	Yes	Yes
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	Yes	Yes	Yes
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Yes	Yes	Yes
J9371	Injection, vincristine sulfate liposome, 1 mg	Yes	Yes	Yes
J9395	Injection, fulvestrant, 25 mg	Yes	Yes	Yes
J9400	Injection, ziv-aflibercept, 1 mg	Yes	Yes	Yes
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Yes	Yes	Yes
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Yes	Yes	Yes
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	Yes
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yes	Yes	Yes
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	Yes
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	Yes	Yes	Yes
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Yes	Yes	Yes
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)	Yes	Yes	Yes
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Yes	Yes	Yes
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Yes	Yes	Yes
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Yes	Yes	Yes
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	Yes	Yes	Yes
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	Yes	Yes	Yes
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Yes	Yes	Yes
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Yes	Yes	Yes
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Yes	Yes	Yes
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Yes	Yes	Yes
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, 0.5mg	Yes	Yes	Yes
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Yes	Yes	Yes
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Yes	Yes	Yes
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Yes	Yes	Yes
Q5115	Injection, rituximab-abbs, biosimilar, 10mg	Yes	Yes	Yes
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Yes	Yes	Yes
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	Yes	Yes	Yes
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg	Yes	Yes	Yes
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	Yes	Yes	Yes

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Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	Yes	Yes	Yes
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	Yes	Yes	Yes
Q5122	Injection, pegfilgrastim-apgf, biosimilar, 0.5 mg	Yes	Yes	Yes
S0189	Testosterone pellet, 75 mg	Yes	Yes	Yes